



## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

### CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

This Chapter contains rule Sections that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2020 through September 30, 2020.

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#### Questions about these rules? Contact:

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Include "Fee Schedule" in subject line.

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#### The release of this Chapter in Supp. 20-3 replaces Supp. 20-1, 1-417 pages

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), accepts state agency rule filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

### THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into titles. Titles are divided into chapters. A chapter includes state agency rules. Rules in chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each chapter.

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2019 is cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual rule section. Therefore there might be only a few sections codified in each chapter released in a supplement. Historical notes at the end of a section provide an effective date and information when a rule was last updated.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the *Administrative Code* in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each *Code* chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

### HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority

note to make rules is often included at the beginning of a chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the Secretary of State’s website, under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at [www.azsos.gov/rules](http://www.azsos.gov/rules), click on the *Administrative Register* link.

Editor’s notes at the beginning of a chapter provide information about rulemaking sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### EXEMPTIONS AND PAPER COLOR

At one time the office published exempt rules on either blue or green paper. Blue meant the authority of the exemption was given by the Legislature; green meant the authority was determined by a court order. In 2001 the Office discontinued publishing rules using these paper colors.

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*Rhonda Paschal, managing rules editor, assisted with the editing of this chapter.*



Administrative Rules Division
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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

(Authority: A.R.S. § 23-101 et seq.)

20 A.A.C. 5, consisting of R20-5-101 through R20-5-164, R20-5-201 through R20-5-224, R20-5-301 through R20-5-318, R20-5-401 through R20-5-428, R20-5-501 through R20-5-512, R20-5-601 through R20-5-682, R20-5-801 through R20-5-829, R20-5-901 through R20-5-914, and R20-5-1001 through R20-5-1007 recodified from 4 A.A.C. 13, consisting of R4-13-101 through R4-13-164, R4-13-201 through R4-13-224, R4-13-301 through R4-13-318, R4-13-401 through R4-13-428, R4-13-501 through R4-13-512, R4-13-601 through R4-13-682, R4-13-801 through R4-13-829, R4-13-901 through R4-13-914, and R4-13-1001 through R4-13-1007, pursuant to R1-1-102 (Supp. 95-1).

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*Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).*

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**ARTICLE 7. SELF-INSURANCE REQUIREMENTS FOR WORKERS' COMPENSATION POOLS ORGANIZED UNDER A.R.S. § 23-961.01**

Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).

R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).

Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).

New Article 7 adopted effective July 13, 1989. (Supp. 89-3)

Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).

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Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).

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Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A will remain in effect though September 30, 2020 (Supp. 19-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARTICLE 1. WORKERS' COMPENSATION PRACTICE AND PROCEDURE****R20-5-101. Application of the Article; Notice of Rules; Part of Record**

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
  2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
  3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B. This Article is part of the record in each action or proceeding without reference to the Article.
- C. The Commission deems all parties to have knowledge of this Article.
- D. The Commission shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4).

**R20-5-102. Definitions**

In this Article, unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 11.

“Authorized representative” means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual’s authority to act on behalf of the party.

“Carrier” or “insurance carrier” means the state compensation fund and every insurance carrier authorized by the Arizona Department of Insurance to underwrite workers’ compensation insurance in Arizona.

“Claimant” means an employee who files a claim for workers’ compensation.

“Filing” means actual receipt of a report, document, instrument, videotape, audiotape, or other written matter at a Commission office during office hours as set forth in R20-5-103.

“Physician” means a licensed physician or other licensed practitioner of the healing arts.

“Self-insured employer” means an employer or workers’ compensation pool granted authority by the Commission to self-insure for workers’ compensation.

“Uninsured employer” or “noncomplying employer” means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

“Working days” means all days except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-103. Location of Industrial Commission Offices and Office Hours**

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-104. Address of Claimant and Uninsured Employer**

- A. A claimant shall advise the Commission and carrier or self-insured employer of the claimant’s current mailing address and place of residence. If a claimant files a workers’ compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant’s current mailing address and place of residence.
- B. An uninsured employer against whom a claimant files a workers’ compensation claim shall advise the special fund division of the uninsured employer’s current mailing address and place of places of residence.
- C. Providing the address of a claimant’s or uninsured employer’s attorney or authorized representative is not sufficient to meet the requirements of this Section.

**Historical Note**

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Response to Motion**

- A. A report, document, instrument, videotape, audiotape, or other written matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed at a Commission office within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
  2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  3. If this Article or other law requires that a report, document, instrument, videotape, audiotape, or other written matter be filed within a designated period of time before hearing, the Commission shall not include the day of the act or event from which the designated period of time begins to run. The Commission shall include the last day of the designated period unless that day is a Saturday, Sunday, or state legal holiday, in which event the period runs to the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  4. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.
- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other written matter filed at the Tucson office as filed at the main office for purposes of computing time.

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- D. A person upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.
- E. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.
- Historical Note**
- Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).
- R20-5-106. Commission Forms**
- A. The following forms shall be used when applicable:
1. Employer's report of industrial injury (form 101) shall contain:
    - a. Employee, employer, and carrier identification;
    - b. Description of employment;
    - c. Description of accident and injury;
    - d. Description of medical treatment received by employee;
    - e. Employee's wage data;
    - f. Date, signature, and title of employer or the employer's representative; and
    - g. Statement doubting the validity of the claim, if the employer doubts the validity of the claim.
  2. The physician's portion of the worker's and physician's report of injury (form 102) shall contain:
    - a. Name and address of physician;
    - b. Information regarding preexisting conditions;
    - c. Information regarding the industrial injury, treatment, and prognosis;
    - d. Statement authorizing the attachment of a medical report that contains the information required in form 102; and
    - e. Physician's signature and date.
  3. Notice of supportive medical benefits (form 103) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Description of authorized medical benefits;
    - c. Date the notice is mailed;
    - d. Name and telephone number of the individual issuing the notice; and
    - e. Statement regarding reopening and appeal rights including filing requirements.
  4. Notice of claim status (form 104) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Status of the claim;
    - c. Date the notice is mailed;
    - d. Name and telephone number of the individual issuing the notice; and
    - e. Statement of a party's hearing and appeal rights including filing requirements.
  5. Notice of suspension of benefits (form 105) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Effective date of the suspension;
    - c. Reasons for the suspension;
    - d. Date the notice is mailed;
    - e. Name and telephone number of the individual issuing the notice; and
  6. Notice of permanent disability or death benefits (form 106) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Applicable statutory authority under which compensation is paid;
    - c. Disability and compensation information;
    - d. Date the notice is mailed;
    - e. Name and telephone number of the individual issuing the notice; and
    - f. Statement regarding hearing and appeal rights including filing requirements.
  7. Notice of permanent disability and request for determination of benefits (form 107) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Type of disability;
    - c. Applicable statutory authority for designated disability;
    - d. Designation of dependents where death is involved;
    - e. Designation of advanced payments and amount of the advance;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  8. Carrier's recommended average monthly wage calculation (form 108) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Employment and wage history;
    - c. Designation of dependents; and
    - d. Carrier's calculations for the recommended average monthly wage and the basis for the calculation.
  9. Notice of permanent compensation payment plan (form 111) shall contain:
    - a. Employee, employer, and carrier identification;
    - b. Amount of permanent compensation and description of payment plan;
    - c. Name of the responsible entity contracted by the carrier to administer the payment plan;
    - d. Statement that the carrier remains the responsible party for payment;
    - e. Statement regarding supportive care and reopening rights;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  10. Report of insurance coverage (form 0006) shall contain:
    - a. Name and address of the carrier;
    - b. Legal name of entity that the carrier insures;
    - c. All other insured names or subsidiary entities under which the carrier's insured does business in Arizona;
    - d. Address of all insured entities with insurance policy information for each address; and
    - e. Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or Federal Identification Number (FIN) assigned to each insured person or entity.
  11. Report of significant work exposure to bodily fluids or other infectious material shall contain:
    - a. The requirements set forth in A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B);
    - b. Employee identification,
    - c. Employer identification,

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- d. Source of exposure person identification (if known),
  - e. Details of the exposure including:
    - i. Date of exposure,
    - ii. Time of exposure,
    - iii. Place of exposure,
    - iv. How exposure occurred,
    - v. Type of bodily fluid or fluids,
    - vi. Source of bodily fluid or fluids,
    - vii. Part or parts of body exposed to bodily fluid or fluids,
    - viii. Presence of break or rupture in skin or mucous membrane, and
    - ix. Witnesses (if known), and
  - f. Dated signature of employee or the employee's authorized representative.
12. The medical treatment preauthorization form (MRO-1.1) shall contain five sections, as follows:
- a. Section I (Provider Request for Preauthorization) shall contain:
    - i. Injured employee identification, including name, date of injury, date of birth, and payer claim number (if known);
    - ii. Provider identification, including name, phone number, provider medical specialty, preferred method of contact, and contact information;
    - iii. Payer identification, including name and contact information (i.e., mailing address, fax number, or e-mail address);
    - iv. Information regarding requested medical treatment and/or services, including:
      - (1) Applicable diagnosis and/or ICD codes;
      - (2) A detailed statement of the treatment or services requested;
      - (3) Applicable Current Procedural Terminology (CPT) codes and/or National Drug Codes (NDC);
      - (4) Type of request (i.e., routine or urgent); and
      - (5) An indication as to whether the provider has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services; and
    - v. Dated signature or electronic signature of provider or provider's authorized representative.
  - b. Section II (Payer Decision on Request for Preauthorization) shall contain:
    - i. Payer's preferred method of contact and contact information;
    - ii. Date request for preauthorization is received;
    - iii. The Commission claim number;
    - iv. The payer's decision (i.e., approved, partial denial, denied, request for preauthorization incomplete, or IME requested);
    - v. An indication as to whether the payer has attached a statement of what treatment and/or services have been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
    - vi. Dated signature or electronic signature of payer or payer's authorized representative.
  - c. Section III (Provider or Employee Request for Reconsideration of Payer Decision) shall contain:
    - i. An indication as to whether the provider or injured employee has attached a statement of the specific reasons and justifications to support the request for reconsideration;
    - ii. An indication as to whether the provider or injured employee has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services, if not previously provided; and
    - iii. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
  - d. Section IV (Payer Decision on Request for Reconsideration) shall contain:
    - i. Date request for reconsideration received;
    - ii. The payer's decision (e.g., approved, partial denial, denied, or IME requested);
    - iii. An indication as to whether the payer has attached a statement of what has been authorized, including if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
    - iv. Dated signature or electronic signature of payer or payer's authorized representative.
  - e. Section V (Provider or Employee Request for Administrative Peer Review) shall contain:
    - i. An indication of the basis for the request for administrative peer review (e.g., payer non-response, denial (in whole or in part) of requested treatment or services, the payer's decision on the request for preauthorization denied treatment or services that are subject to R20-5-1304(B));
    - ii. An indication as to whether the provider or injured employee has attached copies of relevant medical records and, if applicable, documentation related to the payer's non-response;
    - iii. An indication as to whether the provider or injured employee has attached all documentation and statements previously attached to Sections I-IV; and
    - iv. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
- B.** The following forms may be used:
- 1. The workers' portion of the worker's and physician's report of injury (form 102) requests:
    - a. Employee, employer, insurance carrier, and physician identification;
    - b. Description of the accident, including date of injury; and
    - c. Date and signature of the employee or the employee's authorized representative.
  - 2. Worker's report of injury (form 407) requests:
    - a. Employee and employer identification,
    - b. Job title,
    - c. Employment description,
    - d. Employee's wage data,
    - e. Date of injury,
    - f. Accident and injury descriptions,
    - g. Medical treatment information,

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- h. Information concerning prior injuries of the employee,
  - i. Disability income, and
  - j. Date and signature of the employee or the employee's authorized representative.
3. Worker's annual report of income (form 110-A) requests:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Employment and wage history for the preceding 12 months;
    - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information; and
    - d. Statement that failure to submit an annual report of income may result in a suspension of benefits by the carrier or self-insured employer.
  4. Notice of intent to suspend (form 110-B) requests:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Employment and wage history for the preceding 12 months;
    - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information;
    - d. Statement that failure to submit an annual report within 30 days of the date of the notice shall result in a suspension of benefits by the carrier or self-insured employer.
  5. Request for hearing requests:
    - a. Names of the employee, employer, and insurance carrier;
    - b. Claim identification;
    - c. Identification of the award, notice, order, or determination protested and reason(s) for the protest;
    - d. Estimated length of time for hearing and city or town in which hearing is requested;
    - e. Name and address of any witness for whom a subpoena is requested; and
    - f. Date and signature of party or the party's authorized representative.
  6. Petition to reopen requests:
    - a. Names of the employee, employer, and insurance carrier;
    - b. Claim identification;
    - c. Identification or description of the new, additional, or previously undiscovered temporary or permanent disability or medical condition justifying the reopening of the claim; and
    - d. Employee's medical and employment history.
  7. Petition for rearrangement or readjustment of compensation requests:
    - a. Names of the employee, employer, and insurance carrier;
    - b. Claim identification;
    - c. Income and employment history;
    - d. Medical history; and
    - e. Statement of the basis for the increase or decrease in earning capacity.
  8. Claim for dependent's benefits-fatality form requests:
    - a. Identification of dependent filing claim;
    - b. Identification of deceased;
    - c. Date of death;
    - d. Date of injury, if different than date of death;
  - e. Name and address of employer at time of deceased's death;
  - f. Statement of cause of death;
  - g. Names and addresses of health care providers rendering treatment to deceased in two years before death;
  - h. Conditions treated by health care providers in the two years before deceased's death;
  - i. If claim is for spousal benefits, the form requests:
    - i. Name, address, and date of birth of spouse;
    - ii. Copy of marriage certificate;
    - iii. Date and place of marriage to deceased;
    - iv. History of prior marriages of deceased and deceased's spouse, including copies of divorce decrees; and
    - v. Statement of living arrangements at time of deceased's death, including reason for living apart at time of death, if applicable;
  - j. If claim is for a dependent child, the form requests:
    - i. Name, date of birth, and address of child at time of deceased's death;
    - ii. List of children in care and custody of current spouse; and
    - iii. Statement of whether unborn child is expected and date expected;
  - k. If claim is for dependent other than a child, the form requests:
    - i. Name and address of other dependent,
    - ii. Relationship of other dependent to deceased, and
    - iii. Statement of the nature and extent of dependency; and
  - l. Date, telephone number, and signature of dependent or authorized representative of dependent.
9. Request to leave the state form requests:
    - a. Employee, insurance carrier, and claim identification;
    - b. Reason for requesting to leave Arizona;
    - c. Dates leaving and returning to Arizona;
    - d. Out-of-state address;
    - e. Name and telephone number of attending physician; and
    - f. Date and signature of the employee or the employee's authorized representative.
  10. Request to change doctors form requests:
    - a. Employee, insurance carrier, and claim identification;
    - b. Reason for requesting change of doctor;
    - c. Name and phone number of claimant's current doctor;
    - d. Name and phone number of doctor claimant requests to change to; and
    - e. Date and signature of the employee or the employee's authorized representative.
  11. Complaint of bad faith and unfair claim processing practices requests:
    - a. Employee, employer, and insurance carrier identification;
    - b. Description of the alleged bad faith or unfair claim processing practices;
    - c. Date of the complaint; and
    - d. Name, address, and telephone number of the person signing the complaint.
  12. Certification of employer's drug and alcohol testing policy requests:

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- a. Employer's certification as described under A.R.S. § 23-1021(F),
  - b. Name and federal identification number of the employer, and
  - c. Name of all subsidiaries and locations of the employer.
- C. Optional use of a form described in subsection (B) does not affect any requirement under the Act or this Article.
- D. Forms or format for the forms described in this Section are available from the Commission.
- E. Forms prescribed under this Section shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

**Historical Note**

Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-107. Manner of Completion of Forms and Documents**

- A. An individual completing a form or document shall fill out the form or document legibly in ink or by typewriter.
- B. A party or a party's authorized representative shall sign any form or document that is required by the Act, this Article, or other law to be signed.
- C. Unless otherwise provided in this Article, if a party is required to sign a form or document, the Commission shall not accept a typewritten name or stamped signature.
- D. If, within the time period prescribed by law, a party files an incomplete form or document, or files an instrument other than a form or document when a form or document is required, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

**Historical Note**

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File**

- A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.
- B. Except as provided in subsections (D) and (E), the Commission shall make a Commission claims file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.

- C. Except as provided in subsections (D) and (E), the Commission shall not make a Commission claims file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D. The Commission shall make a transcript contained in a Commission claims file available for inspection and copying if:
  1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  2. The transcript concerns a hearing related to a claim that is not in litigation.
- E. The Commission shall make a transcript contained in a Commission claims file available only for inspection if:
  1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  2. The transcript concerns a hearing related to a claim currently in litigation.
- F. The Commission shall provide copies at a charge of \$.25 per page.
- G. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

**Historical Note**

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-109. Admission into Evidence of Documents Contained in a Commission Claims File**

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may refer to the document's location on the Commission's optical disk imaging system by providing an accurate description of the document that includes the claimant's claim number and image document identification number the Commission assigns to the document.

**Historical Note**

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-110. Employer Duty to Report Fatality**

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division by telephone, telegram, or electronic filing, no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Occupational Safety and Health Division of the Commission as required under R20-5-637.

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**Historical Note**

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-111. Request for Autopsy**

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

**Historical Note**

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1).

**R20-5-112. Physician's Initial Report of Injury**

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
1. Using Commission form 102 (worker's and physician's report of injury), or
  2. Attaching to form 102 a medical report that contains the information required in form 102.
- B. The physician shall sign and date form 102 or the medical report attached to form 102. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses form 102 to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of form 102.

**Historical Note**

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-113. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician**

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the insurance carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
1. Claimant's condition,
  2. Nature of treatment,
  3. Expected duration of disability, and
  4. Claimant's prognosis.
- B. When a physician discharges a claimant from treatment, the physician:
1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published by the most recent edition of the American Medical Association in Guides to the Evaluation of Permanent Impairment, if applicable; and
  2. Shall provide a final signed report to the insurance carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.

- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if:
1. The Commission determines that the health, life, or recovery of a claimant is retarded, endangered, or impaired;
  2. The attending physician agrees to the change or is unavailable to continue treatment;
  3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
  4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
  5. The insurance carrier agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

**Historical Note**

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-114. Examination at Request of Commission, Carrier or Employer; Motion for Relief**

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.
- C. A party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in R20-5-155 or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- D. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, pro-

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vide the report to the claimant's treating physician rather than to the claimant.

- E. To protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, the Commission may order, upon good cause shown, one or both of the following:
1. That the examination not be held; or
  2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- F. A claimant requesting protection under subsection (E) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

**Historical Note**

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-115. Request to Leave the State**

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
1. "While the necessity of having medical treatment continues" means the period of time in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits;
  2. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border; and
  3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

**Historical Note**

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-116. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment**

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026.
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

**Historical Note**

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March

1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-117. Medical, Surgical, Hospital, and Burial Expenses**

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. A claimant shall not be responsible to pay any disputed amounts between the medical provider and the carrier, self-insured employer, or special fund division.
- C. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- D. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. An insurance carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- F. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- G. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

**Historical Note**

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-118. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status**

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:

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1. The carrier or self-insured employer shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
  2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-114(D).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
  2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

**Historical Note**

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-119. Notice of Third-party Settlement**

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

**Historical Note**

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-120. Settlement Agreements, Compromises and Releases**

- A. No settlement agreement, compromise, or waiver of rights of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release or waiver of rights, unless approved by the Commission, shall not release the employer or his insurance carrier from any obligation imposed by the Workers' Compensation Law.

- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement which has not been approved by the Commission.

**Historical Note**

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1).

**R20-5-121. Present Value and Basis of Calculation of Lump Sum Commutation Awards**

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-122. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2003, National Vital Statistics Reports, Vol. 54, Number 14, April 19, 2006, revised March 28, 2007, Table 1 incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

**Historical Note**

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4).

**R20-5-122. Lump Sum Commutation**

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in (B) is on the applicant.

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**Historical Note**

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1).

**R20-5-123. Rejection of the Act**

If an employee serves upon an employer written notice under A.R.S. § 23-906, rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

**Historical Note**

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-124. Rejection Not Applicable to New Employment**

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation insurance carriers, or form of doing business, the prior rejection is valid and remains in full force and effect.

**Historical Note**

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-125. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)**

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

**Historical Note**

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-126. Revocation of Rejection**

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

**Historical Note**

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final

rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-127. Insurance Carrier Notification to Commission of Coverage**

- A. Every insurance carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on or in the same format as Commission form 0006. Form 0006 is available upon request from the Commission.
- B. Failure to comply with this Section does not affect the validity of coverage.

**Historical Note**

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-128. Medical Information Reproduction Cost Limitation; Definition of Medical Information**

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(C).
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
  1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
  2. A report of an independent medical examination that describes patient care or treatment;
  3. A psychological record;
  4. A medical record held by a health care provider including a medical record prepared by another provider; and
  5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D. For purposes of this Section, "medical information" does not include:
  1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
  2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

**Historical Note**

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Sec-

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tion made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-129. Carrier or Workers' Compensation Pool Determinations Binding upon its Insured or Member; Self-Rater Exception**

- A. The Commission deems an insurance carrier or workers' compensation pool the agent of an employer insured by the carrier or workers' compensation pool.
- B. The Commission also deems any action or determination taken or made by the insurance carrier or workers' compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer's insurance carrier or workers' compensation pool unless the employer notifies the carrier or workers' compensation pool, and the Commission in writing that the employer disagrees with the carrier's or worker's compensation pool's action or determination within the time described in A.R.S. § 23-947.
- C. This Section does not apply to employers insured under a Self-Rating Insurance Plan.

**Historical Note**

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-130. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office**

- A. Except as provided in subsection (B), each carrier that has or is underwriting workers' compensation insurance in Arizona, and each employer and workers' compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers' compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers' compensation pool shall process and pay workers' compensation claims and maintain the workers' compensation claims files described in R20-5-131 in its Arizona office. A carrier, self-insured employer, and self-insured workers' compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B. Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:
  - 1. Existence of a toll-free telephone line to the out-of-state claims office;
  - 2. Completion of Commission claims division's training by the individuals responsible for claims processing at the out-of-state office; and
  - 3. Designation of a financial institution located in Arizona that will cash on demand checks issued by the out-of-state claims office.
- C. The Commission shall not permit a self-insured workers' compensation pool to maintain a claims office out-of-state.
- D. The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
- E. A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier's or self-insured employer's toll-free telephone number to the out-of-state

claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.

- F. For claims processing purposes, a carrier, self-insured employer, or self-insured workers' compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers' compensation pool:
  - 1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
  - 2. Notifies the Commission each time that the insurance policy or authorization to self-insure is renewed.

**Historical Note**

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-131. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records**

- A. A carrier and self-insured employer shall maintain a workers' compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers' compensation claims file all employer's reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B. Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier's or self-insured employer's claims file within five days from the date the item is filed in the claims file.
- C. If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer.
- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
  - 1. Documents or matters representing the work product of the carrier or self-insured employer;
  - 2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
  - 3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examin-

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ing physician to provide records described in A.R.S. § 23-908(C).

**Historical Note**

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-132. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund**

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund.

**Historical Note**

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1).

**R20-5-133. Claimant's Petition to Reopen Claim**

- A. A petition to reopen filed with the Commission under A.R.S. § 23-1061(H) shall be in writing, signed, and dated by the claimant or the claimant's authorized representative. A petition to reopen form is available from the Commission upon request.
- B. A claimant shall provide to the Commission a copy of a medical report supporting the disability or condition justifying the reopening of the claim.
- C. If the Commission does not receive the medical report described in subsection (B) within 14 days of receipt of a petition to reopen, the Commission shall notify all parties, in writing, that it has received a petition to reopen without the required medical report. A carrier or self-insured employer is not required to act on a petition to reopen that is received without the required medical report.
- D. If the Commission receives a medical report in support of a petition to reopen and a claimant does not file a petition to reopen within 14 days of receipt of the medical report, the Commission shall forward the medical report to the carrier or self-insured employer for information purposes only. A carrier or self-insured employer is not required to take any action upon receipt of the medical report.
- E. If the Commission receives a medical report in support of a petition to reopen from an out-of-state physician and a party objects to the report at least 20 days before a scheduled hearing, the Commission shall not consider the report or place the report in evidence unless the party submitting the report produces the author of the report for cross-examination either at the hearing or at a deposition. The party submitting into evidence the medical report prepared by an out-of-state physician shall pay the expenses of a deposition under this subsection.

**Historical Note**

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-134. Petition for Rearrangement or Readjustment of Compensation Based Upon Increase or Reduction of Earning Capacity**

- A. A petition for rearrangement or readjustment of compensation filed with the Commission under A.R.S. § 23-1044(F) shall be in writing. A form is available from the Commission upon request.

- B. A party or a party's authorized representative shall sign a petition for rearrangement or readjustment and include in the petition:
  1. A statement of the basis upon which the rearrangement or readjustment of compensation is sought, and
  2. Documentation in support of the petition.
- C. The petition shall be signed by the employee or the employee's authorized representative, the employer, or, in the case of an insurance carrier, by its authorized representative, and shall include a statement of the basis upon which the rearrangement of compensation is sought accompanied by supportive documentary evidence.
- D. If a self-insured employer, carrier, special fund division, or uninsured employer requests a hearing protesting the Commission's determination under A.R.S. § 23-1044(F) and the claimant resides outside of Arizona, the Commission may order the self-insured employer, carrier, special fund division, or uninsured employer to pay the claimant's transportation and living expenses to attend any scheduled hearing.

**Historical Note**

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-135. Requests for Hearing; Form**

- A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A Request for Hearing form is available upon request from the Commission and requests the following:
  1. Employee, employer, insurance carrier, authorized representative, and claim identification;
  2. Issue upon which the request for hearing is filed;
  3. Requests for subpoenas of witnesses;
  4. Desired location and length of time for the hearing;
  5. Signature and address of requesting party.

**Historical Note**

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1).

**R20-5-136. Expired****Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-137. Service of a Request for Hearing**

A party filing a request for hearing shall serve a copy of the party's request for hearing upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

**Historical Note**

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified

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from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-138. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing**

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
1. Placed on the hearing calendar, and
  2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

**Historical Note**

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-139. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing**

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing or hearing.

**Historical Note**

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-140. Informal Conferences**

- A. A presiding administrative law judge may hold an informal conference to:
1. Resolve and dispose of disputed issues;
  2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
  3. Simplify the method of proof at a hearing; or
  4. Eliminate the need for hearing if the facts appear to be uncontested.
- B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
1. Specifies the purpose for the conference consistent with subsection (A), and
  2. Does not contain any argument regarding the merits of the case.
- C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.

- E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and, the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

**Historical Note**

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-141. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness**

- A. Subpoena requests for witnesses.
1. Subpoena request for non-medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
  2. Subpoena request for expert medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.
  3. Statement of expected testimony. In the discretion of the presiding administrative law judge, the judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
  4. Issuance of Subpoena. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
    - a. The party files a timely statement under subsection (A)(3); or
    - b. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (A)(3).
  5. Service of a subpoena. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
    - a. Ensure that the subpoena is served in the same manner as in a civil action; and
    - b. Pay all expenses of the service.
- B. A presiding administrative law judge shall not grant a party a continued hearing because a subpoenaed witness fails to appear at hearing unless the party filed a timely request for subpoena as required by subsection (A). If a party timely requested a subpoena for a witness who fails to appear at a

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scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:

1. The testimony of the witness is material and necessary, and
  2. Good cause is shown as to why the witness failed to appear.
- C. **Witness Fees.**
1. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
  2. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.
- D. **Objection to an out-of-state physician's report.**
1. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition.
  2. Nothing in R20-5-143(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection.
  3. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.
- E. **Objection to document prepared by out-of-state non-medical witness.**
1. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition.
  2. Nothing in R20-5-143 precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge.
  3. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.
- F. If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically.

**Historical Note**

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-142. In-State Oral Depositions**

- A. A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B. A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for

hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:

1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on all parties.
- C. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:
1. Ordering the deposition to proceed;
  2. Ordering the deposition not be taken; or
  3. Entering any other appropriate protective order.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to take or complete a deposition under this Section.
- G. A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
1. The deponent is deceased at the time of the hearing, or
  2. All parties agree.
- H. A party may take a telephonic deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

**Historical Note**

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-143. Out-of-State Oral Depositions**

- A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
  1. The name and address of the party or witness to be deposed, and
  2. Each reason why the party's or witness' testimony is necessary.
- B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.
- C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.
- D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
  1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on each party.
- E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
  1. Ordering the deposition to proceed,

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2. Ordering the deposition not be taken, or
  3. Entering any other appropriate protective order.
- F.** A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G.** In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.
- H.** Parties may take telephonic depositions under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I.** A party taking a deposition taken under this Section shall comply with R20-5-142(A), (D), (E) and (F).

**Historical Note**

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-144. Written Interrogatories**

- A.** After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the scheduled hearing.
- B.** A party shall not serve more than 25 interrogatories, including subsections.
- C.** A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E.** A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.
- B.** If a party refuses to answer an interrogatory served under R20-5-144, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C.** If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
  2. Reasonable expenses that will be incurred to obtain the requested answer.
- D.** If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E.** In addition to the sanctions authorized under R20-5-157, a presiding administrative law judge may, upon a party's motion, impose the following sanctions upon a party if the party, or an officer or managing agent of that party, willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
1. Strike out all or any part of a document filed by the party;
  2. Dismiss the action or proceeding, or any part of the action or proceeding;
  3. Order the suspension or forfeiture of compensation; or
  4. Preclude the introduction of evidence.
- F.** The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
1. The statement required under R20-5-105(E) and
  2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

**Historical Note**

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-146. Repealed****Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-145. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed**

- A.** If a party or deponent refuses to answer any question asked at a deposition under R20-5-142 or R20-5-143, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.
- A.** A party proposing to offer a videotape recording or motion picture into evidence at a Commission hearing shall provide written notice to the Commission and all parties at least 40 days before the first scheduled hearing.
- B.** If a party serves a written request to view a videotape recording or motion picture upon the party proposing to submit the videotape recording or motion picture into evidence, the party proposing to offer the videotape recording or motion picture into evidence shall provide the necessary facilities and equipment to allow the other party to view the videotape recording

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or motion picture no later than 25 days before the first scheduled hearing.

- C. A presiding administrative law judge may admit into evidence a videotape recording or motion picture if the videotape recording or motion picture:
1. Is a reasonable and accurate representation of the scene, person, object, or action portrayed; and
  2. Will aid in the understanding of the issues before the presiding administrative law judge.
- D. The party submitting the videotape recording or motion picture into evidence shall ensure that commentary, interrogation, dialogue, or testimony are not a part of the videotape recording or motion picture.
- E. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to view a videotape recording or motion picture as provided in this Section.
- F. This Section does not apply to:
1. Videotape recordings or motion pictures obtained by surveillance, or
  2. Videotape recordings or motion pictures of medical procedures performed by a physician.

**Historical Note**

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-148. Burden of Presentation of Evidence; Offer of Proof**

- A. A party shall rest at the conclusion of the presentation of the party's evidence. If there is a dispute as to which party has the burden of proof, the presiding administrative law judge shall direct who has the burden of proof.
- B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

**Historical Note**

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-149. Presence of Claimant at Hearing; Notice of Parties' Non-Appearance at Hearing; Assessment of Hearing Costs for Non-Appearance**

- A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge.
- B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party or the party's authorized representative to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

**Historical Note**

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified

from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-150. Joinder of a Party**

- A. An administrative law judge may join as a party any person, firm, corporation, or other entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C. A party seeking to join another person, firm, corporation, or other entity shall file a motion requesting joinder with the presiding administrative law judge at least 30 days before hearing. The moving party shall serve a copy of the motion upon the person, firm, corporation, or other entity for whom joinder is requested, and upon all other parties.
- D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person, firm, corporation, or other entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

**Historical Note**

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-151. Special Appearance**

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

**Historical Note**

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-152. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs**

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, or withdrawal of a hearing request that makes a hearing unnecessary at least three days before a scheduled hearing.
- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

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**Historical Note**

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-153. Exclusion of Witnesses**

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

**Historical Note**

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-154. Correspondence to Administrative Law Judge**

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

**Historical Note**

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-155. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author**

- A. Except as provided in R20-5-114(C), a party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. A party filing into evidence a document, report, instrument, or other written matter not described in subsection (A) ("non-medical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- C. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- D. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Commission's claims file, the presiding administrative law judge shall remove the report from the Commission's claims file and return the report to the filing party.
- E. The presiding administrative law judge may suspend the requirements of this Section;
  1. Upon a showing of good cause; or
  2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- F. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:

1. The party's identity;
2. The reports filed; and
3. Proof of service of the reports upon the other parties.

- G. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-141.
- H. If a party fails to timely request a subpoena under this Section and R20-5-141, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report in evidence.

**Historical Note**

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-156. Continuance of Hearing**

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
  1. The nature and substance of the additional evidence,
  2. The names and addresses of additional witnesses, and
  3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

**Historical Note**

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-157. Sanctions**

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
  1. Dismissal of the party's request for hearing;
  2. Refusal to permit the introduction of evidence by the party; or
  3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.

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- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

**Historical Note**

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-158. Service of Awards and Other Matters**

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission; or
  2. Personal service in the same manner as a summons is served in a civil action.
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

**Historical Note**

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-159. Record for Award or Decision on Review**

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge.

**Historical Note**

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069**

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

**Historical Note**

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified

from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-161. Stipulations for Extensions of Time**

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

**Historical Note**

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1).

**R20-5-162. Legal Division Participation**

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

**Historical Note**

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-163. Bad Faith and Unfair Claim Processing Practices**

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "bad faith" if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Institutes a proceeding or interposes a defense that is not:
    - a. Well-grounded in fact;
    - b. Warranted by existing law; or
    - c. A good faith argument for the extension, modification, or reversal of existing law;
  2. Unreasonably delays:
    - a. Payment of benefits; or
    - b. Authorization for, or receipt of, medical benefits or treatment;
  3. Unreasonably underpays benefits;
  4. Unreasonably terminates benefits;
  5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
  6. Unreasonably interferes with or obstructs the claimant's right to choose the claimant's attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.
- B. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "unfair claim processing practices" if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
  2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
  3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
  4. Directly advises a claimant not to consult or obtain the services of an attorney; or
  5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.
- C. A person alleging bad faith or unfair claim processing practices ("complainant") shall file a written complaint with the

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- claims manager of the Commission. The complainant, or the complainant's authorized representative, shall sign the complaint.
- D. The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E. Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F. If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant's authorized representative and the:
1. Employer;
  2. Self-insured employer;
  3. Insurance carrier; or
  4. Claims processing representative.
- G. The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H. The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant's authorized representative, if represented.
- I. If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J. Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).
- Historical Note**  
Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).
- R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms**
- A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled "Work Exposure to Bodily Fluids" and "Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" in a conspicuous place immediately next to the "Notice to Employees" notice required under A.R.S. § 23-906(D).
- B. Properly posted "Work Exposure to Bodily Fluids" and "Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C. An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D. An employer shall make readily available to its employees the Commission form described in R20-5-106 titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material." An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" to the employer. This form is also available from the Commission upon request.
- E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form. The employee or employee's authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.
- F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material," the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
  2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
1. Direct an agent to investigate the employee's report of significant exposure, and
  2. Communicate with the investigating agent about the conduct and results of the investigation.

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- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

**Historical Note**

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

**R20-5-165. Calculation of Maximum Average Monthly Wage**

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

**ARTICLE 2. SELF-INSURANCE REQUIREMENTS FOR INDIVIDUAL EMPLOYERS AND WORKERS' COMPENSATION POOLS ORGANIZED UNDER A.R.S. §§ 11-952.01(B) AND 41-621.01**

**R20-5-201. Definition of Self-insurer**

"Self-insurer" or "self-insured" means an individual employer or a workers' compensation pool as defined in A.R.S. §§ 11-952.01(B) or 41-621.01(A) that is authorized by the Commission to self-insure for workers' compensation.

**Historical Note**

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

**R20-5-202. Self-insurance Application; Requirements**

- A. All applicants who initially apply for self-insurance on or after the certification of the 1993 rule amendments by the Attorney General and filing of those amendments with the Secretary of State shall:

1. Complete, date, sign, and file with the Commission an application for authority to self-insure on a form that can be obtained from the Commission and contains the following information:
  - a. Applicant identification including names, addresses, corporation, subsidiary, and partnership information;
  - b. Nature of business;
  - c. History of business in Arizona and elsewhere;
  - d. Payroll data;
  - e. Work force data;
  - f. Insurance data;
  - g. Claims history;
  - h. Method proposed to finance self-insurance liability and reserves;
  - i. Program for compliance with occupational safety and health standards, rules, and laws of this state;
  - j. Program to finance medical, surgical, and hospital benefits including information on organization responsible for processing claims;
  - k. Names and addresses of Arizona agents upon whom legal notice of proceedings before the Commission is served;
  - l. Authorization for signator;

- m. Authorization by corporate resolution, or board of trustees resolution, if applicable; and
- n. Statement attesting to the truthfulness of the information in the application.

2. Maintain an office in Arizona. Payroll reports and other materials relating to the calculation of premiums shall be readily available at this office for inspection and audit by the Commission or its authorized representative.

3. In the first year of operation, obtain a guaranty bond and specific excess insurance or excess of loss insurance in an amount as provided in R20-5-206(D)(1) to adequately protect against catastrophic losses. Starting with the second year of operation, an individual self-insurer shall choose one of the two options provided in R20-5-206(D). The insurance shall contain:
  - a. A 60-day notice of termination; and
  - b. A provision that insolvency of the self-insurer does not relieve the excess insurer of liability assumed under the contract.

- B. An individual applicant for self-insurance that is not a member of a workers' compensation pool, in addition to complying with subsection (A) of this rule, shall:

1. Have been engaged in business in Arizona for at least five years prior to the date of application.
2. Provide an annual payroll in this state of at least \$2,000,000 (this payroll may include the combined payrolls of all subsidiary companies carried under the self-insurance authorization; the requirements of this subsection do not apply to political subdivisions of this state) and meet either of the following thresholds:
  - a. Total reported assets of at least \$50,000,000; or
  - b. Combination of \$10,000,000 in net worth and a cash flow ratio of .25.

3. Provide the Commission with an internally certified copy of the employer's audited or reviewed financial statements for the most current and prior two years. The Commission's review of the applicant's financial statements includes the following:
  - a. Calculation of the following ratios:
    - i. Cash Flow Ratio - Cash flow from operations divided by current liabilities which is an indication of the ability of the applicant to meet current obligations out of cash flow.
    - ii. Current Ratio - Current assets divided by current liabilities which indicate the applicant's ability to service current obligations.
    - iii. Debt Status Ratio - Net worth divided by total liabilities which indicate the proportion of funds supplied by the applicant relative to the funds supplied by creditors.
    - iv. Profitability Ratio - Profit before taxes, divided by total assets, multiplied by 100 which measures the return on assets and the efficiency of assets employed by the firm.
    - v. Quick Ratio - Cash and equivalents, plus trade receivables, divided by current liabilities which express the degree to which the applicant's liabilities are covered by the most liquid current assets.
    - vi. Working Capital Ratio - Working capital divided by sales which measures the sufficiency of working capital to support sales.

- b. Comparison of the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry.
- c. Review of notes to the financial statement.

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- d. Review of management report of operation and other information published in the annual statement.
  4. Provide the Commission with the names of all other jurisdictions in which it has been granted authority to self-insure and the effective dates of such authorization.
  5. Provide the Commission with the names of all other jurisdictions in which its application to self-insure has been denied or its authority to self-insure has been suspended or revoked, and the dates and reasons for such denials, suspensions, or revocations.
- C. In addition to the requirements of subsection (A), a workers' compensation pool applicant for self-insurance shall:
1. File with the application for self-insurance a completed indemnity agreement on a form that can be obtained from the Commission, signed by a duly authorized agent of the pool jointly and severally binding the pool and each of its members to comply with the provisions of A.R.S. Title 23, Chapter 6 and rules adopted pursuant to Chapter 6. The indemnity agreement shall contain the following information:
    - a. Name of the group, with names of trustees and members;
    - b. Amount of the corporate surety bond;
    - c. Name of the service agent of the group, including a description of the agent's duties and responsibilities; and
    - d. Statement that the group will defend and assume liabilities in the name of and on behalf of any member of the group.
  2. Provide a copy of the most recently audited financial report of the pool prepared by a certified public accountant, including a copy of the examination report prepared by the Department of Insurance and that Department's recommendations, if any.
  3. Provide the names and addresses of the members of the board of trustees of the pool.
  4. Provide the agreement indicating the terms and conditions of coverage within the pool including any exclusions of coverage.
  5. An intergovernmental agreement filed with the Commission pursuant to A.R.S. § 11-952.01(G)(7) shall contain the provisions of A.R.S. § 11-952.01(I).
2. Provide a continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank. The amount of the bond, letter of credit, or securities shall equal the amount submitted on the Option Election form.
  3. Submit a copy of the most recent certified annual financial statement at least 30 days prior to the anniversary date of the authorization to self-insure. A parent company that has executed a guaranty for a subsidiary shall also submit a copy of its most recent certified annual financial statement within the same time period required by this subsection.
  4. Provide a Guaranty To Satisfy Compensation Claims Under Workers' Compensation Act in Arizona form as provided in R20-5-206(C) completed, signed, and dated by the parent company of a subsidiary self-insurer if the parent company of the self-insurer is different from the last filing approved by the Commission.
- B. All workers' compensation pool applicants for self-insurance renewal authority shall:
1. Provide information to the Commission as required under subsections (A)(1), (2), and (3).
  2. Provide an updated indemnity agreement pursuant to R20-5-202(C)(2) for changes occurring since the last filing approved by the Commission.
- C. All applicants for renewal shall continue to maintain an office in Arizona as described in R20-5-202(A)(2).
- D. The Commission's analysis for renewal includes the following:
1. A review of the items required by R20-5-202(A).
  2. A review of the claims profile which includes a review of the preceding year's claims filed, claims denied, and denial rate. Denial rates in excess of 8% require additional analysis by the Commission's Claims Division to establish the reasons for the denials.
  3. A review of the self-insurer's financial profile which includes a review of the financial data as described in R20-5-202(B)(3).

**Historical Note**

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1).

**R20-5-204. Denial of Authorization to Self-insure**

If the Commission denies an application for authorization to self-insure for failure to comply with A.R.S. § 23-961(A)(2) or for failure to comply with the requirements of R20-5-202 or R20-5-203, the Commission shall issue an Order to the applicant refusing authorization to self-insure. An appeal of such denial may be made pursuant to A.R.S. § 23-945.

**Historical Note**

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1).

**R20-5-205. Resolution of Authorization**

If the Commission grants authorization to self-insure, a Resolution of Authorization to Self-insure will be issued. The issuance of the Resolution shall be conditioned upon the deposit with the Commission, prior to the effective date stated in the Resolution, of the bonds or other securities specified by A.R.S. § 23-961(A)(2) and this Article.

**Historical Note**

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1).

**R20-5-203. Self-insurance Renewal Application; Requirements**

- A. All individual applicants for self-insurance renewal authority shall:
1. Complete, date, sign, and file with the Commission an Option Election form that can be obtained from the Commission when providing a bond or other security as required by R20-5-206(D) for the payment of workers' compensation liabilities. The Option Election form shall list the following:
    - a. Total outstanding workers' compensation accrued liabilities for all previous periods of self-insurance;
    - b. Amount of future reserves;
    - c. Amount of calculated bond based on the amount of total estimated future liability x 125%.

For those self-insurers complying with R20-5-206(D)(1), the self-insurer shall additionally provide a certificate of excess insurance.

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**Historical Note**

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1).

**R20-5-206. Posting of Guaranty Bond; Effective Date; Execution; Subsidiary Company Guaranty Bond; Parent Company Guaranty; Bond Amounts**

- A. Any guaranty bond filed with the Commission shall bear the same effective date as the effective date of the Resolution of Authorization to Self-insure and shall be for a minimum of one year, subject to annual renewal.
- B. A guaranty bond shall be made by a company authorized and licensed to transact the business of fidelity and surety insurance in Arizona. The guaranty bond shall be executed by a duly authorized agent of the surety and be countersigned by a licensed resident agent. A bond form can be obtained from the Commission and contains the following information:
1. Applicant identification;
  2. Amount of the bond;
  3. Conditions of the bond obligations; and
  4. Statement regarding responsibility for fees and costs associated with collection of the bond and responsibility for payment of any award or judgment against the surety.
- C. For the Commission to issue a Resolution of Authorization to Self-insure to a subsidiary company, the parent company shall first execute a guaranty for the subsidiary on a form that can be obtained from the Commission. The parent company shall submit its most recent audited financial statement to the Commission for analysis to determine the ability of the parent company to meet its obligations under the guaranty and under A.R.S. § 23-961(A)(2). The guaranty shall state that the parent company agrees and guarantees on behalf of the subsidiary that any and all liabilities against the subsidiary, under or by virtue of the Workers' Compensation Laws of Arizona, shall be promptly and fully paid, and the subsidiary company has on deposit a guaranty bond or securities. The guaranty for a subsidiary company, and the Resolution of Authorization to Self-insure issued to such subsidiary company, shall be valid and effective only as long as the parent company has on file with the Commission a valid guaranty to satisfy compensation claims of the subsidiary. A parent company is one which owns sufficient stock in the subsidiary company to control the subsidiary and does not mean a company in which all or a majority of the stockholders are the same as in the subsidiary. The guaranty shall be accompanied by a verified certificate as to stock ownership of the subsidiary, a certified copy of the charter or articles of incorporation of the parent company and a certified copy of the resolution of the directors of the parent company authorizing a designated officer to execute the guaranty.
- D. In compliance with this Article and the Workers' Compensation Laws of Arizona, an individual self-insurer that is not a member of a workers' compensation pool shall post either:
1. A minimum \$250,000 guaranty bond and a specific excess reinsurance policy with a self-insured retention of \$250,000 and a policy limit of liability of not less than \$10,000,000.
  2. A guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insurer to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insurer for the Commission's approval.
- E. In compliance with this Article and the Workers' Compensation Laws of Arizona, a workers' compensation pool shall post

a guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insured pool to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insured pool for the Commission's approval.

**Historical Note**

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1).

**R20-5-207. Posting of Securities in Lieu of Guaranty Bond; Registration; Deposit**

- A. In lieu of posting a guaranty bond as provided in R20-5-206, the self-insurer may deposit with the Commission for transmittal to the State Treasurer bonds of the United States.
- B. Any securities deposited with the State Treasurer shall be registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws. The securities shall be held by the State Treasurer, as custodian subject to the order of, and in trust for, The Industrial Commission of Arizona, with the power in the Commission to collect or order collection of the principal as it becomes due, to sell or order the sale of these securities or any part of these securities, and to apply or order the application of the proceeds to the payment of any award rendered against the self-insurer in the event of the default in the payment of its obligations. The interest coupons on such securities shall be remitted by the Commission to the self-insurer upon request as they mature.
- C. The securities deposited in compliance with subsections (A) and (B) shall have a face value at maturity in the amount specified by the Commission.

**Historical Note**

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1).

**R20-5-208. Posting Other Securities**

If the Commission accepts securities other than those specified in R20-5-207, including letters of credit, these securities shall be registered in the same manner as provided in R20-5-207.

**Historical Note**

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1).

**R20-5-209. Authorization Limitation**

If the Resolution of Authorization to Self-insure is validated by a deposit of acceptable securities, or by a guaranty bond, the resolution shall remain in full force and effect for a period of one year unless revoked by the Commission.

**Historical Note**

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1).

**R20-5-210. Continuation of Authorization**

If timely and sufficient application for renewal is made pursuant to R20-5-203, the existing authorization to self-insure shall continue, subject to compliance with A.R.S. Title 23, Chapter 6 and this Article, until the renewal application has been finally determined by the Commission.

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**Historical Note**

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1).

**R20-5-211. Revocation of Authorization; Notice of Insolvency; Notice of Change of Ownership**

A. The Commission may revoke a resolution of authorization to self-insure for good cause. Good cause includes:

1. The impairment of the solvency of the self-insurer.
2. The failure of the self-insurer to respond within 10 days of a demand by the Commission to substitute a satisfactory guaranty bond or securities when in the Commission's judgment the bond or securities on deposit are unsatisfactory or insufficient in amount or character.
3. The failure of the self-insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065.
4. The failure of the self-insurer to promptly provide the Commission within 60 days the reports required by the Commission under this Article concerning the business, operations, employees, wages, injuries, and other subjects under Commission jurisdiction.
5. The failure to comply with state workers' compensation laws.
6. The failure of the self-insurer to pay or comply with any award of the Commission within 30 days after the award becomes final.
7. The willful misstating of any material fact in a payroll report, injury report, or other report or statement made to the Commission.
8. The deliberate refusal of the self-insurer to comply with Commission rules.
9. The failure of the workers' compensation pool to notify the Commission within 30 days before termination or cancellation that a member has been terminated or cancelled.
10. The failure of the workers' compensation pool to notify the Commission within 30 days of receipt of notification that, as a result of the annual audit or examination by the Director of the Department of Insurance, it appears that the assets of the pool are insufficient to enable the pool to discharge its legal liabilities and other obligations and the resulting notification by the Director of the Department of Insurance to the administrator and board of trustees of the workers' compensation pool of the insufficiency and the Director's list of recommendations to abate the deficiency.
11. The failure of the pool to comply with the recommendation of the Director of the Department of Insurance within 60 days of the date of notice as prescribed in A.R.S. §§ 11-952.01(L) and 41-621.01(J).

B. The self-insurer shall notify the Commission within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.

C. The self-insurer shall notify the Commission within 24 hours of any change in the ownership status of the employer.

**Historical Note**

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1).

**R20-5-212. Notice of Revocation of Resolution of Authorization to Self-insure**

The registration and deposit in the United States mail of a Notice of Revocation of the Resolution of Authorization to Self-insure, addressed to the last known address of the employer as shown by the records of the Commission, and signed by the Commission,

shall be deemed to constitute actual delivery of such notice to a self-insurer.

**Historical Note**

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1).

**R20-5-213. Substitution of Bond or Securities**

No bond or other security deposited as a condition precedent to validating a Resolution of Authorization to Self-insure shall be returned nor shall any substitution be allowed, except upon written order of the Commission. No return of such bond or other security shall be authorized except upon proof that the employer has placed with the Commission an amount or amounts as determined by the Commission to be sufficient to provide for the present value of all death benefits, awards, and determinations previously made by the Commission or the self-insurer, with an adequate contingency amount to apply to reopened claims that have been closed and become final during the period of self-insurance.

**Historical Note**

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1).

**R20-5-214. Rating Plans Available for Self-insurers**

A. Any of the following rating plans are available to self-insured employers for the purpose of calculating the taxes required by A.R.S. §§ 23-961(G) and 23-1065(A).

1. Fixed Premium Plan
2. Ex-medical Plan
3. Guaranteed Cost Plan
4. Retrospective Rating Plan

B. The provisions of the rating plans apply only to operations and payroll in Arizona, and all such operations in Arizona shall be combined as a single base for the calculation of any premium modifications to all such operations.

**Historical Note**

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified from R4-13-214 (Supp. 95-1).

**R20-5-215. Fixed Premium Plan: Definition; Formula; Eligibility**

A. A Fixed Premium Plan means a plan in which neither losses nor incurred loss reserves are used for calculation. The only discount is for premium size.

B. The formula for calculation of the fixed premium plan is as follows: Payroll x Applicable Rate Less Premium Discount.

C. Fixed Premium Plan shall be the exclusive plan available to:

1. Those self-insurers electing this plan.
2. Those self-insurers whose annual net taxable premium does not exceed \$100,000 annually.
3. Those self-insurers not eligible for any other plan authorized by the Commission for rating purposes.

**Historical Note**

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1).

**R20-5-216. Ex-medical Plan: Definition; Formula; Eligibility; Modification**

A. An Ex-Medical Plan means a plan for premium calculation which provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to all of the self-insurer's employees for their benefit and that has complied with the

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requirements specified in A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in such plan.

- B. The formula for calculation of the Ex-Medical Plan is as follows:  $[(\text{Payroll} \times \text{Applicable Rate}) \times (1 - \text{Ex-Medical Factor})]$  less Premium Discount.
- C. Only those self-insurers whose program for medical, surgical, or hospital services has been authorized by the Commission are eligible to utilize this plan, for premium calculation.
- D. To be eligible for this plan the self-insurer's annual net taxable premium must exceed \$100,000.

**Historical Note**

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1).

**R20-5-217. Guaranteed Cost Plan: Definition; Formula; Eligibility; Cost of Calculation**

- A. A Guaranteed Cost Plan means a plan providing for the direct relationship, on an annual basis, of the premium for tax purposes and the experience modification developed to reflect the loss payment and incurred loss experience of the self-insured employer. Loss data for three complete years must be provided to calculate the experience modification factor. This plan shall be calculated annually and the premium shall not be subject to further adjustment during the subsequent year.
- B. The formula for the calculation of the Guaranteed Cost Plan is as follows:  $\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor}$  Less Premium Discount.
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the Guaranteed Cost Plan:
  1. The submission of data concerning paid loss determinations and incurred loss reserves for each workers' compensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Three years of loss data shall be formulated to calculate the experience modification factor.
  2. An annual net taxable premium exceeding \$100,000.

**Historical Note**

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1).

**R20-5-218. Retrospective Rating Plan: Definition; Formula; Eligibility**

- A. Retrospective rating plan means a plan providing for the relationship between the premium for tax purposes, the experience modification factor developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year. This plan is to be calculated annually and the premiums shall not be subject to further adjustment during the tax year.
- B. The formula for calculating the retrospective rating plan is as follows:  $[\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor} \times \text{Basic Premium Factor} + (\text{losses current year} + \text{adjusted losses previous year}) \times \text{loss conversion factor}] \times \text{Tax Multiplier} = \text{Net Taxable Premium (NTP)}$ . The NTP is subject to a maximum and minimum premium level depending on which one of the four rating option plans specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4 is used.
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the retrospective rating plan:
  1. The submission of data concerning paid loss determinations and incurred loss reserved for each worker's com-

pensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Four years of loss data must be formulated. The oldest three years of data is used to calculate the rate and the most current year's data is used in the actual tax calculation.

2. An annual net taxable premium exceeding \$100,000.

**Historical Note**

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1).

**R20-5-219. Payment of Taxes by Self-insurers**

The tax payments described in A.R.S. §§ 23-961(G) through (J) and 23-1065(A) shall be processed in accordance with the following:

1. All self-insurers shall submit their payroll, loss, medical, and other information to the Commission by January 31 of each year.
2. All self-insurers shall pay their annual taxes on or before March 31 based on premiums calculated for the preceding calendar year. The payment for each tax shall not be less than \$250.00 per year.
3. Those self-insurers who paid \$2,000.00 or more for the administrative fund tax (A.R.S. § 23-961(G)) for the preceding calendar year shall pay a quarterly tax in the following year. One of two methods can be used to calculate the payment. The first method is a quarterly payment of 25% of the tax calculated for the previous year. The second method is based on actual payroll and premiums calculated for each quarter. Those self-insured employers who paid \$2,000.00 or more for the Special Fund tax (A.R.S. § 23-1065(A)) for the preceding calendar year must pay a quarterly tax using the same methods to calculate payment. The quarterly payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
4. Upon calculation of the annual taxes, it shall be determined by the Commission if the self-insured employer has overpaid or underpaid its taxes. If the total of the quarterly payments is less than the actual taxes calculated for the year, then the amount representing the difference is due on or before March 31. If the total of the quarterly payments exceeds the amount of the actual taxes calculated for the year, a refund will be paid to the self-insurer.
5. If the self-insurer fails to pay the annual or quarterly taxes when due, a penalty of the greater of \$25.00 or 5% of the tax or payment due plus interest at the rate of 1% per month from the date the tax or payment was due shall be paid by the self-insurer.

**Historical Note**

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1).

**R20-5-220. Basis; Definitions**

For determining the premium for purposes of R20-5-214, the Commission shall utilize as the basis for classifications, rating procedures, and plans those specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4.

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**Historical Note**

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1).

**R20-5-221. Book and Record Review by the Commission**

All reports, books, and records of the self-insurer relating to classifications, payroll, incurred loss reserves, and procedures for development of statistical information for the development of rating information are subject to review by the Commission and its authorized representatives. If, in the judgment of the Commission, reports, records, and data relating to payroll or claims are not valid or credible, the Commission reserves the right to require correction of procedure and data to better determine the information needed to evaluate the rating programs.

**Historical Note**

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1).

**R20-5-222. Audits; Cost of Audit**

The Commission may, at any time upon three working days' notice, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of the self-insurer for the purpose of determining the scope and adequacy of the maintained records. The entire cost of the audit will be borne by the self-insurer.

**Historical Note**

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1).

**R20-5-223. Time-frames for Processing Initial and Renewal Applications for Authorization to Self-insure****A. Administrative completeness review.**

1. Initial application.
  - a. The Administration Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Administration Division shall inform an applicant by written notice whether the application is complete within the time-frame provided in this subsection. If the application is incomplete, the Administration Division shall include in its written notice to the applicant a complete list of the missing information.
  - c. The Administration Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
2. Renewal application.
  - a. The Administration Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Administration Division shall inform a self-insurer by written notice whether the application is complete within the time-frame provided in subsection (A)(2)(a). If the application is incomplete, the Administration Division shall include in its written

notice to the self-insurer a complete list of the missing information.

- c. The Administration Division shall deem the application withdrawn if a self-insurer fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the self-insurer obtains an extension to provide the missing information under subsection (D).
- B. Substantive review.**
  1. Initial application. Within 70 days after the Administration Division determines an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.
  2. Renewal application. Within 40 days after the Administration Division determines a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.
- C. Overall review.**
  1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
  2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.
- D. If an applicant or self-insurer cannot timely submit to the Administration Division information to complete an initial or renewal application, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Administration Division no later than 40 days after receipt of the notice from the Administration Division that the initial or renewal application is incomplete. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the 45-day deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Administration Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.**

**Historical Note**

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4).

**R20-5-224. Computation of Time**

- A.** In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.
- B.** Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

**Historical Note**

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4).

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**ARTICLE 3. EXPIRED****R20-5-301. Expired****Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-302. Expired****Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-303. Expired****Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-304. Expired****Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-305. Expired****Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-306. Expired****Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-307. Expired****Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from

R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-308. Expired****Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-309. Expired****Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-310. Expired****Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-311. Expired****Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-312. Expired****Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-313. Expired****Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective

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March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-314. Expired****Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-315. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-316. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-317. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-318. Expired****Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-319. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-320. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-321. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-322. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-323. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-324. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-325. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-326. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-327. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-328. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-329. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS****R20-5-401. Applicability**

This Article applies to all boilers, lined hot water heaters and pressure vessels operated in Arizona, except the following:

1. Boilers, lined hot water heaters and pressure vessels regulated by the United States Government;
2. Boilers, lined hot water heaters and pressure vessels operated in private residences or apartment complexes of not more than six units; and
3. Boilers, lined hot water heaters and pressure vessels operated on Indian reservations.

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4. A lined hot water heater that does not exceed any of the following:
  - a. Heat input of 200,000 BTU per hour,
  - b. Water temperature of 210° F, and
  - c. Nominal water containing capacity of 120 gallons.

**Historical Note**

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-402. Definitions**

In this Article, unless the text otherwise requires:

1. "Act" means A.R.S. Title 23, Chapter 2, Article 11.
2. "Alteration" means any change in the item described on the original manufacturer's data report which affects the pressure-containing capability of the boiler or pressure vessel, including but not limited to:
  - a. Non physical changes such as an increase in the maximum allowable working pressure either internal or external, or
  - b. A reduction in minimum design temperature of a boiler or pressure vessel requiring additional mechanical tests.
3. "ANSI" means American National Standards Institute, Inc., located at 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. "Apartment house" means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where boilers are located in a common area outside of the individual dwelling units, such as a boiler room.
5. "Applicant" means an individual requesting permission to act as a special inspector under A.R.S. § 23-485.
6. "ASME Code" means the American Society of Mechanical Engineers Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII and IX, published by ASME International.
7. "ASME International" means a not for profit professional organization that promotes the art, science and practice of mechanical and multidisciplinary engineering and allied sciences throughout the world.
8. "Authorized Inspector" means an authorized representative under A.R.S. § 23-471(1) or a special inspector under A.R.S. § 23-485.
9. "Authorized representative" means the boiler chief or boiler inspector employed by the Division.
10. "Blowdown tank" or "Blowdown separator" means an ASME-stamped vessel designed to receive discharged steam or hot water from a boiler blowoff or blowdown piping system.
11. "Boiler" means a closed vessel in which fluid is heated for use external to itself by the direct application of heat resulting from the combustion of fuel, solid, liquid, or gaseous, or by the use of electricity.
12. "Certificate of Competency" means a person who has passed the National Board Exam.
13. "Certificate Inspection" means an internal inspection, when construction allows; otherwise, it means as complete an inspection as possible.
14. "Condemned" means a boiler or lined hot water heater that has been inspected and found to be unsafe by the Director or authorized inspector and has been stamped or tagged with the code XXX AZ8 XXX.
15. "CSD-1" means Controls and Safety Devices for Automatically Fired Boilers, published by ASME International, incorporated by reference in R20-5-404(A)(4).
16. "Direct fired jacketed steam kettle" means a pressure vessel with inner and outer walls that is subject to steam pressure and stress, is used to boil or heat liquids or to cook food, and falls under the scope of Section VIII, Division 1, Appendix 19 (Electrically Heated or Gas Fired Jacketed Steam Kettles) of the ASME Boiler and Pressure Vessel Code incorporated by reference in R20-5-404(A).
17. "External inspection" means an examination of a boiler or lined hot water heater performed by an authorized inspector when the boiler or lined hot water heater is in operation.
18. "Forced circulation hot water heater" means a hot water heater used for potable water, a hot water heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.
19. "Fully attended power boiler" means a power boiler that is operated by an individual who meets the requirements of R20-5-408(C), and whose primary function is the care, maintenance, and operation of the boiler and the equipment associated with the boiler system.
20. "High temperature water boiler" means a boiler in which water is heated and operates at a pressure in excess of 160 psig (1.1 MPa) and/or temperature in excess of 250° F.
21. "Historical boilers" means steam boilers of riveted construction, preserved, restored, or maintained for hobby or demonstration use.
22. "Inspection certificate" means a document issued by the Division for the operation of a boiler, lined hot water heater or direct fired jacketed steam kettles when a certificate inspection has been successfully completed.
23. "Internal inspection" means a complete examination of the internal and external surfaces of a boiler or lined hot water heater by an authorized inspector after the boiler or lined hot water heater is shut down.
24. "Lined hot water heater" means the same as lined hot water storage heater defined in A.R.S. § 23-471(10) as a vessel which is closed except for openings through which water can flow, that includes the apparatus by which heat is generated and on which all controls and safety devices necessary to prevent pressures greater than 160 psig (1100 kPa gage) and water temperature greater than 210° F are provided, in which potable water is heated by the combustion of fuels, electricity, or any other heat source and removed for external use.
25. "MAWP" means maximum allowable working pressure.
26. "National Board Commissioned Inspector" means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183.
27. "National Board Registration Number" means a unique number issued to a boiler, hot water heater or pressure vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.
28. "NFPA" means National Fire Protection Association.
29. "Non-Standard Boiler" means any boiler, hot water heater or pressure vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

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30. "Owner" or "Operator" means any individual or organization, including this state and all political subdivisions of this state, who have title, control or duty to control, the operation of one or more boilers, lined hot water heaters or pressure vessels.
31. "Portable boiler" means a boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose or wire.
32. "Relief valve" means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.
33. "Repairs" means work necessary to restore a boiler, lined hot water heater or pressure vessel to operating condition that complies with this Article.
34. "Safety relief valve" means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a safety valve or as a relief valve.
35. "Safety valve" means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.
36. "Secondhand" means a boiler, lined hot water heater or pressure vessel that has changed both location and ownership since original installation.
37. "Shelter" means a permanent structure that provides protection from the weather.
38. "Special Inspector" means any authorized inspector who is issued an Arizona Commission but is not employed by the state of Arizona.
39. "State Identification Number" means a unique number assigned by the Division to a boiler, hot water heater or pressure vessel installed in Arizona.
40. "User" means a person or entity that does not have legal title to a boiler, lined hot water heater or pressure vessel, but has control and responsibility for the operation of a boiler, lined hot water heater or pressure vessel.

**Historical Note**

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May 11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-403. Boiler Advisory Board**

- A. Members of the boiler advisory board appointed by the Commission pursuant to A.R.S. § 23-474(2) shall serve for a period of three years. At the end of each three year term, the Commission may extend a member's term an additional three years or replace any member with an individual representing similar interest within the industry. The board shall be composed of persons in the boiler industry and shall be balanced in representation with respect to industry, owner/operators, labor and the public.
- B. The board shall hold an annual meeting and such other meetings as may be appropriate and shall conduct business at times and places arranged by the Commission.

**Historical Note**

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels****A.** The following apply to this Article:

1. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII Division 1, 2, 3, IX, and B31.1 Power Piping, and addenda as of July 1, 2007, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
2. An owner or user of a boiler, lined hot water heater or pressure vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler, lined hot water heater or pressure vessel in Arizona.
3. An owner or user of a gas-fired lined hot water heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3-2004, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. An owner or user of a boiler installed, repaired, replaced or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers, ANSI/ASME CSD-1-2006, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
5. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a boiler in Arizona. As an alternative, an owner or user of a boiler described in this subsection may comply with subsection (A)(4).

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6. A permanent source of outside air shall be provided for each boiler and lined hot water heater room to assure complete combustion of the fuel as required by ANSI Z223.1-2006, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article:
1. All boilers and lined hot water heaters, including reinstalled and secondhand boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
    - a. Non-standard boilers installed up to six months after the effective date of this Section,
    - b. Cast iron boilers, and
    - c. Cast aluminum boilers.
  2. All fired and unfired pressure vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An owner or user shall keep a signed copy of the Manufacturer's Data Report for a boiler or lined hot water heater at the location of the boiler or lined hot water heater and make the report available for review upon request from an authorized inspector.
  2. A boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the boiler and its contents without any vibration in the boiler or its connecting piping.
  3. There shall be at least 36 in. (915 mm) of clearance on each side of the boiler or lined hot water heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by the Division prior to installation of boiler or lined hot water heater.
  4. A boiler with a manhole shall have at least five feet clearance between the boiler manhole and any wall, ceiling, or piping.
  5. A newly constructed boiler room in excess of 500 square feet of floor area and containing one or more boilers with a fuel capacity of 1,000,000 BTU per hour or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the boiler or boilers. The owner or user shall ensure each exit is remotely located from other exits.
  6. An owner or user shall keep a boiler or lined hot water heater room clean and with no obstructions to the boiler or lined hot water heater.
  7. An owner or user shall not store flammable or explosive materials in a boiler or lined hot water heater room.
  8. An owner or user shall not store combustibles less than three feet from any part of a boiler or lined hot water heater.
  9. If a boiler or lined hot water heater is moved outside Arizona for temporary use or repairs, the owner or user shall not reinstall the boiler or lined hot water heater in Arizona until the owner or user notifies and receives verbal or written approval from the Division under R20-5-419 to reinstall the boiler or lined hot water heater. If the Division grants approval to reinstall the boiler or lined hot water heater, the owner or user shall not operate the reinstalled boiler or lined hot water heater until the owner or user receives an inspection certificate from the Division under this Article.
  10. Before a new power boiler or a used or secondhand boiler or pressure vessel is installed, an inspection shall be made by an authorized inspector of this state, or by a National Board Commission Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the owner or user of the boiler or pressure vessel with the Division for approval. This application shall contain the following information:
    - a. Name of the owner or user;
    - b. Mailing address of owner or user;
    - c. Business telephone number of owner or user;
    - d. Installation name and address;
    - e. Installation date;
    - f. Start up date;
    - g. Name and address of boiler/pressure vessel insurance company;
    - h. Arizona serial number of the boiler/pressure vessel being replaced, if applicable;
    - i. Description of the new, used or secondhand power boiler/pressure vessel as to include:
      - i. Manufacture's name,
      - ii. Date manufactured,
      - iii. Maximum allowable pressure or temperature of boiler/pressure vessel, and
      - iv. National Board registration number;
    - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the object;
    - k. Name, title and phone number of the contact person on the site of installation; and
    - l. Signature, title and date of the person submitting the application.
  11. Before the owner or user installing a used boiler or pressure vessel, the boiler or pressure vessel shall pass a hydrostatic test that is witnessed by an authorized inspector, authorized representative or by any National Board Commissioned inspector in accordance with R20-5-411.
  12. An owner or user of a portable boiler shall notify an authorized inspector before installing the portable boiler and shall not operate the portable boiler until the owner or user receives an inspection certificate from the Division.

**Historical Note**

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-405. Repealed****Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405

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(Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-406. Repairs and Alterations**

- A.** If repairs or alterations may affect the working pressure or safety of a boiler, an owner, user, or operator shall consult with an authorized inspector before having the repairs or alterations made. The authorized inspector shall provide the owner, user, or operator information regarding the best method to repair or alter the boiler. The owner, user, or operator shall ensure that an authorized inspector inspects and approves the repairs and alterations after the repairs or alterations are made.
- B.** Repairs and alterations to boilers shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- C.** An owner or user shall not permit an individual to remove or repair a safety appliance of a boiler or lined hot water heater in operation. An owner or user shall not permit a person to remove or repair a safety appliance of a boiler or lined hot water heater not in operation except as provided under the ASME Code. If an owner or user permits a person to remove a safety appliance from a boiler or lined hot water heater as provided under the ASME Code, then the owner or user shall ensure that the safety appliance is reinstalled in proper working order before the boiler or lined hot water heater is placed back into operation.
- D.** No person shall alter in any manner a safety valve, relief valve, or safety relief valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23 2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- E.** Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F.** Beginning six months after the effective date of this Section replacement of fittings or appliances shall comply with the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII, Division 1, 2, 3, IX and B31.1 Power Piping, and addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from

ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates**

- A.** An authorized inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B.** If an owner, user, or operator fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the inspection certificate until the owner, user, or operator complies with the requirements.
- C.** An authorized inspector shall not engage in the sale of any object or device relating to boilers, lined hot water heaters, direct fired jacketed steam kettles or equipment associated with boilers, or lined hot water heaters or direct fired jacketed steam kettles.
- D.** Under A.R.S. § 23-485(D), the Special Inspector shall file the inspection reports by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division or by electronic transfer of data between the insurance company's database and the Division's database. The inspection report shall contain the following:
1. Whether it is a Certificate or non-Certificate inspection;
  2. Whether it is an internal or external inspection;
  3. Name of location, address and phone number of the object;
  4. Name, address and phone number of owner or responsible party;
  5. Contact person's name and phone number at the inspection location;
  6. State Identification Number;
  7. Certificate due date;
  8. Certificate duration;
  9. Whether the object is active, inactive or scrapped;
  10. MAWP permitted or allowed;
  11. National Board registration number;
  12. Name of the manufacturer and the year the object was built;
  13. Special location in plant, if applicable;
  14. Boiler type;
  15. Purpose of the boiler;
  16. Specify type of fuel used;
  17. Whether the firing method is automatic, manual or unknown;
  18. Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
  19. Whether the boiler is fully attended as per R20-5-408(C);

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20. Heating Surface/BTU Input/ Kilowatt (Kw) Input, as applicable;
  21. Whether the heating surface type is stamped, computed or unknown;
  22. Minimum safety valve relief capacity required;
  23. Whether the minimum safety valve relief capacity type is BTU/Hr, LBS/Hr or unknown;
  24. Number of temperature/pressure controls, as applicable;
  25. Owner number assigned by the owner to specifically identify object's location;
  26. Inspection date;
  27. Whether the certificate is posted;
  28. Safety Valve Total Capacity;
  29. Safety Valve #1 set pressure;
  30. Safety Valve #2 set pressure;
  31. Safety Valve #3 set pressure;
  32. Whether the object has been hydro tested;
  33. Hydro Test (psi), if applicable;
  34. Whether Pressure/Altitude Gage was tested;
  35. Whether of the condition of the object is okay to issue a certificate;
  36. Inspection comments, condition of boiler;
  37. Violations noted;
  38. Inspector name and Arizona Commission number; and
  39. National Board Commission number.
- E.** The Division shall issue to an owner or user an inspection certificate within 30 calendar days of receipt of an inspection report that documents a boiler, lined hot water heater or direct fired jacketed steam kettle that complies with the Act and this Article. An owner or user of a boiler, lined hot water heater or direct fired jacketed steam kettle shall post the inspection certificate in the establishment where the boiler, lined hot water heater or direct fired jacketed steam kettle is located.
- F.** An owner, user, or operator shall ensure than an authorized inspector tags or stamps a steam boiler with an identification number assigned by the Division immediately after installing, but before operating, a new steam boiler, or when an authorized inspector performs an initial certificate inspection of an existing steam boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G.** The Division shall mark with a metal dye stamp a boiler or lined hot water heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the boiler or lined hot water heater is condemned.
- H.** For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the boiler or lined hot water heater shall apply.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-407 recodified from R4-13-407 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-408. Frequency of Inspection**

- A.** An owner, user, or operator of a power boiler shall ensure that an authorized inspector performs a certificate inspection and external inspection of the power boiler every 12 months. An authorized inspector shall perform the external inspection while the power boiler is in operation to ensure that safety devices of the power boiler are operating properly.
- B.** An authorized inspector shall perform an internal inspection and pressure test on a boiler, lined hot water heater or pressure

vessel if the inspector determines from an external inspection of the boiler, lined hot water heater or pressure vessel that continued operation of the boiler, lined hot water heater or pressure vessel is a danger to the public or worker safety.

- C.** The Division shall issue a 12 month inspection certificate to an owner or user to operate a fully attended power boiler if:
1. An owner or user ensures that an authorized inspector performs an external safety inspection and audit of the operational methods and logs of the fully attended power boiler at least every 12 months and performs an internal inspection of the fully attended power boiler at least every 36 months;
  2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits.
  3. Records are available for review, that indicate:
    - a. The date, time, and reason the boiler is out of service; and
    - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the boiler or its parts; and
  4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements.
  5. Inspection reports of an authorized inspector document that the fully attended power boiler complies with A.R.S. § 23-471 et seq. and this Article.
- D.** An owner, user, or operator of a direct-fired jacketed steam kettle shall ensure that an authorized inspector performs a certificate inspection of the direct-fired jacketed steam kettle every 24 months.
- E.** An owner, user, or operator of a heating or process boiler, not exceeding 15 p.s.i. maximum allowable working pressure, steam or vapor, shall ensure that an authorized inspector performs a certificate inspection of the heating or process boiler every 24 months.
- F.** An owner or user of a hot water heating or hot water supply boiler, or lined hot water heater shall ensure that an authorized inspector performs a certificate and external inspection of the hot water heating or hot water supply boiler or lined hot water heater at the time the hot water heating or hot water supply boiler or lined hot water heater is installed. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-408 recodified from R4-13-408 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-409. Notification and Preparation for Inspection**

- A.** An authorized inspector shall perform a certificate inspection at a time mutually agreeable to the inspector and owner, user, or operator.
- B.** Before an authorized inspector performs an internal inspection of a boiler, an owner, user, or operator shall:
1. Cool the furnace and combustion chambers;

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2. Drain the water from the boiler;
3. Remove the manhole and handhole plates, wash-out plugs, and inspection plugs in water column connections;
4. Remove insulation or brickwork if necessary to determine the condition of the boiler, headers, furnace, supports, and other parts;
5. Remove the pressure gauge for testing;
6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other boilers. Open the free blow drain or cock between the non-return and steam stop valves;
8. Close, tag, and padlock the blowoff valves after draining the boiler: and
9. Open all drains and vent lines.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

**R20-5-410. Report of Accident**

An owner or user shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a boiler, lined hot water heater or direct fired jacketed steam kettle. A person shall not remove or disturb the involved boiler, lined hot water heater, direct fired jacketed steam kettle or parts of the boiler, lined hot water heater or direct fired jacketed steam kettle before an investigation by an authorized inspector, except for the purpose of preventing personal injury or limiting consequential damage.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-411. Hydrostatic Tests**

The owner or user shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-411 recodified from R4-13-411 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices**

- A. An owner, user, or operator shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an operator's or inspector's ability to safely clean, repair, or inspect a boiler or lined hot water heater.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the safety valve or safety relief valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME

Code and standards for boilers and steam jacketed kettles in R20-5-404(A).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-412 recodified from R4-13-412 (Supp. 95-1). Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-413. Safety and Safety Relief Valves**

- A. A valve shall not be placed between a safety valve or a safety relief valve and installed on a boiler or lined hot water heater, or between a safety valve or a safety relief valve and the discharge pipe attached to the boiler or lined hot water heater.
- B. When a power boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, safety valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the boiler;
- C. Safety valves, safety relief valves and relief valves shall conform to the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, and addenda as of January 1, 2008, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-413 recodified from R4-13-413 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-414. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-414 recodified from R4-13-414 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains**

- A. Except as provided in this Section, an owner or user of blowdown and blowoff equipment shall comply with the National Board Rules and Recommendations for the Design and Construction of Boiler Blowoff Systems, 1991 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a boiler is a hazard to life and property.
- C. Blowdown from a boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.

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- F. Blowdown separators may be used with boilers instead of boiler blowdown tanks, provided that blowdown separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for power boilers: Each power boiler and high temperature water boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.
- H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating boilers and hot water heaters:
1. A hot water heating boiler or hot water heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
  2. Discharge outlets of blowdown pipes, safety valves and other piping shall be located and structurally supported to prevent injury to individuals.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-415 recodified from R4-13-415 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-416. Maximum Allowable Working Pressure**

- A. The ASME Code under which a boiler was constructed and stamped shall determine the maximum allowable working pressure for the ASME-stamped boiler.
- B. If components in the boiler or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the boiler or hot water heater, the pressure setting for the safety or safety relief valve on the boiler or hot water heater shall be based upon the component with the lowest maximum allowable working pressure rating.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-416 recodified from R4-13-416 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-417. Maintenance and Operation of Boilers, Hot Water Heaters and Direct Fired Jacketed Steam Kettles**

- A. An owner or user of a boiler, hot water heater or direct fired jacketed steam kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions for the boiler, hot water heater or direct fired jacketed steam kettle.
- B. In addition to the requirements of subsection (A), an owner or user of a boiler constructed under the ASME Code, Sections I, IV, shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
1. On a daily basis, the owner or user shall:
    - a. Test the low-water fuel cutoff and alarm, and
    - b. Check the burner flame for proper combustion.
  2. On a weekly basis, the owner or user shall:
    - a. Check for proper ignition, and
    - b. Check the flame failure detection system.

3. On a monthly basis, the owner or user shall:
  - a. Test all fan and air pressure interlocks,
  - b. Check the main burner safety shutoff valve,
  - c. Check the low fire start switch,
  - d. Test fuel pressure and temperature interlocks of oil-fired units, and
  - e. Test the high and low fuel pressure switch of gas-fired units.
4. Every six months, the owner or user shall:
  - a. Inspect burner components;
  - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
  - c. Check wiring of all interlocks and shutoff valves;
  - d. Recalibrate all indicating and recording gauges; and
  - e. Check steam and blowdown piping and valves.
5. Annually, the owner or user shall:
  - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
  - b. Check all coils and diaphragms; and
  - c. Test operating parts of all safety shutoff and control valves.

- C. An owner or user of a power boiler or high temperature boiler shall designate an individual who meets the requirements of subsection (D) to operate the boiler. An owner or user may operate the boiler if the owner or user meets the requirements of subsection (D).

- D. An operator of a power boiler or high temperature water boiler shall meet the following minimum requirements:
1. Knowledge of and an ability to explain the function and operation of all safety controls of the boiler,
  2. Ability to start the boiler in a safe manner,
  3. Knowledge of all safe methods of feeding water to the boiler,
  4. Knowledge of and the ability to blow down the boiler in a safe manner,
  5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
  6. Knowledge of and the ability to safely shut down the boiler.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-417 recodified from R4-13-417 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-418. Non-standard Boilers**

An owner or user shall remove from service a boiler, hot water heater or pressure vessel that does not bear an ASME stamp unless the boiler owner or user request a variance under R20-5-429.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-418 recodified from R4-13-418 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater**

- A. The Division shall grant or deny approval to reinstall a boiler or lined hot water heater within three business days after an owner or user requests approval to reinstall the boiler or lined

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hot water heater. The order of the Division granting or denying approval to reinstall a boiler shall be in writing.

- B. The Division shall grant approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater complies with A.R.S. § 23-471 et seq. and this Article. The Division shall deny approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater does not comply with A.R.S. § 23-471 et seq. and this Article.
- C. An order of the Division denying approval to reinstall a boiler shall be final unless an owner or user requests a hearing under A.R.S. § 23-479 within 15 days after the Division mails the order. The owner or user requesting a hearing shall have the burden to prove that a boiler meets the requirements of A.R.S. § 23-471 et seq. and this Article.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-420. Special Inspector Certificate under A.R.S. § 23-485****A. Review Time-frames.**

- 1. Administrative Completeness Review.
  - a. The Division shall determine whether an application to take a written examination or request for a special inspector certificate under A.R.S. § 23-485 is complete within three days of receipt of the application or request. The Division shall inform the applicant whether the application or request is complete or incomplete by written notice. If the application or request is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information.
  - b. The Division shall deem an application or request withdrawn if an applicant fails to file a complete application or request within 10 days of being notified by the Division that the application or request is incomplete, unless the applicant obtains an extension to provide the missing information. An applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than 10 days after the Division mails notice that the application or request is incomplete. The written request for an extension shall state the reasons the applicant is unable to meet the 10-day deadline. If an extension will enable the applicant to assemble and submit the missing information, the Division shall grant an extension of not more than 10 days and provide written notice of the extension to the applicant.
- 2. Substantive review.
  - a. Application to take written examination under A.R.S. § 23-485(A). Within three days after the Division deems an application complete under subsection (B), the Division shall determine whether the applicant is eligible to take the National Board Examination.
  - b. Request for special inspector certificate under A.R.S. § 23-485. Within three days after the Division deems a request complete under subsection (C), the Division shall determine whether the applicant meets the criteria of A.R.S. § 23-485 and subsection (C).

3. Overall review. The overall review period shall be six days, unless extended under A.R.S. § 41-1072 et seq.

- B. Application to take Written Examination under A.R.S. § 23-485(A).
  - 1. An individual requesting to take the written examination under A.R.S. § 23-485(A) shall complete an application to take the National Board Examination and submit the application to the Division at least 45 days before the date of the examination.
  - 2. The application to take the National Board Examination shall be filed with the Division. An application is considered filed when it is received at the office of the Division and stamped by the Division with the date of filing.
  - 3. An application to take the National Board Examination shall be on a legible form, paper or electronic, issued to the Division, with the following information:
    - a. Full legal name,
    - b. State or country of residency,
    - c. Mailing address,
    - d. Telephone number,
    - e. E-mail address, and
    - f. Employer's name and address.
- C. Application for Special Inspector Certificate under A.R.S. § 23-485. An application for a special inspector certificate under A.R.S. § 23-485 is deemed complete under subsection (A)(1) when the following is filed with the Division:
  - 1. The applicant provides written documentation that the applicant holds a certificate of competency as an inspector of boilers or lined hot water heaters for a state that has a standard of examination equal to that of Arizona or the applicant is a National Board Commissioned Inspector, and
  - 2. The applicant provides proof of employment as a full time inspector for a company conducting business in Arizona and whose duties as an inspector include making inspections of boilers or lined hot water heaters to be used or insured by the company and not for resale.
- D. If an applicant meets the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a certificate to the applicant under subsection (C). If an applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a written notice denying eligibility to the applicant. The Commission shall deem the notice denying eligibility final if an applicant does not request a hearing within 15 calendar days after the Division mails the notice.
- E. Written Examination under A.R.S. § 23-485(A).
  - 1. The written examination described in A.R.S. § 23-485(A) shall be the National Board Examination of the National Board of Boiler and Pressure Vessel Inspectors.
  - 2. The Division shall administer the National Board Examination the first Wednesday and Thursday of every March, June, September, and December to eligible applicants. Within two days after the Division administers the National Board Examination, the Division shall return the examinations of eligible applicants to the National Board of Boiler and Pressure Vessel Inspectors. Examinations shall be graded by the National Board of Boiler and Pressure Vessel Inspectors.
  - 3. The Division shall provide written notice to an applicant of the applicant's grade for the National Board Examination within three days after the Division receives notice of the grade from the National Board of Boiler and Pressure Vessel Inspectors.
  - 4. The Division shall issue a certificate of competency to an applicant who passes the National Board Examination.

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F. Issuance of Special Inspector Certificate. The Division shall issue a special inspector certificate, A.R.S. § 23-485, to an applicant no later than 15 calendar days after the Division determines that an applicant meets the criteria of A.R.S. § 23-485 and subsection (C).

G. Hearing on Denial of Eligibility for Special Inspector Certificate.

1. A request for hearing protesting a notice of eligibility shall be in writing and signed by the applicant or the applicant's legal representative. The applicant shall file the request for hearing with the Division.
2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be stenographically recorded.
3. The Chair of the Commission or designee shall preside over hearings held under this Section. The Chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
4. A decision of the Commission to deny or grant eligibility for a special inspector certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a special inspector certificate is final unless an applicant files a request for review within 15 days after the Commission mails its order.
5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an applicant:
  - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the applicant seeking review was deprived of a fair hearing;
  - b. Misconduct by the Division;
  - c. Accident or surprise which could not have been prevented by ordinary prudence;
  - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  - e. Excessive or insufficient sanctions or penalties imposed at hearing;
  - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
  - g. Bias or prejudice of the Division; and
  - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
7. The Commission's decision upon review is final unless an applicant seeks judicial review as provided in A.R.S. § 23-483.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-421. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-

421 recodified from R4-13-421 (Supp. 95-1).

**R20-5-422. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

**R20-5-423. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

**R20-5-424. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

**R20-5-425. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

**R20-5-426. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

**R20-5-427. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

**R20-5-428. Repealed**

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

**R20-5-429. Variance**

- A. Any owner or user may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the owner or user shall maintain.
- B. A variance may be modified or revoked upon application by an owner, user or the Director, on the Director's own motion at any time after six months from issuance if the owner or user has not complied with the variance or if the variance does not protect the health and safety of employees or general public.
- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
  1. Owner or user's name and company name;
  2. Mailing address;
  3. Telephone number;
  4. Fax number;
  5. Contact person;
  6. Contact person's telephone number;
  7. Address or location of proposed variance;
  8. Type of facility to include;
    - a. Variance description;

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- b. Justification for variance;
  - c. Component or system involved;
  - d. Supporting documentation for variance;
  - e. Identify the statute, rule, code or standard to justify the variance; and
9. Printed name and title of owner or user, signature of owner or user and date.
- D.** If an owner or user does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-430. Forced Circulation Hot Water Heaters**

- A.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the hot water heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored.
- B.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the hot water heater room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a hot water heater room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the hot water heater room there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-431. Code Cases**

Code cases approved for use by the ASME Code Committee are allowed to be used in the design, fabrication and testing of boilers and pressure vessels provided approval from the Chief Boiler Inspector is obtained prior to use.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-432. Historical Boilers**

Historical boilers shall require an initial Certificate inspection by an authorized inspector, followed by a Certificate inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report, in accordance with R20-5-407(D), to the owner and the Division's electronic copy.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**ARTICLE 5. ELEVATOR SAFETY****R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501

(Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-502. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "ASME" means American Society of Mechanical Engineers.
2. "AZFS Key" means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.
3. "Chief" means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.
4. "Elevator Safety Section" means the Elevator Safety Section of the Division of Occupational Safety and Health of the Industrial Commission of Arizona.
5. "Inspection" means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of an elevator depends.
6. "Major Alteration" means work performed to any conveyance that is not routine maintenance or repair.
7. "State Serial Number" is a unique number assigned by the Chief Elevator Inspector to each individual elevator, dumbwaiter, escalator, and moving walks.

**Historical Note**

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-503. Repealed****Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-504. Safety Standards for Platform Lifts and Stairway Chairlifts**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the American Society of Mechanical Engineers Safety Standard for Platform Lifts and Stairway Chairlifts ASME A18.1-2005, with amendments as of November 29, 2005, which are incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-505. Certificate of Inspection**

The owner or operator under A.R.S. § 23-491.02 shall keep the Industrial Commission's Certificate of Inspection at the same location as the elevator, dumbwaiter, escalator, moving walk, or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number shall be posted or displayed in the elevator cab, and on the escalators, the State Serial Number shall be affixed to the right, at the lower end of the unit.

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**Historical Note**

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-506. Recordkeeping**

- A. The Elevator Safety Section shall assign a State Serial Number to every elevator, dumbwaiter, escalator, and moving walk for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect in the elevator machine room.
- B. The owner or operator shall notify the Elevator Safety Section at least 90 days before installation, relocation, or major alteration of a dumbwaiter with automatic transfer device within the state, elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.
- C. The building owner or operator shall notify the Elevator Safety Section within 24 hours of every accident involving personal injury or disabling damage to a dumbwaiter with automatic transfer device, an elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.

**Historical Note**

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices**

- A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with automatic transfer device, installed on or after August 6, 2009 shall comply with the ASME A17.1-2007 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2007, which are incorporated by reference. Except as stated in subsection (B), this incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed between May 5, 2009 and August 6, 2019, shall comply with ASME A17.1-2007 or, as an alternative, may comply with ASME A17.7-2007. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed before May 5, 2009, shall comply with the ASME A17.1 Safety Code for Elevators and Escalators in effect at the time of installation or, as an alternative, may comply with ASME A17.1-2007 or ASME 17.7-2007.
- B. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after the effective date of this subsection, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.

**Historical Note**

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1).

**R20-5-508. Safety Standards for Belt Manlifts**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Standard for Belt Manlifts, ASME A90.1-2003, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org/>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations, ANSI, A10.4-2007, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-510. Safety Requirements for Material Hoists**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Material Hoists, ANSI, A10.5-2006, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for

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review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-511. Guide for Inspection of Elevators, Escalators, and Moving Walks**

Every Elevator Inspector under A.R.S. § 23-491.05 shall use the American National Standard Institute, Guide for Inspection of Elevators, Escalators, and Moving Walks, ASME, A17.2-2004, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-512. Expired****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320, effective May 19, 2005 (Supp. 05-2).

**R20-5-513. Firefighters' Emergency Operation**

All conveyances provided with firefighters' emergency operation installed per ASME, A17.1-2007, incorporated by reference, shall utilize the AZFS Key.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS****R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of February 7, 2019, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after February 7, 2019.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. §

41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-601.01. Expired****Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

**R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910**

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of July 6, 2018, incorporated by reference. Copies of these reference materials are available for review at the Industrial

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Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after July 6, 2018.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final

rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-602.01. Subpart T, Commercial Diving Operations**

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

**R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928**

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp.

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95-1). Amended effective April 1, 1997 (Supp. 97-2).

**R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913**

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

**R20-5-605. Hoes for Weeding or Thinning Crops**

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

**R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604**

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

**R20-5-607. Expired**

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-608. Definitions**

- A. "Act" means the Arizona Occupational Safety and Health Act of 1972, with amendments effective August 27, 1977 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).
- B. The definitions and interpretations contained in A.R.S. § 23-401 of the Act shall be applicable to such terms when used in these rules.
- C. "Working days" means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing fifteen working days, the day of the receipt of any notice shall not be included, and the last day of the fifteen working days shall be included.
- D. "Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.
- E. "Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of subsection (A) of this Section.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1).

**R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards**

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of

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the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.

- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, he shall make them available upon request to any employee or his authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or his authorized representative and the employer.
- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418 of the Act.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2).  
R20-5-609 recodified from R4-13-609 (Supp. 95-1).

**R20-5-610. Authority for Inspection**

- A. The Director of the Division of Occupational Safety and Health or his authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.
- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2).

R20-5-610 recodified from R4-13-610 (Supp. 95-1).

**R20-5-611. Objection to Inspection**

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of his official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with rule R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with rule R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.
- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or his designee.
- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1).

**R20-5-612. Entry Not a Waiver**

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2).  
R20-5-612 recodified from R4-13-612 (Supp. 95-1).

**R20-5-613. Advance Notice of Inspections**

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- A. Advance notice of inspections may not be given except in the following situations:
1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
  2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;
  3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
  4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.
- B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable him promptly to inform such representative of the inspection. An employer who fails to comply with his obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408 of the Act. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

**Historical Note**

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1).

**R20-5-614. Conduct of Inspections**

- A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in rule R20-5-610 which they wish to review.
- B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.
- D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or his representative and informally advise him of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2). R20-5-614 recodified from R4-13-614 (Supp. 95-1).

**R20-5-615. Representatives of Employers and Employees**

- A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees to accompany him where he determines that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this rule. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, he shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of rule R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only persons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed

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as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2). R20-5-615 recodified from R4-13-615 (Supp. 95-1).

**R20-5-616. Trade Secrets**

- A.** At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B.** Upon the request of an employer, any authorized representative of employees under rule R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

**R20-5-617. Consultation with Employees**

Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which he has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2). R20-5-617 recodified from R4-13-617 (Supp. 95-1).

**R20-5-618. Complaints by Employees**

- A.** A copy of a complaint submitted pursuant to A.R.S. § 23-408(E) shall be provided to the employer or his agent by the Director of the Division of Occupational Safety and Health or his representative no later than the time of inspection, except that, upon the request of the person giving such notice, his

name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.

- B.** If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A) of this rule, and that there are reasonable grounds to believe that the alleged violation exists, he shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this rule shall not be limited to matters referred to in the complaint.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2). R20-5-618 recodified from R4-13-618 (Supp. 95-1).

**R20-5-619. Inspection Not Warranted; Informal Review**

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408(E), he shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing written statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408(E).

**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2). R20-5-619 recodified from R4-13-619 (Supp. 95-1).

**R20-5-620. Expired****Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, for-

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mer Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2). R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-621. Citations: Notices of De Minimis Violations**

- A.** The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403 of the Act, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, he shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B.** If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-408(E), a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.
- C.** After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408(E), the informal review procedures prescribed in rule R20-5-619(A) shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D.** Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Hearing Division or the Review Commission.

**Historical Note**

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1).

**R20-5-622. Proposed Penalties**

- A.** All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418, by certified mail or by a signed verification in person.
- B.** The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness

of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418 of the Act.

- C.** Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp.81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1).

**R20-5-623. Posting of Citations**

- A.** Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B.** Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-471(A) shall not affect his posting responsibility under this rule unless and until the Hearing Division and/or Review Commission issues a final order vacating the citation.
- C.** An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Hearing Division and/or Review Commission, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1).

**R20-5-624. Employer and Employee Contests before the Hearing Division**

- A.** All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to

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the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.

- B.** Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624 (Supp. 95-1).

**R20-5-625. Failure to Correct a Violation for Which a Citation Has Been Issued**

- A.** All employers failing to correct an alleged violation for which a citation has been issued, within the period permitted for its correction, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B.** All notices to contest a notification of failure to correct a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C.** Each notification of failure to correct a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing that he intends to contest the notification or the proposed additional penalty before the Hearing Division.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1).

**R20-5-626. Informal Conferences**

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or his representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in rule R20-5-624.

**Historical Note**

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1).

**R20-5-627. Abatement Verification**

- A.** Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B.** Definitions:
1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
  2. Abatement date means:
    - a. For an uncontested citation item, the later of:
      - i. The date in the citation for abatement of the violation;
      - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
      - iii. The date for abatement completion as established in a citation by an informal conference agreement.
    - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of:
      - i. The date identified in the final decision for completion of abatement;
      - ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
      - iii. The date established by a formal settlement agreement.
  3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
  4. Final order date means:
    - a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417 (A); or
    - b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. § 23-421 or § 23-423.
  5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.
- C.** Abatement certification.
1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
  2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
    - a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
    - b. Notes the abatement action on the citation.
  3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.
- D.** Abatement documentation.

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1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.
  2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.
- E. Abatement plans.**
1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
  2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
    - a. The violation,
    - b. The steps necessary to achieve abatement,
    - c. A schedule for completing abatement, and
    - d. How the employer will protect employees from the violative condition until abatement is complete.
- F. Progress reports.**
1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
    - a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
    - b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
    - c. Whether additional progress reports are required; and
    - d. The date on which additional progress reports shall be submitted.
  2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.
- G. Employee notification.**
1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
  2. For employers who have mobile work operations, the employer shall:
    - a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
    - b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
  3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
    - a. An employee or an employee representative shall submit a written request to examine and copy abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
- H. Transmitting abatement documents.**
1. An employer shall include, in each submission required by this Section, the following information:
    - a. The employer's name and address;
    - b. The inspection number to which the submission relates;
    - c. The citation, item number, and location to which the submission relates;
    - d. A statement that the information submitted is accurate; and
    - e. The signature of the employer or the employer's authorized representative.
  2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.
- I. Movable equipment.**
1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
  2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
  3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
    - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
    - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
  4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
  5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
  6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:

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- a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;
- b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
- c. The Division, administrative law judge, or Review Board vacates the citation.

Page \_\_\_\_\_ of \_\_\_\_\_  
 Citation Number(s)\* \_\_\_\_\_  
 Item Number(s)\* \_\_\_\_\_

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

**Historical Note**

Adopted effective June 26, 1998 (Supp. 98-2).

**Appendix A. Sample Abatement - Certification Letter (Non-mandatory)**

[Name], Director  
 The Industrial Commission of Arizona  
 Division of Occupational Safety and Health  
 P. O. Box 19070  
 Phoenix, Arizona 85005

[Company's Name]  
 [Company's Address]  
 The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

Date required for final abatement: \_\_\_\_\_

I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: \_\_\_\_\_

\*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

**Historical Note**

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

**Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)**

(Name), Director  
 The Industrial Commission of Arizona  
 Division of Occupational Safety and Health  
 P. O. Box 19070  
 Phoenix, Arizona 85005

[Company's Name]  
 [Company's Address]

Check one:  
 Abatement Plan [ ]  
 Progress Report [ ]  
 Inspection Number \_\_\_\_\_

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**Historical Note**

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

**Appendix C. Sample Warning Tag (Nonmandatory)**

<b>0</b>
<b>WARNING:</b>
EQUIPMENT HAZARD BY ADOSH
EQUIPMENT CITED: _____ _____ _____
HAZARD CITED: _____ _____ _____
FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT: _____ _____

BACKGROUND COLOR--ORANGE  
MESSAGE COLOR--BLACK

**Historical Note**

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

**R20-5-628. Safe Transportation of Compressed Air or Other Gases**

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

**R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of February 25, 2019, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after February 25, 2019.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-630. Repealed**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-631. Repealed**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-632. Repealed**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-633. Repealed**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-634. Repealed**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-635. Repealed**

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**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-636. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-637. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-638. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-639. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-640. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-641. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an

emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-642. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-643. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-644. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-645. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-646. Emergency Expired****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

**R20-5-647. Reserved****R20-5-648. Reserved****R20-5-649. Reserved****R20-5-650. Definitions**

As used in rules R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

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1. "Act" means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).
2. "Commission" means the Industrial Commission of Arizona.
3. "Person" means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.
4. "Party" means a person admitted to participate in a hearing conducted in accordance with subsection (3). An applicant for relief and any affected employee shall be entitled to be named as parties.
5. "Affected employee" means an employee or any one of his authorized representatives, such as his collective bargaining agent, who would be affected by the granting or denial of a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1).

**R20-5-651. Petitions for Amendments**

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

**R20-5-652. Effects of Variances**

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, State of Arizona Hearing Division or the Arizona Review Board until the completion of such proceeding.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1).

**R20-5-653. Public Notice of a Granted Variance**

Every final action granting a variance, shall be published in statewide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

**Historical Note**

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

**R20-5-654. Form of Documents; Subscription; Copies**

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings hereunder. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by his attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1).

**R20-5-655. Variances**

- A. Application for variance. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411 of the Act may file a written application containing the information specified in subsection (B) of this Section with the Industrial Commission of Arizona, 1601 West Jefferson, Phoenix, Arizona 85005.
- B. Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-411(B) and (C) of the Act.
- C. Interim order.
  1. Application. In accordance with A.R.S. § 23-411(B)(3) of the Act, an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
  2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
  3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981

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(Supp. 81-2). R20-5-655 recodified from R4-13-655  
(Supp. 95-1).

**R20-5-656. Variances under A.R.S. § 23-412**

- A. Application for variance. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 of the Act may file a written application containing the information specified in subsection (B) of this Section, with the Industrial Commission of Arizona, 1601 W. Jefferson, Phoenix, Arizona 85005.
- B. Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-412 of the Act.
- C. Interim order
  1. Application. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
  2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
  3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1).

**R20-5-657. Renewal of Rules or Orders: Federal Multi-state Variances**

- A. Renewal or rules or orders. Any final rule or order issued under A.R.S. § 23-411 of the Act may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.
- B. Multi-state variances. Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Act, from a standard or portion thereof identical to this state's standard or regulation or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657

(Supp. 95-1).

**R20-5-658. Action on Applications**

- A. Defective applications
  1. If an application filed pursuant to rule R20-5-655, R20-5-656, R20-5-657 and R20-5-658 does not conform to the applicable Section, the Commission may deny the application.
  2. Prompt notice of the denial of an application shall be given to the applicant.
  3. A notice of denial shall include, or be accompanied by, a brief statement of the grounds for denial.
  4. A denial of an application pursuant to this subsection shall be without prejudice to the filing of another application.
- B. Adequate applications
  1. If an application has not been denied pursuant to subsection (A) of this Section, the Commission shall cause to be published in statewide newspapers a notice of the filing of the application.
  2. A notice of the filing of an application shall include:
    - a. The terms, or an accurate summary, of the application;
    - b. A reference to the Section of the Act under which the application has been filed;
    - c. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
    - d. Information to affected employers, employees, of any right to request a hearing on the application.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1).

**R20-5-659. Request for Hearings on Petition**

- A. Request for hearing. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B. Contents of a petition. A request for a hearing filed pursuant to subsection (A) of this Section shall include:
  1. The name and address of the applicant;
  2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
  3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
  4. The reasons why the order is unreasonable or unlawful;
  5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
  6. If the applicant is an employer, a certification that the applicant has informed his affected employees of the application by:
    - a. Giving a copy thereof to their authorized representative;
    - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of

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the full petition may be examined (or, in lieu of the summary, posting the application itself); and

c. Other appropriate means.

7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

- C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412 of the Act. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:

1. How the proposed modification or revocation would affect the requesting party; and
2. What the requesting party would seek to show on the subjects or issues involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1).

**R20-5-660. Consolidation of Proceedings**

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

**R20-5-661. Notice of Hearing**

- A. Service. Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing.
- B. Contents. A notice of hearing served under subsection (A) of this Section shall include:
1. The time, place, and nature of the hearing;
  2. The legal authority under which the hearing is to be held;
  3. A specification of issues of fact and law.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1).

**R20-5-662. Manner of Service**

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known address of the party. The person serving the document shall certify to the manner and the date of the service.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

**R20-5-663. Industrial Commission; Powers and Duties**

- A. Powers. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
1. To administer oaths and affirmations;
  2. To rule upon offers of proof and receive relevant evidence;
  3. To provide for discovery and to determine its scope;
  4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
  5. To consider and rule upon procedural requests;
  6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
  7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
  8. To make decisions in accordance with A.R.S. §§ 23-405.5, 23-411, 23-412, and 23-945; and
  9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Contumacious conduct; failure or refusal to appear or obey the rulings of the Commission.
1. Contumacious conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
  2. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- C. Referral to Rules of Procedure for Occupational Safety and Health hearings. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Rules of Procedure for Occupational Safety and Health hearings before the Industrial Commission of Arizona.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1).

**R20-5-664. Prehearing Conferences**

- A. Convening a conference. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
1. Simplification of the issues;
  2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
  3. Stipulations, admissions of fact, and of contents and authenticity of documents;
  4. Limitation of the number of parties and of expert witnesses; and

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5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.
- B.** Record of conference. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1).

**R20-5-665. Consent Findings and Rules or Orders**

- A.** General. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission. After consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B.** Contents. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
  2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
  3. A waiver of any further procedural steps before the Commission; and
  4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C.** Submission. On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
  2. Inform the Commission that agreement cannot be reached.
- D.** In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1).

**R20-5-666. Discovery****A. Depositions**

1. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
  2. Application. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
    - a. The reasons why such deposition should be taken;
    - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
    - c. The name and address of each witness; and
    - d. The subject matter concerning which each witness is expected to testify.
  3. Notice. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
  4. Taking and receiving in evidence. Each witness testifying upon deposition shall be sworn, and the parties not calling him shall have the right to cross-examine him. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by him, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B.** Other discovery. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1).

**R20-5-667. Hearings**

- A.** Order of proceeding. Except as may be ordered otherwise by the Commission, the party applicant for relief shall proceed first at a hearing.
- B.** Burden of proof. The party applicant shall have the burden of proof.
- C.** Evidence
1. Admissibility. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts. Any oral or documentary evidence may be

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received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.

2. Testimony of witnesses. The testimony of a witness shall be upon oath or affirmation administered by the Commission.
- D.** Official notice. Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E.** Record. Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1).

**R20-5-668. Decisions of the Commission**

- A.** Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B.** Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
  2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

**R20-5-669. Judicial Review**

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413 of the Act.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1).

**R20-5-670. Field Sanitation**

- A.** This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B.** As used in this Section:
1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
  2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
  3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
  4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
  5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
  6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C.** Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
1. Potable drinking water as follows:
    - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
    - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air temperature, humidity and the nature of the work performed, to meet employees' need.
    - c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
  2. Toilet and handwashing facilities as follows:
    - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction

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thereof, except as provided in subsection (D) of this Section.

- b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
- c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
  - 1. Drinking water containers shall be covered, cleaned and refilled daily.
  - 2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
  - 3. Handwashing facilities shall be maintained in clean and sanitary condition.
  - 4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

**R20-5-671. Reserved**

**R20-5-672. Reserved**

**R20-5-673. Reserved**

**R20-5-674. Emergency expired**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

**R20-5-675. Reserved**

**R20-5-676. Reserved**

**R20-5-677. Reserved**

**R20-5-678. Reserved**

**R20-5-679. Reserved**

**R20-5-680. Protected Activity**

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:
  - 1. Employee requests for inspection pursuant to A.R.S. § 23-408(F);
  - 2. Complaints registered with other state, local or federal governmental agencies which have the authority to regulate or investigate occupational safety and health conditions;

late or investigate occupational safety and health conditions;

- 3. Complaints lodged with employers; or
- 4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
  - 1. Inspections of worksites under A.R.S. § 23-408(A);
  - 2. Employee contest of abatement date under A.R.S. § 23-417(D);
  - 3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
  - 4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
  - 5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
  - 6. Employee appeal of an Administrative Law Judge Division order under A.R.S. § 23-421(C);
  - 7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
  - 8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
  - 9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
- C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
  - 1. Testimony in proceedings instituted or caused to be instituted by the employee; or
  - 2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
- D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
  - 1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408(D);
  - 2. The right to request information from the Industrial Commission; or
  - 3. To cooperate with inspections or investigations by the Industrial Commission.
- E. If the employee, with no reasonable alternative, refuses in good faith to expose himself to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from his employer and been unable to obtain a correction of the dangerous condition.
- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1).

**R20-5-681. Elements of a Violation of A.R.S. § 23-425**

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

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1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The protected activity was a substantial reason for the alleged discharge or discrimination or the alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681  
recodified from R4-13-681 (Supp. 95-1).

**R20-5-682. Procedure**

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408(F) to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division.
- C. The Division may accept or deny an employee's withdrawal of a complaint. The Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
  1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
  2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
  3. The proceedings were fair and regular; and
  4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.
- F. A determination pursuant to A.R.S. § 23-425(C) includes:
  1. A decision to not proceed with the case;
  2. To defer the case to another forum; or
  3. To proceed to litigation in Superior Court.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682  
recodified from R4-13-682 (Supp. 95-1).

**ARTICLE 7. SELF-INSURANCE REQUIREMENTS FOR  
WORKERS' COMPENSATION POOLS ORGANIZED  
UNDER A.R.S. § 23-961.01**

**R20-5-701. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

- "Administrator" means an individual or organization chosen by a board to manage the daily operations of a pool.
- "Applicant" means a worker compensation pool organized under A.R.S. § 23-961.01 that has filed an initial application for authority to self-insure.

"Board of trustees" or "board" means a body of individuals that manage all operations of a worker compensation pool.

"Cash flow ratio" means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds received from operations of a business by current liabilities.

"Certificate of authority" means a document issued by the Commission granting a pool authority to be self-insured for purposes of workers' compensation.

"Claim" means a worker compensation claim.

"Code classification" means a number assigned by an approved rating organization that classifies employees.

"Current ratio" means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

"Debt status ratio" means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds supplied by creditors and is calculated by dividing net worth by total liabilities.

"Division" means the Administration Division of the Industrial Commission of Arizona.

"Excess insurance carrier" means an insurance carrier authorized by the Arizona Department of Insurance to issue policies of excess insurance coverage and casualty insurance coverage to a self-insured.

"Experience modification rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

"Financial rating organization" means a nationally recognized organization such as Standard & Poor's or Moody's that evaluates and rates securities.

"Fiscal year" means a 12 month cycle that begins from the effective date of authority to self-insure.

"Loss fund" means an account from which money is used to pay all workers' compensation expenses including current and contingent liabilities of a worker's compensation claim of a pool.

"Member" means an employer described in A.R.S. § 23-961.01 that has joined with other employers to form a pool.

"Pool" means a workers' compensation group organized under A.R.S. § 23-961.01.

"Profitability ratio" means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100.

"Quick ratio" means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus trade receivables, by current liabilities.

"Rate" means an assignment of a code classification based on risk as established by a rating organization and approved by the Arizona Department of Insurance.

"Rating organization" means an entity that meets the requirements of A.R.S. § 20-363(F) and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

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“Service company” means an entity or organization that is contracted by a pool to receive, process, and pay workers’ compensation claims for a pool.

“Trustee fund” means an account into which premiums, investment proceeds, and other revenues are deposited and are used to cover all administrative or operational expenses of a pool.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-702. Computation of Time**

- A.** In computing any period of time prescribed or allowed by this Article, the Commission shall not include the day of the act or event from which the period of time begins to run. The Commission shall include the last day of the period computed unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, the Commission shall exclude intermediate Saturdays, Sundays, and legal holidays in the computation of time.
- B.** Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-703. Forms Prescribed by the Commission**

The following forms are available upon request from the Commission and contain requests for the information listed in each subsection.

1. Initial Application for Authority to Self-insure:
  - a. Name of the pool;
  - b. Address and telephone number of the pool’s principal office;
  - c. Effective date of formation of the pool;
  - d. Name and address of each member of the pool;
  - e. Two digit standard industrial classification code for each member of the pool;
  - f. Name and address of the industry or trade association, or professional organization to which members of the pool belong;
  - g. Effective date of formation of the industry or trade association, or professional organization to which members of the pool belong;
  - h. Type of business in which members are engaged and length of time in business for each member;
  - i. Explanation of how businesses of members are the same or similar;
  - j. Amount of workers’ compensation insurance premiums paid by each member in the preceding year;
  - k. Names and addresses of the board of trustees;
  - l. Name, address, and telephone number of the administrator appointed by the board of trustees;
  - m. Name, address, and telephone number of the service company, if applicable;
  - n. Names, titles, addresses, and telephone numbers of the persons in charge of the loss control and underwriting programs;
  - o. Premium tax plan selection;
  - p. Authorized signature and title of person signing initial application;

- q. Statement that all information and assertions contained in the application and the documents accompanying the application are factually correct and true; and
- r. Date of execution of the initial application.
2. Renewal Application:
  - a. Name of the pool;
  - b. Address and telephone number of the pool’s principal office;
  - c. Name and address of each member of the pool and the effective date of membership;
  - d. Renewal date of the pool;
  - e. Effective date of initial authority to self-insure;
  - f. Total number of member employees covered by the pool;
  - g. Total payroll of the pool for the last fiscal year;
  - h. Name, address, and telephone number of the administrator;
  - i. Name, address, and telephone number of the service company, if applicable;
  - j. Name, address, and telephone number of the excess insurance carrier;
  - k. Name and address of the companies providing guaranty bond and fidelity policy;
  - l. Name and address of individuals serving on the board of trustees;
  - m. Names, titles, addresses, and telephone numbers of persons in charge of loss control and underwriting programs;
  - n. Authorized signature and title of person signing renewal application;
  - o. Statement that all information and assertions contained in the renewal application and the documents accompanying the renewal application are factually correct and true; and
  - p. Date of execution of the renewal application.
3. Self-Insurance Guaranty Bond Form:
  - a. Pool identification;
  - b. Names of fidelity and surety insurance companies;
  - c. Description of the bond, including the amount and conditions of the bond obligations and liability of surety;
  - d. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety;
  - e. Authorized signatures and titles by pool, surety, and agent; and
  - f. Date of execution of the guaranty bond form.
4. Option Election Form:
  - a. Calculation and selection of type of guaranty bond and securities;
  - b. Description of incurred liability and anticipated future liability (compensation and medical) on all open cases for the preceding four years and the current year;
  - c. Authorized signature and title of person signing option election form;
  - d. Statement that all information and assertions contained in the form are factually correct and true; and
  - e. Date of execution of the option election form.
5. Self-insured Payroll Report:
  - a. Description of the cumulative payroll for all members of the pool (classification codes, methods and types of pay);
  - b. Amount paid in the preceding calendar year;

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- c. Authorized signature and title of person signing self-insured payroll report;
- d. Statement that all information and assertions contained in the report are factually correct and true; and
- e. Date of execution of self-insured payroll report.
6. Self-insured Medical Report:
  - a. Description of costs relating to industrial injuries;
  - b. Reinsurance premiums paid;
  - c. Total expenditures for workers' compensation and occupational disease claims;
  - d. Authorized signature and title of person signing self-insured medical report;
  - e. Statement that all information and assertions contained in the report are factually correct and true; and
  - f. Date of execution of the self-insured medical report.
7. Self-insured Injury Report:
  - a. Description of specific information for the current year and three preceding years for each injury requiring payment in excess of \$5000 which includes accumulated amount paid and reserved for each claim in excess of \$5,000;
  - b. Description of all injuries for the current year and three preceding years if individual injury required payment of less than \$5,000;
  - c. Authorized signature, title, and telephone number of person signing self-insured injury report;
  - d. Statement that all information and assertions contained in the report are factually correct and true; and
  - e. Date of execution of the self-insured injury report.
8. Quarterly Tax Payment Form:
  - a. Name and address of the pool;
  - b. Description and calculation of the quarterly tax and designation of the applicable quarter;
  - c. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for change in the tax rate;
  - d. Description and calculation of any penalty due;
  - e. Authorized signature, title and telephone number of person signing the quarterly tax payment form;
  - f. Statement that all information and assertions contained in the form are factually correct and true; and
  - g. Date of execution of the quarterly tax payment form.
9. Application to Add a Member to Self-insured Pool:
  - a. Name of the pool and name of the member to be added to the pool, including if applicable, addresses, corporation, subsidiary, partnership, and trust information;
  - b. Nature and years in business of the member to be added;
  - c. History of business in Arizona and elsewhere for the member to be added;
  - d. Payroll data for each member to be added;
  - e. Work force data for each member to be added;
  - f. Financial data for each member to be added;
  - g. Insurance data for each member to be added;
  - h. Two digit standard industrial classification code for each member of the pool;
  - i. Workers' compensation claims, loss and performance history for the member to be added;
  - j. Authorization by board resolution approving addition of each new member;
  - k. Authorized signature and title of person signing application;
  - l. Statement that all information and assertions contained in the application are factually correct and true; and
  - m. Date of execution of the application.
10. Notice Confirming Addition of Member to Pool:
  - a. Name of the pool;
  - b. Name and address of the new member;
  - c. Effective date of membership;
  - d. Rate and code classification to be applied to new member;
  - e. Standard industrial classification code for new member;
  - f. Authorized signature and title of person signing notice;
  - g. Statement that all information and assertions contained in the notice are factually correct and true; and
  - h. Date of execution of the notice.
11. Notice of Termination of Membership:
  - a. Name and address of pool;
  - b. Effective date of termination;
  - c. Name and address of the member to be terminated, identified as follows:
    - i. All names and addresses of every location used by the member;
    - ii. If the member is a partnership, the names and addresses of all the partners;
    - iii. If the member is a corporation doing business under a number of divisions, the notice shall state the names of all the divisions of the corporation; and
    - iv. If a member changes names, both the new and former names.
  - d. Authorized signature, title and telephone number of person signing notice;
  - e. Statement that all information and assertions contained in the notice are factually correct and true; and
  - f. Date of execution of the notice.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-704. Requirement for Commission Approval to Act as Self-insurer**

A pool does not have authority to act as a self-insurer under A.R.S. §§ 23-961 and 23-961.01 unless the pool receives and maintains a certificate of authority from the Commission.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-705. Duration of Certificate of Authority**

Except as provided in this subsection, a certificate of authority is valid for one fiscal year. The Commission may renew the certificate on an annual basis upon application by a pool. If a pool timely files a complete renewal application under this Article, the Commission shall consider the existing certificate of authority valid, subject to compliance with A.R.S. § 23-901 et seq. and this Article, until a new certificate of authority is issued or an order of the Commission denying a renewal application becomes final.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-706. Time-frames for Processing Initial and Renewal Application for Authority to Self-insure**

A. Administrative completeness review.

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1. Initial application. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform an applicant by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the application is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information. The Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient.
  2. Renewal application. The Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform a pool by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the renewal application is incomplete, the Division shall include in its written notice to the pool a complete list of the missing information. The Division shall deem the application withdrawn if a pool fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient, except that failure to file the financial and actuarial reports required under R20-5-708(C) shall not cause the Division to deem the application withdrawn if a pool files the financial and actuarial reports with the Division within 120 days after the end of the pool's fiscal year.
- B. Substantive review.**
1. Initial application. Within 70 days after the Division deems an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
  2. Renewal application. Within 40 days after the Division deems a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
- C. Overall review.**
1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
  2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.
- Historical Note**  
Adopted effective September 9, 1998 (Supp. 98-3).
- R20-5-707. Filing Requirements for Initial Application for Self-Insurance License**
- A. Initial application for authorization to self-insure.**
1. An application for authority to self-insure shall be completed on forms approved by the Commission.
  2. An application for authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division.
  3. An application shall be typewritten or written in ink in legible text.
  4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized.
  5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- B. The Commission shall deem an initial application for authority to self-insure complete if an applicant provides the following information with the initial application:**
1. A copy of the contract required under A.R.S. § 23-961.01 establishing the pool;
  2. A copy of the articles of incorporation establishing the pool, if applicable;
  3. A copy of the trust agreement establishing the pool, if applicable;
  4. A copy of the by-laws governing the operations of the pool;
  5. An original, signed application to join the pool from every employer receiving approval from the board to join the pool;
  6. A resolution from the board approving employers for membership in the pool;
  7. A certified copy of an audited financial statement or an internally reviewed and signed financial statement for each employer applying for membership in the pool for the most current and prior two years that, considered collectively, demonstrate that the combined net worth of the employers applying for membership at the time of the initial application is not less than \$1,000,000;
  8. A copy of the following financial ratios for each employer applying for membership in the pool:
    - a. Cash flow ratio;
    - b. Current ratio;
    - c. Debt status ratio;
    - d. Profitability ratio;
    - e. Quick ratio; and
    - f. Working capital ratio.
  9. A detailed description of the loss control program required under R20-5-727, including a description of training programs and safety requirements implemented or to be implemented;
  10. A written statement from each member with an experience modification rate greater than 1.10 describing the causes of the member's experience modification rate and outlining remedial measures the member has taken and will take to lower the member's experience modification rate;
  11. An original, signed fidelity policy, or a certified copy, that meets the requirements of R20-5-712, or written confirmation from an authorized insurance company that it will provide fidelity coverage to the applicant as required under R20-5-712 which coverage is effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
  12. An original, signed guaranty bond, securities, or letter of credit that meets the requirements of R20-5-713 or any of the following:
    - a. Written confirmation from an authorized insurance company that it will provide a guaranty bond to the applicant as required under R20-5-713 which shall be deposited with the Industrial Commission before approval for self-insurance is effective,
    - b. Written confirmation from a financial institution that it will provide a letter of credit to the applicant as required under R20-5-713 which is effective when approval for self-insurance is effective, or
    - c. Written confirmation from a pool that it will obtain securities as required under R20-5-713 which shall

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- be deposited with the Arizona State Treasurer before approval for self-insurance is effective.
13. A completed and signed Option Election Form and Self-Insurance Bond Form;
  14. A copy of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the applicant as required under R20-5-715. The excess coverage shall be effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
  15. A copy of the signed agreement or contract of hire between a board and the administrator of the pool;
  16. A designation of a service company and a copy of the signed agreement between the service company and pool that meet the requirements of R20-5-725 or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
  17. A list of all rates by code classification to be used by the pool to calculate premiums;
  18. A statement showing how premiums shall be calculated for members;
  19. A detailed description of the underwriting program required under R20-5-727;
  20. A feasibility study by a member of the American Academy of Actuaries (MAAA) or a Fellow of the Casualty Actuarial Society (FCAS) that documents the rate structure needed to set premium levels to cover potential losses and expenses of the pool; and
  21. A schedule showing net workers' compensation premiums paid, total losses incurred, and experience modification rates for the three preceding years for each employer applying for membership in the pool.
2. A continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank in an amount equal to the amount set forth in the updated Option Election Form and that meets the requirements of R20-5-713;
  3. A confirmation of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715;
  4. A copy of a signed service contract that meets the requirements of R20-5-725 designating an approved service company or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
  5. A continuation certificate for the fidelity policy that meets the requirements of R20-5-712;
  6. A statement of any change made in the rates and code classifications utilized by the pool to calculate workers' compensation premiums;
  7. A statement of any change in the calculation method of a premium for each member;
  8. A statement describing the expenses paid from the trustee fund and the loss fund expressed in a dollar amount and as a percentage of the total premiums collected by the pool in the preceding fiscal year;
  9. A copy of the current contract or agreement of hire between the pool and administrator; and
  10. A copy of the current delegation agreement between the board of trustees and administrator, if applicable, under R20-5-719(C).

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-708. Filing Requirements for Renewal Application for Self-Insurance License**

- A. A self-insured pool seeking renewal of an authority to self-insure for workers' compensation insurance shall file a renewal application 30 days before the existing certificate of authority expires. A pool shall maintain all bonds, policies, and contracts required under this Article while a renewal application is pending before the Commission. The Commission shall deem a renewal application withdrawn if a pool fails to maintain all bonds, policies, and contracts required under this Article.
- B. A renewal application shall meet the following requirements:
  1. An application for renewal of authority to self-insure shall be completed on a form approved by the Commission;
  2. An application for renewal of authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division;
  3. An application shall be typewritten or written in ink in legible text;
  4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized; and
  5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- C. A self-insured pool shall provide the following information at the time the pool files a renewal application:
  1. An updated, completed and signed Option Election Form;

- D. No later than 120 days after the end of a pool's fiscal year, the pool shall file with the Division a copy of the pool's most recent audited annual financial statements and a copy of the pool's most recent actuarial review of:
  1. Losses and reserves for all known claims, and
  2. Reserves for incurred but not reported claims.
- E. The Commission shall deem a renewal application complete when a pool provides the information required under subsections (C) and (D).
- F. If a pool does not file a renewal application, each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the pool's certificate of authority expires.
- G. If a pool's renewal application is deemed withdrawn under this Section, each member of the pool shall provide proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the date the Commission deems the application withdrawn.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-709. Combined Net Worth**

A pool shall ensure that the combined net worth of its members is at least \$1 million at the time the pool files an initial application for authority to self-insure.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-710. Similar Industry Requirement**

The Commission shall consider the following in determining whether two or more employers meet the similar industry requirement of A.R.S. § 23-961.01:

1. Two digit standard industrial classification code established by the 1987 Standard Industrial Classification Manual assigned to an employer applying for membership in the pool; and
2. Other information describing or concerning the business of an employer applying for membership in the pool. The

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Commission may solicit additional written or oral information from a pool or others to assist the Commission in determining whether two or more employers are engaged in a similar industry.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-711. Joint and Several Liability of Members**

- A. The joint and several liability provision described under A.R.S. § 23-961.01(E) shall include the following meaning:
1. Liability of members. Each member is liable for its own workers' compensation claims or losses incurred during the member's period of membership in the pool to the extent that the pool does not pay the claims or losses. A member's liability for its own claims or losses continues for the life of the claims and continues notwithstanding the pool's inability to process or pay the member's claims or losses. Failure of the pool to comply with the provisions of the Arizona Workers' Compensation Act relating to payment and processing of claims shall result in the assignment of the claims to the State Compensation Fund under A.R.S. § 23-966 and shall not relieve a member of liability for its own losses or claims. In the event that claims are assigned to the State Compensation Fund under A.R.S. § 23-966, the Industrial Commission shall have a right of reimbursement against the member for the amount paid by the State Compensation Fund for the member's own claims and losses, including costs, necessary expenses and reasonable attorney's fees, to the extent that such claims and losses are not covered by the pool's bonds or assets.
  2. Liability of a pool. The pool shall pay all claims for which each member incurs liability during each member's period of membership. The pool shall defend, in the name of and on behalf of any member, any action or other proceeding which may arise or be instituted against a member as a result of injury or death covered by the Arizona Workers' Compensation Act and accompanying rules. The pool shall pay all legal costs and all expenses incurred for investigation, negotiation or defense related to such action or proceeding. The pool shall also pay all judgments or awards, and all interest due and accruing after a judgment.
- B. The joint and several liability clause required under A.R.S. § 23-961.01 to be included in each agreement or contract to establish a pool shall include the language in subsection (A)(1) and (2).
- C. The joint and several liability clause required under A.R.S. § 23-961.01(E) applies to any agreement used to form a pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- D. A pool shall ensure that all members read and agree, in writing, to the joint and several clause required under A.R.S. § 23-961.01 and described in subsection (A).
- E. Failure to comply with the requirements of A.R.S. § 23-961.01(E) and this Section is cause for revocation of authority to self-insure.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-712. Fidelity Policy**

- A. A pool shall obtain and maintain during all periods of self-insurance a fidelity policy to protect the pool from unlawful actions of the following:
1. Individuals appointed to the pool's board of trustees (individual and collective liability),

2. Administrator of the pool, and
3. Employees of the pool.

- B. The amount of the fidelity policy in subsection (A) shall be at least \$1 million. A pool may purchase a fidelity policy in excess of \$1 million if the pool determines that a policy in excess of \$1 million is necessary to protect members of the pool from damages resulting from misrepresentation or misuse of any monies or securities owned, controlled, or managed by the board, administrator, or employees of the pool.
- C. The pool shall provide the Commission proof of the fidelity policy as required under R20-5-707 and R20-5-708.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-713. Guaranty Bond**

- A. A pool shall obtain and maintain during all periods of self-insurance a guaranty bond equal to the greater of either:
1. 125% of the total outstanding accrued liability as reflected in the option election form described in subsection (B); or
  2. \$200,000.
- B. A pool shall complete and sign an option election form when an initial or renewal application is filed to determine the amount of the bond or securities required to cover the pool's losses. A pool shall ensure that the information contained in the option election form is in agreement with the data provided in the actuarial report. A guaranty bond or continuation certificate for the guaranty bond shall be in the amount established in the option election form.
- C. A guaranty bond or continuation certificate for the guaranty bond filed with the Commission shall bear the effective date of the certificate of authority under which the pool is authorized to self-insure. The guaranty bond or continuation certificate shall be valid for a period of one year, subject to annual renewal in the amount established in the Option Election Form filed with a renewal application.
- D. A guaranty bond or continuation certificate for the guaranty bond shall be issued by an insurance carrier authorized by the Arizona Department of Insurance to transact fidelity and surety insurance in Arizona. The guaranty bond and continuation certificate shall be executed by an authorized agent of a surety, as evidenced by a certified power of attorney, and countersigned by a licensed resident agent.
- E. Instead of posting a guaranty bond, a pool may either deposit with the Commission for transmittal to the Arizona State Treasurer, bonds of the United States or other securities. The amount of the bond or securities shall bear a face value equal to the requirements of subsections (A) and (B).
- F. Instead of posting a guaranty bond, a pool may obtain a letter of credit. The amount of the letter of credit shall be equal to the requirements of subsections (A) and (B).
- G. The Commission shall not accept certificates of deposit instead of a guaranty bond, securities, or letter of credit.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-714. Securities Deposited with the Arizona State Treasurer**

- A. Any securities deposited with Arizona State Treasurer under R20-5-713(E) shall be registered as follows: "The Industrial Commission of Arizona, in trust for the fulfillment by (name of pool), of (name of pool's) obligations under the Arizona Workers' Compensation Act."
- B. The securities shall be held by the State Treasurer, as custodian, subject to the order of and in trust for, the Industrial Commission of Arizona.

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- C. The Commission shall have the following powers with regard to securities held by the State Treasurer:
1. To collect or order the collection of the securities as they become due;
  2. To sell or order the sale of the securities, or any part of the securities; and
  3. To apply or order the application of the proceeds of the sale of securities, to the payment of any award rendered against the pool in the event of a default in the payment of a pool's obligations under the Arizona Workers' Compensation Act.
- D. The Commission shall remit, upon request from a pool that has deposited securities for transmittal to the State Treasurer, interest coupons on securities as they mature.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-715. Aggregate and Specific Excess Insurance Policies**

- A. A pool shall maintain aggregate and specific excess insurance policies during all periods of self-insurance.
- B. The Commission shall not consider policies of aggregate and specific excess insurance when determining a pool's ability to fulfill its financial obligations under the Arizona Workers' Compensation Act, unless the policies are issued by a casualty insurance company authorized by the Arizona Department of Insurance to transact business in Arizona.
- C. A pool or insurance company seeking to cancel or refuse renewal of aggregate and specific excess insurance policies shall provide 90 days written notice of the proposed cancellation or non-renewal to the other party to the policies and to the Commission. The written notice shall be by registered or certified mail. Failure to provide notice as required by this Section precludes cancellation or non-renewal of the policies.
- D. Policy and Retention Amounts.
1. Policy and retention amounts for specific and aggregate excess insurance for a pool shall be as follows:
    - a. Retention for specific excess insurance shall not be less than \$100,000 nor exceed \$1,250,000 without advance written approval by the Commission. Specific excess insurance shall be provided to the statutory limit; and
    - b. Maximum retention of aggregate excess insurance shall not exceed 150% of collected premiums. Total aggregate insurance coverage shall not be less than \$1,000,000.
  2. Aggregate and specific excess insurance policies shall state that payments of workers' compensation benefits on a claim made by a member employer, pool, or surety under a bond or through the use of other approved securities shall be applied toward reaching the retention level in the policy.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).  
Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3).

**R20-5-716. Rates and Code Classifications; Penalty Rate**

- A. A pool shall only use rates and code classifications obtained from a rating organization licensed by the Arizona Department of Insurance.
- B. A pool may apply a penalty rate in excess of an annual premium to any member with an unfavorable loss experience, provided the pool provides written notice to the member 30 days before the effective date of the change in rate.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-717. Gross Annual Premium of Pool; Calculation and Payment of Workers' Compensation Premiums; Discounts; Refunds**

- A. The gross annual workers' compensation premium for a pool shall be sufficient to fund the administrative expenses and total incurred losses of the pool.
- B. A pool shall calculate a member's workers' compensation premium and experience modification rate using formulas described in a rating plan that meets the following:
  1. The rating plan is filed by an Arizona licensed rating organization, and
  2. The rating plan has not been disapproved by the Arizona Department of Insurance.
- C. Each member shall pay to a pool the premium due in equal monthly or quarterly payments for the premium year, except that upon admission into a pool, a new member shall pay no later than five days after the effective date of membership not less than 25% of the annual premium calculated for the new member. The remaining premium due after a new member has advanced 25% of the annual premium shall be paid in equal monthly or quarterly payments for the premium year. A pool shall permit a member to pay a premium in advance of the monthly or quarterly schedule.
- D. Deviations from rates.
  1. A pool shall not deviate from established workers' compensation rates unless the pool complies with the following:
    - a. The deviation is based upon the expense and loss experience of the pool,
    - b. The deviation is supported and justified by an actuary's feasibility study, and
    - c. The pool provides the information required under this subsection to the Division and receives approval from the Division.
  2. The Division shall approve the deviation if the deviation is based upon the expense and loss experience of a pool and is justified in an actuary's feasibility study.
- E. Refunds. A pool may declare a refund of surplus money, including excess investment income, to its members under the following conditions:
  1. Surplus money exists, including excess investment money, for a fiscal year in excess of the amount necessary to meet all financial obligations for the fiscal year, including financial obligations arising from incurred but not reported claims;
  2. Total assets of a pool are greater than total liabilities for each fiscal year;
  3. An actuary approves the amount of the refund;
  4. The amount of refund is a fixed liability of the pool at the time the refund is declared; and
  5. The board sets a date for the refund that shall not be less than 12 months after the end of the fiscal year in which the excess is reported.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-718. Financial Statements**

- A. A pool shall ensure that a financial statement is prepared annually at the end of its fiscal year by a certified public accountant who has experience in auditing insurance carriers or self-insured pools. The financial statement shall be accompanied by an actuarial report regarding reserves for claims and associated expenses, and claims incurred, but not reported.

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- B.** A pool shall ensure that reported reserves in a financial statement are established based on 110% of an actuary's best estimate.
- C.** A pool shall ensure that an actuarial opinion is rendered by an actuary who is a member of the Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).
- D.** A pool shall ensure that the pool's annual financial statement described in subsection (A) is audited by a certified public accountant. The audit shall include:
1. An evaluation and statement from the certified public accountant whether invested surplus money was invested in compliance with R20-5-724;
  2. A description of how the pool operates; and
  3. A statement whether the pool complied with statutes and rules governing self-insured workers' compensation pools as it relates to financial matters.
- E.** Upon request by the Commission or within 120 days after a pool's fiscal year ends, a pool shall file its annual financial statement with the Commission. If a pool stops providing coverage on an ongoing basis or fails to file a renewal application for authorization to self-insure, then the pool shall provide its annual financial statement within 120 days after the pool's fiscal year ends.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-719. Board of Trustees**

- A.** A pool shall be managed by a board of trustees consisting of at least five individuals elected for a stated term of office. At least 2/3 of a board shall be from the membership of the pool.
- B.** Minimum duties and responsibilities of a board. In addition to those duties and responsibilities provided by law, the duties of a board shall include:
1. Responsibility for all operations of a pool;
  2. Ensuring compliance with this Article and the applicable provisions of the Arizona Workers' Compensation Act;
  3. Hiring of an administrator to manage the daily operations of a pool;
  4. Reviewing and taking action on applications for membership in a pool;
  5. Contracting with a service company or seeking authorization from the Commission to process workers' compensation claims in-house;
  6. Determining the premium to be charged to a member;
  7. Investing surplus monies in compliance with this Article and other applicable law;
  8. Enacting procedures that limit disbursement of money to payment and expenses associated with claims processing and administrative expenses necessary to conduct the operations of the pool;
  9. Ensuring that the pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
  10. Maintaining all records and documents relating to the formation and ongoing operations of the pool; and
  11. Ensuring that accounts and records of the pool are audited as required under this Article.
- C.** Delegation of board duties to administrator.
1. Except as prohibited by law, a board may delegate to an administrator the duties the board determines proper.
  2. Delegation of duties from a board to an administrator shall be in writing. A copy of the delegation agreement shall be provided to the Commission with each renewal application.

- D.** Board prohibitions. A board or board trustee shall not commit or perform the following acts:
1. Extend credit to members for payment of a premium;
  2. Utilize money collected as premiums for a purpose unauthorized by this Article;
  3. Borrow money from a pool or in the name of a pool without providing written notice to the Commission of the nature and purpose of the loan; and
  4. Approve admission into a pool an employer who has a negative net worth and whose admission would impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-720. Administrator; Prohibitions; Disclosure of Interest**

- A.** An administrator of a pool shall not be a member of a board of trustees of a workers' compensation pool.
- B.** An administrator shall not commit any of the acts described in R20-5-719(D).
- C.** An administrator shall disclose to a board any actual or perceived employment or financial interest that the administrator or administrator's family has in any potential provider of services or insurance coverage to the pool. The administrator shall disclose the interest before a contract or agreement is reached with the company or business providing the service or coverage. If a pool has an existing contract or agreement in which a prospective administrator or administrator's family has an actual or perceived employment or financial interest, the administrator shall disclose the interest before accepting a position as administrator for the pool. It is the responsibility of a board to identify for a prospective administrator current providers of services and coverage to the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-721. Admission of Employers into an Existing Workers' Compensation Pool**

- A.** An employer that meets the requirements of A.R.S. § 23-961.01 and this Article that seeks to join an existing pool shall submit an application for membership to the board of trustees of the pool, or the board's designee, on a form approved by the Commission.
- B.** Consideration of application by a board.
1. A board shall approve or deny admission in the pool according to the bylaws of the pool and other applicable statutes and rules.
  2. Upon approval of admission of an employer by a board, the board shall transmit the original application of the employer and board resolution approving membership to the Commission for consideration and approval.
- C.** Commission Approval.
1. Except as provided in subsection (C)(2), within seven days after receiving an employer application described in subsection (B)(2), the Division shall advise the pool whether the employer application is complete. Within 45 days after receiving a complete employer application described in subsection (B)(2), the Commission shall consider the application and shall approve the admission of an employer into a pool if each of the following requirements are met:
    - a. The employer meets the requirements of A.R.S. § 23-961.01 and this Article;

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- b. Admission of the employer into the pool does not impair the ability of the pool to meet the requirements of A.R.S. § 23-961.01 and this Article;
  - c. Admission of the employer into the pool does not impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.
2. After a pool has completed one year of operation, the pool may request Commission authorization to admit new members without Commission approval. Within 30 days after receiving such a request, the Commission shall consider and approve the request to add members to a pool without Commission approval if the pool meets the following:
    - a. The pool uses the similar industry requirement set forth in R20-5-710 and provides a list or description of businesses that the pool will consider as being similar; and
    - b. The pool adopts as its own criteria for admission of new employers the criteria set forth in subsection (C)(1) and provides financial standards that the pool shall apply to employers seeking admission into the pool.
  3. The Commission shall issue written findings and an order either approving or denying admission of an employer into a pool under subsection (C)(1) or approving or denying authorization to add members without Commission approval under subsection (C)(2). The Commission shall mail the findings and order upon the interested parties. The written findings and order is final unless a party files a request for hearing with the Administration Division within 10 days after the findings and order is issued. Hearing rights and procedure are governed by R20-5-736, R20-5-737, and R20-5-738.
- D.** Admission of an employer under subsection (C)(2).
1. A pool shall require an employer applying for membership in the pool to provide a financial report that is either a certified audited financial statement or an internally reviewed and signed financial statement certified by an officer or representative of the employer applying for membership.
  2. If a pool approves admission of a new employer into the pool, the pool shall send written notice to the Commission, on a form approved by the Commission, within 10 days and prior to the effective date of membership, confirming that the pool has admitted a new member.
  3. In addition to the notice required under subsection (D)(2), the pool shall also provide to the Commission, the board resolution approving membership and a copy of the employer's application for admission into the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-722. Termination by a Member in a Pool; Cancellation of Membership by a Pool; Final Accounting**

- A.** A member of a pool may terminate its participation in the pool or submit to cancellation by a pool under the bylaws of the pool and other applicable statutes and rules.
- B.** A pool shall provide the Commission written notice of a member's intent to terminate membership or a pool's intent to cancel a member's participation in the pool at least 30 days before the termination or cancellation is effective on a form approved by the Commission.
- C.** A pool shall provide a final accounting and settlement of the obligations of or refunds to a terminated or canceled member when all incurred claims are concluded, settled, or paid.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-723. Trustee Fund; Loss Fund**

- A.** A pool shall maintain a trustee fund and a loss fund.
- B.** Trustee fund.
  1. All premiums and assessments charged to members of a pool shall be paid to the trustee fund which fund shall be placed in a designated federally insured depository in Arizona.
  2. A pool shall create a loss fund from the trustee fund.
  3. A pool shall pay administrative expenses of the pool from the trustee fund.
  4. Money from the trustee fund shall be transferred to the loss fund as needed to enable a pool to pay from the loss fund cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.
- C.** Loss fund.
  1. A pool shall place its loss fund in a designated federally insured depository in Arizona.
  2. A pool shall pay all workers' compensation expenses from the loss fund.
  3. A loss fund shall be maintained at all times by an authorized service company or administrator charged with processing and paying workers' compensation claims.
  4. A pool shall ensure that its loss fund is financially able to cover current cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-724. Investment Activity of a Pool**

A pool may invest surplus money not needed for immediate cash needs under the following conditions:

1. Investments are limited to:
  - a. United States Government bonds;
  - b. United States Treasury notes;
  - c. Municipal and corporate bonds described under subsections (A)(2), (3), and (4);
  - d. Certificates of deposit;
  - e. Savings accounts in banks located in Arizona that are federally insured; and
  - f. Common or preferred stock.
2. Corporate and municipal bonds are restricted to the top three major investment grades as determined by two financial rating services;
3. Not more than 5% of a corporate municipal bond portfolio is invested in any one corporation or municipality;
4. Not more than 30% of the market value of a portfolio is in corporate and municipal bonds;
5. Not more than 20% of the market value of an investment portfolio is in common and preferred stocks; and
6. Not more than 5% of a common and preferred stock portfolio is invested in any one corporation.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-725. Service Companies; Qualifications; Contracts; Transfer of Claims**

- A.** A pool shall obtain the services of a service company to process the pool's workers' compensation claims unless the pool obtains permission to process its own workers' compensation claims from the Commission under R20-5-726.
- B.** Qualifications of a service company.

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1. A service company shall have facilities and equipment to manage, process, and store workers' compensation claims;
  2. If required by law, a service company shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the service company shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
    - a. Processing of Arizona workers' compensation claims; and
    - b. Arizona Worker's Compensation Act;
  3. Service company personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- C.** A service company shall process and pay each worker's compensation claim in compliance with the Arizona Workers' Compensation Act and the rules. A contract between a pool and service company shall include this requirement.
- D.** Transfer of claims from one service company to another service company.
1. The transfer of claims from one service company to another service company shall be handled in a way that does not interfere with or interrupt the processing of a worker's compensation claim.
  2. A service company transferring a worker's compensation claim shall communicate to the new service company the historical claims processing activity associated with the worker's compensation claim, and shall provide an original or copy of every document required for continued processing of the worker's compensation claim.
  3. A pool shall immediately provide written notice to the Industrial Commission Claims Division of any transfer of a worker's compensation claim from one service company to another.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-726. Processing of Workers' Compensation Claims by a Pool**

- A.** The Commission shall permit a pool to process its own workers' compensation claims if the pool provides information and supporting documentation establishing the following:
1. The pool has facilities and equipment to manage, process, and store its own workers' compensation claims;
  2. If required by law, a pool shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the pool shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
    - a. Processing of Arizona workers' compensation claims; and
    - b. Arizona Workers' Compensation Act;
  3. Pool personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- B.** A pool shall pay and process workers' compensation claims in compliance with the Arizona Workers' Compensation Act and the rules.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-727. Loss Control and Underwriting Programs**

- A.** A pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of members.
- B.** A pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to calculate and determine workers' compensation premiums due and to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article.
- C.** A pool shall ensure those persons with education, experience, or training in loss control administer the loss control program.
- D.** A pool shall ensure those persons with education, experience, or training in underwriting administer the underwriting program.
- E.** A pool shall maintain facilities and equipment to implement the loss control and underwriting programs.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-728. Insufficient Assets or Funds of a Pool; Plans of Abatement; Notice of Bankruptcy**

- A.** A pool shall immediately provide written notice to the Commission if collected premiums and earned investment income for a fiscal year are insufficient to pay benefits under the Arizona Workers' Compensation Act for all reported workers' compensation claims and expenses for the year. When a pool provides notice to the Commission of the deficiency, the pool shall also provide a written proposal to achieve 100% funding. The proposal may include the following:
1. Use of premiums collected in other fiscal years, but not necessary for payment of claims or expenses in the year collected;
  2. Use of investment earnings associated with other fiscal years, but not necessary for payment of claims or expenses in the year in which associated; or
  3. Assessment of members.
- B.** The Commission shall review the proposal submitted under subsection (A) and approve the proposal within 10 days if the Commission determines that the proposal will abate the deficiency. A pool shall implement the plan no later than 30 days after the date the Commission approves the plan and shall achieve 100% funding within one year after the date the Commission approves the plan. Failure to implement the plan is cause for revocation of the pool's certificate of authority under R20-5-739.
- C.** If, as a result of an audit or examination by either a pool or the Commission, it appears that the assets of a pool are insufficient to enable the pool to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article, the Commission shall notify the administrator and the board of the deficiency and issue an order to abate the deficiency.
- D.** The Commission has authority to include in its order of abatement issued under subsection (C) a provision that a pool shall not add new members to the pool until the deficiency is abated.
- E.** Failure to comply with an order of abatement within 60 days after the order is issued constitutes cause for revocation of a pool's certificate of authority under R20-5-739.
- F.** A pool shall provide immediate written notice to the Commission of any bankruptcy filing by the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-729. Arizona Office; Recordkeeping; Records Available for Review**

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- A. A pool shall maintain an office in Arizona.
  - B. A pool shall ensure that all financial reports and minutes are signed by an authorized representative of the pool.
  - C. A pool shall make board meeting minutes, reports or other documents concerning payroll, audits, investments, experience rating, or other information concerning the pool available to the Commission upon request.
  - D. A pool shall retain records relating to the formation and operation of the pool. The pool's current board shall know the current location of the records.
  - E. Records of a pool are the property of the pool. If records of a pool are in the control or custody of a third party, the third party shall immediately surrender the records to a pool, upon request by the pool.
- a. A plan that provides for a relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of an insured, and the actual incurred losses for the tax year;
  - b. Plan is calculated annually and premium is not subject to further adjustment during the tax year;
  - c. The net taxable premium is calculated as follows: (payroll x applicable rate x experience modification rate x basic premium factor) + (losses for current year + adjusted losses for premium year x conversion factor) x tax multiplier; and
  - d. The net taxable premium is subject to a maximum and minimum premium level depending on which one of the four rating insurance option plans specified in the rating system filed by the rating organization is used by the State Compensation Fund under A.R.S. Title 20, Chapter 2, Article 4;

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-730. Order for Additional Financial Information; Examination of Accounts and Records by Commission**

If the Commission questions a pool's financial ability to pay workers' compensation claims under the Arizona Workers' Compensation Act, the Commission may order the pool to provide additional financial information from the pool's auditor or may order an independent financial examination of the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-731. Assignment of Claims Under A.R.S. § 23-966; Obligation of Member to Reimburse the Commission**

The Commission shall assign all workers' compensation claims of a pool to the State Compensation Fund under A.R.S. § 23-966 in the event that a pool files for bankruptcy or a pool is unable to process or pay benefits as required under the Arizona Workers' Compensation Act. In the event that the Commission assigns workers' compensation claims to the State Compensation Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against any member of a pool for the amount paid by the State Compensation Fund for the member's claims and losses, including reasonable administrative costs, to the extent that such claims and losses are not covered by the pool's bonds or assets.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-732. Calculation and Payment of Taxes under A.R.S. § 23-961 and A.R.S. § 23-1065**

- A. Subject to subsection (B), the Commission shall determine the taxes to be paid under A.R.S. § 23-961(G) and A.R.S. § 23-1065(A) by calculating a pool's premiums using one of the following insurance plans selected by a pool:
  - 1. Fixed premium plan:
    - a. A plan in which neither losses nor incurred loss reserves are used to calculate a premium;
    - b. A discount is allowed for premium size; and
    - c. The taxable premium is calculated as follows: Payroll x applicable rate - premium discount.
  - 2. Guaranteed cost plan:
    - a. A plan that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payments and incurred loss experience of an insured;
    - b. The taxable premium is calculated as follows: (Payroll x applicable rate x experience modification rate) - premium discount.
  - 3. Retrospective plan:
    - a. A plan that provides for a relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of an insured, and the actual incurred losses for the tax year;
    - b. Plan is calculated annually and premium is not subject to further adjustment during the tax year;
    - c. The net taxable premium is calculated as follows: (payroll x applicable rate x experience modification rate x basic premium factor) + (losses for current year + adjusted losses for premium year x conversion factor) x tax multiplier; and
    - d. The net taxable premium is subject to a maximum and minimum premium level depending on which one of the four rating insurance option plans specified in the rating system filed by the rating organization is used by the State Compensation Fund under A.R.S. Title 20, Chapter 2, Article 4;
- B. A pool shall not select a retrospective plan unless the pool meets the following criteria:
  - 1. The pool has an annual net taxable premium exceeding \$100,000; and
  - 2. The pool submits and calculates four years of data concerning paid loss determinations and incurred loss reserved for each workers' compensation claim which information shall be used to calculate an experience modification factor for the pool. The oldest three years of data is used to calculate the rate and the current year data is used to calculate the tax.
- C. A pool shall submit to the Commission information required on the following forms no later than February 15 of each year:
  - 1. Self-insured Payroll Report, and
  - 2. Self-insured Injury Report.
- D. Payment of quarterly tax.
  - 1. The Commission shall calculate quarterly taxes owed under A.R.S. § 23-961(H) or A.R.S. § 23-1065(A) in one of the following ways:
    - a. 25% of the tax calculated for the previous year and adjusted for changes in the tax rate; or
    - b. Calculation based on actual payroll and premiums collected for each quarter.
  - 2. A pool shall file a completed and signed Self-insurers' Quarterly Tax Payment Form with each quarterly tax payment.
  - 3. Quarterly payments are due April 30, July 31, October 31, and January 31, for the periods ending March 31, June 31, September 30, and December 31, respectively.
  - 4. Quarterly tax payments may be adjusted because of changes in the annual tax rate.
- E. After receipt of the information required under A.R.S. § 23-961 and this Article, the Commission shall determine the annual taxes owed by a pool. The Commission shall also determine whether the pool has underpaid or overpaid the annual taxes required to be paid by the pool. If the quarterly tax payments paid by a pool are less than the actual tax calculated for the year, then the pool shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If a pool has overpaid its annual taxes, then the Commission shall refund the amount as described in A.R.S. § 23-961(I). A pool shall pay to the Industrial Commission the pool's annual tax on or before March 31 based on premiums calculated for the preceding calendar year and adjusted for quarterly taxes previously paid.
- F. In addition to the penalty described under A.R.S. § 23-961(J), failure to pay annual or quarterly taxes as required is cause for revocation of a pool's certificate of authority.

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**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-733. Review of Initial and Renewal Applications for Authority to Self-insure by the Division**

- A. Upon the filing of a completed initial or renewal application for authority to self-insure, the Division shall review the initial or renewal application to determine and verify whether the information contained in and submitted with the initial or renewal application for authorization to self-insure is complete and accurate. The Division shall also review the information provided to determine the following:
1. Whether the pool has met the requirements of A.R.S. § 23-961.01;
  2. Whether the pool has met the requirements of this Article; and
  3. Whether the pool has the ability to process and pay benefits required under the Arizona Workers' Compensation Act. A determination of a pool's financial ability to pay shall include a review of the ratios provided by each member at the time of an initial application and review of the following ratios for a pool at the time of renewal:
    - a. Total cash, receivables, and investments to total assets; and
    - b. Total revenue to total expenditures for loss fund and trustee fund.
- B. The Division shall present the findings of its review described in subsection (A) to the Commission. The Division shall also present its recommendations to the Commission regarding an initial or renewal application.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-734. Decision by the Commission on Initial or Renewal Applications for Authority to Self-insure**

- A. The Commission shall consider the following before granting or denying an initial or renewal application to self-insure:
1. The information submitted by an applicant or pool,
  2. The information and recommendations of the Division, and
  3. The requirements of A.R.S. § 23-961.01 and this Article.
- B. The Commission shall deny an application for authority to self-insure if the Commission finds one or more of the following conditions:
1. An applicant or pool does not meet the requirements of A.R.S. § 23-961.01,
  2. An applicant or pool does not meet the requirements of this Article, or
  3. An applicant or pool is unable to process and pay benefits required under the Arizona Workers' Compensation Act.
- C. A decision of the Commission shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. The Commission shall issue written findings and an order granting or denying authorization to self-insure.
- D. The Division shall mail a copy of the Commission's written findings and order upon the applicant or pool within 10 days of the date the Commission issues its findings and order.
- E. In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide fidelity coverage with evidence of fidelity insurance coverage as required under R20-5-712 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual fidelity coverage. The Commission shall deem an initial application withdrawn and the grant of author-

ity to self-insure rescinded if an applicant fails to substitute written confirmation of fidelity coverage with evidence of fidelity coverage as required under this subsection.

- F. In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide excess insurance coverage with evidence of excess insurance coverage as required under R20-5-715 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual excess insurance coverage. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to substitute written confirmation of excess insurance coverage with evidence of excess insurance coverage as required under this subsection.
- G. In the case of an initial application, an applicant shall deposit the guaranty bond, letter of credit, or other securities as required under R20-5-713 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant deposits the guaranty bond, letter of credit, or other security. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to deposit the guaranty bond, letter of credit, or other securities as required under this subsection.
- H. Subject to subsections (E), (F), and (G), no later than 10 days after the Commission grants authorization to self-insure, the Division shall prepare a certificate of authority to self-insure and shall mail the certificate to the self-insured at the business address of the pool listed on the initial or renewal application.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-735. Right to Request a Hearing**

- A. An applicant or pool shall have 10 days from the date the Commission mails the findings and order under R20-5-734 to request a hearing.
- B. A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or pool or the applicant's or pool's legal representative. The applicant or pool shall file the request for hearing with the Division.
- C. The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-736. Hearing Rights and Procedures**

- A. Burden of proof.
1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or pool shall have the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
  2. In a revocation hearing, the Commission shall have the burden of proof to establish that the self-insured has committed the acts described in R20-5-739.
- B. Roles of Chair and Chief Counsel.
1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.

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2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section. In the discretion of the Chief Counsel, the Chief Counsel may assign an attorney from the Legal Division of the Commission to represent the Division.
- C. Appearance by a party.**
1. Except as otherwise provided by law, the parties may appear on their own behalf or through counsel.
  2. When an attorney appears or intends to appear before the Commission, the attorney shall notify the Commission, in writing, of the attorney's name, address, and telephone number and the name and address of the person on whose behalf the attorney appears.
- D. Filing and service.**
1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed in this Section with the Commission shall be served upon the Chief Counsel of the Industrial Commission and upon all parties to the proceeding.
  2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant or pool shall be by personal service or by mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E. Notice of hearing.**
1. The Commission shall give the parties at least 20 days notice of hearing.
  2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or pool as shown on the record of the Commission or upon the applicant's or pool's representative if a notice of appearance has been filed by a representative.
  3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061(B).
- F. Evidence.**
1. The civil rules of evidence do not apply to hearings held under this Section.
  2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that the statement will be helpful to a determination of the issues.
  3. All witnesses at a hearing shall testify under oath or affirmation.
  4. A party may present evidence and conduct cross-examination of witnesses.
  5. Documentary evidence may be received into evidence and shall be filed no later than 15 days before the date of the hearing. Upon request or upon direction from the chair of the Commission, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
  6. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A subpoena shall be requested no later than 10 days before the date of the hearing.
  7. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proven by them.
- G. Transcript of Proceedings.** Hearings before the Commission shall be stenographically reported or mechanically recorded. Any party desiring a copy of the transcript shall obtain a copy from the court reporter.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-737. Decision Upon Hearing by Commission**

- A.** A decision of the Commission to deny an initial or renewal application shall be based upon the grounds in R20-5-734(B) and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-739 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- C.** A decision of the Commission to deny admission of an employer into a pool or deny authorization to add members without Commission approval shall be based upon the grounds in R20-5-721 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- D.** After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated.
- E.** A Commission decision is final unless an applicant or pool requests review under R20-5-738 no later than 15 days after the written decision is mailed to the parties.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-738. Request for Review**

- A.** A party may request review of a Commission decision issued under R20-5-737 by filing with the Commission a written request for review no later than 15 days after the written decision is mailed to the parties.
- B.** A request for review shall be based upon one or more of the following grounds which have materially affected the rights of a party:
1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise which could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
  5. Bias or prejudice of the Division or Commission; and
  6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C.** A request for review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.

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- E. The Commission's decision upon review is final unless an applicant or pool seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-739. Revocation of Authority to Self-insure**

- A. In addition to those specific grounds set forth in this Article, the following constitute grounds for revocation of authority to self-insure for workers' compensation:
1. Failure to comply with requirements of this Article or applicable requirements of 20 A.A.C. 5, Article 1;
  2. Failure to comply with applicable requirements of A.R.S. § 23-901 et seq.;
  3. Unless otherwise provided, failure to comply with an order or award of the Commission within 30 days after the order or award becomes final;
  4. An inability to process and pay claims under the Arizona Workers' Compensation Act;
  5. The failure of a pool to provide the Commission the reports and taxes required under this Article; and
  6. The willful misstatement of any material fact in an application, report, or statement made to the Commission.
- B. Upon receipt of information demonstrating that a pool has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a pool's authority to self-insure, then the Division shall present its findings to the Commission.
- C. The Commission shall consider the findings and recommendation of the Division before revoking a pool's authority to self-insure.
- D. The Commission shall revoke a pool's authority to self-insure if the Commission finds one or more of the grounds set forth in subsection (A). The Commission shall issue written findings and an order revoking the authority to self-insure and shall serve a copy of the findings and order upon the pool.
- E. A pool shall have 10 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-736, R20-5-737, and R20-5-738 govern hearing rights and procedures for revocation hearings.
- G. A pool shall immediately inform each of its members, in writing, of the Commission's order of revocation.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE BEFORE THE INDUSTRIAL COMMISSION OF ARIZONA****R20-5-801. Notice of Rules**

Sections R20-5-801 et seq. apply to all actions and proceedings of or before the Commission and Review Board pertaining to those issues arising out of Title 23, Chapter 2, Article 10.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1).

**R20-5-802. Location of Office and Office Hours**

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for the transaction of business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays and legal holidays.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1).

**R20-5-803. Definitions**

In these Rules of Procedures, unless the context otherwise requires, the following words and terms shall have the following meanings:

1. "Commission" means the Industrial Commission of Arizona.
2. "Affected employee" means an employee of a cited employer who is exposed to the alleged hazard described in the citation, as a result of his assigned duties.
3. "Authorized employee representative" means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.
4. "Representative" means any person, including an authorized employee representative, authorized by a party to represent him in a proceeding.
5. "Citation" means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.
6. "Notification of proposed penalty" means a written communication issued by the Industrial Commission of Arizona pursuant to A.R.S. § 23-418.
7. "Party" means the Occupational Safety and Health Division of the Commission, the affected employer and affected employees.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1).

**R20-5-804. Computation of Time**

In computing any period of time prescribed or allowed in these rules, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1).

**R20-5-805. Record Address**

The initial pleading filed by any person shall contain his name, address and telephone number. Any change in such information must be communicated promptly in writing to the Commission and to all other parties. A party who fails to furnish such correct and current information shall be deemed to have waived his right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1).

**R20-5-806. Service and Notice**

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other party.
- B. Service upon a party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by postage prepaid first class mail or by personal delivery. Service is deemed effected at the time of mailing (if

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by mail) or at the time of personal delivery (if by personal delivery).

- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of Notice of the Date of Hearing, post, where the citation is required to be posted, a copy of the Notice of Date of Hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:  
(Name of employer)

Your employer has been cited by the Industrial Commission of Arizona for violation of the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Industrial Commission. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission in its Rules of Procedure. Notice of Intent to Participate should be sent to:

THE INDUSTRIAL COMMISSION  
OF ARIZONA  
1601 West Jefferson Street,  
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:

(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice will be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Industrial Commission.

- G. Where service is accomplished by posting, proof of such posting shall be filed not later than the first working day following the posting.
- H. The authorized employee representative, if any, shall be served with the notice set forth in subsection (G) and with a copy of the Notice of the Date of Hearing.
- I. A copy of the Notice of the Date of Hearing shall be served by the employer on affected employees who are not represented by an authorized employee representative by posting a copy of the Notice of such hearing at or near the place where the citation is required to be posted.
- J. A copy of the Notice of the Date of Hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance as of the date such Notice is received by the employer.
- K. Where a petition for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the

unrepresented employee shall, upon receipt of the Notice of the Date of Hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service.

- L. Where a Petition for Hearing is filed by an affected employee or an authorized employee representative, a copy of the Petition for Hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- M. An authorized employee representative who files a Notice of Contest shall be responsible for serving any other authorized employee representative whose members are affected employees.
- N. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1).

**R20-5-807. Consolidation**

Cases may be consolidated on the motion of any party, or on the hearing officer's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1).

**R20-5-808. Severance**

Upon its own motion, or upon motion of any party, the hearing officer may, for good cause, order any proceeding severed with respect to some or all issues or parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1).

**R20-5-809. Election to Appear**

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of the hearing.
- B. If affected employees desire to appear at the hearing they must so notify in writing the Commission or the hearing officer, if the case has been assigned.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1).

**R20-5-810. Employee Representatives**

- A. Employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of such employees in the proceeding.
- C. Affected employees who are represented by an authorized employee representative may appear only through such authorized employee representative.
- D. Withdrawal of appearance of any representative may be effected by filing a written Notice of Withdrawal and by serving a copy thereof on all parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1).

**R20-5-811. Form of Pleadings**

- A. Except as provided herein, there are no specific requirements as to the form of any pleading. A pleading is simply required

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to contain a caption sufficient to identify the parties in accordance with R20-5-812, which shall include the Commission's citation number, and a clear and plain statement of the relief that is sought, together with the grounds therefor.

- B. Pleadings and other documents (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on letter size opaque paper (approximately 8 1/2 inches by 11 inches). The left margin shall be 1 1/2 inches and the right margin 1 inch. Pleadings and other documents shall be fastened at the upper left corner.
- C. Pleadings shall be signed by the party filing or by his representative. Such signing constitutes a representation by the signer that he has read the document or pleading, that to the best of his knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.
- D. The Commission may refuse to file any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1).

**R20-5-812. Caption; Titles of Cases**

- A. Cases initiated by the cited employer filing a Petition for Hearing contesting the violations cited shall be titled:  
Division of Occupational Safety and Health of the Industrial Commission of Arizona, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by the cited employer filing a Petition of Hearing for modification of the abatement period shall be titled:  
(name of employer), Petitioner vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent.
- C. Cases initiated by an affected employee filing a Petition for Hearing for modification of the abatement period shall be titled:  
(name of affected employee or authorized employee representative), Petition vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent, and (employer), Respondent.
- D. The Titles listed in subsections (A) and (B) of this Section shall appear at the left upper portion of the initial page of any pleading or document (other than exhibits and Petitions for Hearing filed).
- E. The initial page of any pleading or document (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1).

**R20-5-813. Requests for Hearing**

- A. Requests for hearing shall be filed with the Commission.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to the Hearing Officer Division for determination.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1).

**R20-5-814. Pre-hearing Conference**

- A. At any time before a hearing, the hearing officer, on his own motion or on motion of a party, may direct the parties, or their representatives, to exchange information or to participate in a

pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.

- B. The hearing officer may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1).

**R20-5-815. Payment of Witness Fees and Mileage**

Witnesses summoned before the hearing officer shall be paid the same fees and mileage that are paid witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose instance the witness appears.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1).

**R20-5-816. Expired****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing**

- A. The failure of a party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued or proposed, and additionally a waiver of all rights except the right to be served with a copy of the decision of the hearing officer and to request review.
- B. Withdrawal of request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued or proposed. No decision need be issued in this case as the subject instrument is deemed to be admitted.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1).

**R20-5-818. Duties and Powers of Hearing Officers**

It shall be the duty of the hearing officer to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The hearing officer shall have authority with respect to cases assigned to him, between the time he is designated and the time he issued his decision, subject to the rules and regulations of the Commission, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;
7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission.

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**Historical Note**

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1).

**R20-5-819. Witnesses' Oral Deposition; In State**

- A. After a request for hearing has been filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing within the state of Arizona shall file with the hearing officer, in duplicate, notice of taking deposition by oral examination. Copies of such Notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every party by the party desiring to take the oral deposition.
- B. If any party or the deponent has any objection to the taking of the oral deposition of the party or witness, he shall file with the presiding hearing officer and serve on all parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the hearing officer within two days after the notice of taking deposition by oral examination is served.
- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other party.
- F. No scheduled hearing shall be cancelled or continued for failure to take or complete a deposition taken pursuant to the provisions of this rule.
- G. Depositions taken pursuant to the provisions of this rule shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased at the time of the scheduled hearing, in which event it may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1).

**R20-5-820. Witnesses' Oral Deposition; Out-of-State**

- A. After a request for hearing is filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing without the state of Arizona shall file with the hearing officer, in duplicate, a request for permission to take the deposition of such witness or witnesses. Such request shall show the name and address of such witness or witnesses and set forth the reason why said witness or witnesses' testimony is necessary for an adjudication of the issue. Copies of such request shall be served upon each party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B) hereof, the hearing officer may, within 10 days, in his discretion, grant or deny the permission to take the deposition. If the hearing officer permits the taking of the deposition, the party may proceed in the manner provided by and subject to the limitations of subsections (A), (D), (E), and (F).
- B. If any party has any objections to the taking of the oral deposition of the party or witness, he shall file with the hearing officer and serve on all other parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the hearing officer within five days after the request to take the deposition is served.

- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the hearing officer orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).
- D. Any deposition taken pursuant to the provisions of this rule shall be filed with the Commission at least five days prior to the hearing date or any scheduled hearing and may be admitted into evidence. If the deposition is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the hearing officer.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1).

**R20-5-821. Parties' Disposition upon Written Interrogatories**

- A. After a request for hearing is filed with the Commission, any party desiring to take the deposition of another party upon written interrogatories shall file with the hearing officer, in duplicate, copies of the interrogatories sought to be submitted to the party. The written interrogatories submitted pursuant to this rule shall be limited to 25 in number with no subsections. Copies of such interrogatories shall be filed at least five days prior to any scheduled hearing.
- B. Answers to the interrogatories shall be served on all parties by the party answering the interrogatories within 10 days after service of the interrogatories, or within 10 days after a ruling by the hearing officer that the interrogatories be answered.
- C. No scheduled hearing shall be cancelled or continued for failure to take or complete the taking of a deposition taken pursuant to the provisions of this rule.
- D. Depositions taken pursuant to the provisions of this rule shall only be used at the time of hearing for impeachment of a witness unless the deponent is deceased at the time of the scheduled hearing in which event they may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1).

**R20-5-822. Refusal to Answer; Refusal to Attend**

- A. If a party or other deponent refuses to answer any question propounded upon oral examination pursuant to R20-5-819 and R20-5-820, the examination shall be completed in other matters or adjourned, as the proponent of the question may prefer. Thereafter on reasonable notice to all persons affected thereby the proponent of the question may apply to the hearing officer for an order compelling an answer. Upon the refusal of a deponent to answer any interrogatory submitted under R20-5-821, the proponent of the question may on like notice make like application for such an order. If the motion is granted and if the hearing officer finds that the refusal was without substantial justification, the hearing officer shall require the refusing party, or deponent and the party, or representative advising the refusal or either of them to pay to the examining party the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred to obtain the requested answers. If the motion is denied and if

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the hearing officer finds that the motion was made without substantial justification, the hearing officer shall require the examining party or the representative advising the motion, or both of them, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.

- B.** If a party or an officer or managing agent of a party wilfully fails to appear before an officer who is to take his deposition after being served with the proper notice, or fails to serve answers to interrogatories after proper service of such interrogatories, the hearing officer, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1).

**R20-5-823. Burden of Proof**

- A.** In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Commission.
- B.** In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1).

**R20-5-824. Intermediary Rulings or Orders by the Hearing Officer**

No intermediary rulings or orders by the hearing officer may be appealed to the Review Board but shall become a part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1).

**R20-5-825. Legal Memoranda**

Legal memoranda may be filed if request is granted by the hearing officer. If such request is granted the hearing officer shall establish a reasonable time for such filing and response or simultaneous filing.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1).

**R20-5-826. Decisions of Hearing Officers**

- A.** The decision of the hearing officer shall include findings and conclusions of fact and law, and an order.
- B.** The hearing officer shall sign the decision. Upon issuance of the decision, jurisdiction shall rest solely in the Commission, and if a request for review is filed it shall be addressed to the Commission.

**Historical Note**

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1).

**R20-5-827. Settlement**

- A.** Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B.** Settlement agreement submitted by the parties shall be accompanied by an appropriate proposed order which shall be signed by the assigned hearing officer or chief hearing officer.

- C.** Where parties to the settlement agree upon a proposal, it shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806. Proof of such service shall accompany the proposed settlement when submitted to the Commission or the hearing officer.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1).

**R20-5-828. Special Circumstances; Waiver of Rules**

In special circumstances, or for good cause shown, the hearing officer may, upon application by any party, or on his own motion, waive any rule or make such orders as justice or the administration of the Act requires.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1).

**R20-5-829. Variances**

- A.** Any hearing concerning variances shall be filed before the Commissioners at a time set by the Commission.
- B.** Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is desired.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1).

**ARTICLE 9. EXPIRED****R20-5-901. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-902. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-903. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-904. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the

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Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-905. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-906. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-907. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-908. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-909. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-910. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-911. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-912. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-913. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913

recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-914. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**ARTICLE 10. WAGE CLAIMS****R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication transmitted to the employer or claimant, or both, by regular mail.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1002. Forms**

The following forms are available upon request from the Department or from the Industrial Commission's Internet web site at [www.ica.state.az.us](http://www.ica.state.az.us):

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
  - a. Claimant's name, address, telephone number, and date of birth;
  - b. Employer's name, address, telephone number, and description of business;
  - c. Claimant's dates of employment, position, and pay;
  - d. The amount of the wages claimed and whether the claimant requested payment of the wages from employer; and
  - e. Claimant's signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
  - a. Employer's name, address, telephone number, and description of business;
  - b. Claimant's dates of employment, position, and pay;
  - c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
  - d. Employer's signature and signature date.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12

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A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1003. Filing Requirements; Time for Filing; Computation of Time**

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document in ink or type.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant by regular mail with a request that the claimant provide the required information and return the completed wage claim form to the Department within 10 days from the date of the Department's request. If the Department does not receive the completed wage claim form within 10 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1004. Investigation of Claim**

- A. The Department shall mail a copy of a claimant's wage claim form within 10 days after the Department's receipt of the form to the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 10 days of the date of the Department's mailing.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall provide written notice to the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 10 days of the date of the Department's written notice.
- C. If the employer timely files the employer response under subsection (A), but the response is incomplete, the Department shall mail the employer a notice requesting that the employer file the required information within 10 days of the date of the Department's notice. If the Department does not receive the required information within 10 days, the Department shall make a determination regarding the claim based on the evidence in the file.
- D. If the employer's response disputes the amount of wages claimed by the claimant, the Department shall mail a copy of the employer's response to the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 10 days from the date of the Department's mailing. If the Department does not receive claimant's reply within 10 days, the Department shall make a determination of the claim based on the evidence in the file.

- E. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.
- F. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the employer, or both, shall submit further written information or meet with the Director or his designee. Except for statements made during settlement, mediation, or an informal conference, the Director or his designee shall administer oaths for the purpose of taking affidavits and shall tape record the meeting.
- G. Upon completion of its investigation, the Department shall notify the parties to the claim of the Department's determination in writing.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1005. Mediation of Disputes**

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1006. Dismissal of Claim**

- A. The Department shall dismiss a claim if:
  1. The claim is filed more than one year after the date of the accrual of the claim,
  2. The claimant does not comply with R20-5-1003(F),
  3. The amount of wages claimed exceeds \$2,500.00,
  4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
  5. The claimant has filed a civil action regarding the same claim,
  6. The employer listed on the claim is in bankruptcy,
  7. The Department is unable to locate the employer based on the information provided by the claimant, or
  8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006

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(Supp. 06-2).

**R20-5-1007. Notice of Right of Review**

- A. A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.
- B. The Department shall serve a determination on the parties by regular mail.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1008. Payment of Claim**

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by sending a letter to the claimant by regular mail. If the claimant does not respond to the Department's letter within 10 days of the date of the Department's letter, the Department shall deem the claim to have been paid.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

**Historical Note**

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1009. Service of Determinations, Notices, and Other Documents**

- A. A determination, notice, or other document required by this Article or other law to be mailed or served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**ARTICLE 11. SELF-INSURANCE FOR INDIVIDUAL EMPLOYERS****R20-5-1101. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

“Act” means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.

“Affiliate” or “affiliate relationship” means a person or entity that has the power to control, directly or indirectly, through one or more intermediaries, another person or entity.

“Anniversary date” means the date beginning one year from the initial effective date of the Authorization to Self-insure.

“Applicant” means an individual employer filing an initial application for authority to self-insure under A.R.S. § 23-961.

“Authorized signature” means the signature of an officer of the self-insurer.

“Cash-flow ratio” means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds provided by operations of a business by current liabilities.

“Chief counsel” means the chief counsel for the Industrial Commission of Arizona.

“Claim” means a worker's compensation claim.

“Claims Division,” means the Claims Division of the Industrial Commission of Arizona.

“Classification code” means a number assigned by an approved rating organization that classifies employees by type of job performed.

“Control” means the possession, direct or indirect, of power to direct or cause the direction of, the management and policies of a person or entity, whether through the ownership of voting securities, by contract, or otherwise.

“Current ratio” means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

“Debt-status ratio” means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds contributed by creditors and is calculated by dividing net worth by total liabilities.

“Division” means the Accounting Division of the Industrial Commission of Arizona.

“Ex-medical plan” means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the self-insurer's employees and that complies with the requirements of A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in this plan.

“Excess insurance carrier” means an insurance carrier authorized to issue policies of excess insurance coverage to a self-insured employer.

“Experience modification rate” means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

“Fixed premium plan” means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for calculation. The only discount is for premium size.

“Fully-funded risk management fund” means a fund that maintains a positive equity balance that is sufficient to cover all of the fund's actuarial losses.

“Guaranteed cost plan” means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer.

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“Individual employer” means an employer under the Act that is applying for authority to self-insure, or is approved to self-insure, that is not an entity described in A.R.S. § 23-961.01; § 11-952.01; or § 41-621.01.

“Parent company” means one that owns sufficient stock in a subsidiary company to have voting control of the subsidiary company, as “control” is defined in this Article.

“Profitability ratio” means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100 expressed as a percentage.

“Public entity” means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.

“Quick ratio” means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus receivables, by current liabilities.

“Rating organization,” means an entity that meets the requirements of A.R.S. § 20-363, and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

“Resolution of Authorization” means a document issued by the Commission that grants authority to self-insure for purposes of workers’ compensation.

“Retrospective rating plan” means a method of determining the premium upon which taxes are calculated that provides for the relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year.

“Securities” or “security” means a guaranty bond, a bond of the United States or its agencies, United States’ Treasury Notes, a letter of credit, or Local Government Investment Pool (LGIP) funds, or appropriate documents renewing or continuing any of these.

“Self-insurer” or “self-insured” means an individual employer that the Commission authorizes to self-insure for workers’ compensation insurance under A.R.S. § 23-961.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales. Working capital is calculated by subtracting current liabilities from current assets.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1102. Computation of Time**

- A. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period computed is included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays are excluded in the computation.
- B. Except as otherwise provided by law, the Division may extend time limits prescribed by this Article for good cause. Any request for an extension of a time limit shall be submitted to

the Division in writing at least 10 days before the expiration of the time limit for which an extension is sought.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1103. Forms**

The following forms are available upon request from the Division or from the Commission’s Internet site at [www.ica.state.az.us](http://www.ica.state.az.us), and include the following information for each:

- A. Initial application for authority to self-insure:
  1. Legal name of the applicant and requested effective date for authority to self-insure;
  2. Mailing address and telephone number of applicant’s principal Arizona office and home office;
  3. Name of state under which applicant is incorporated, if applicant is a corporation;
  4. Name of parent company, if applicant is a subsidiary;
  5. Name, address, and status of partners (general, special, and limited), if applicant is a partnership;
  6. Length of time in business in Arizona and elsewhere, if applicable;
  7. Nature or type of business in Arizona;
  8. Arizona payroll data;
  9. Current workers’ compensation insurance data, including current expiration date;
  10. Statement of reasons for rejection or cancellation if an application for worker’s compensation insurance submitted by applicant has ever been rejected or a policy of workers’ compensation insurance held by the applicant has ever been cancelled;
  11. Listing of states where self-insurance was denied, if any, and where the applicant is currently self-insured;
  12. Arizona claims history and data for three years preceding application date;
  13. Arizona loss history and experience modification rates for three years preceding application date;
  14. Name of excess insurance carrier;
  15. Name, address, and telephone number of third-party administrator or individual responsible for processing Arizona workers’ compensation claims;
  16. Name and address of Arizona agent upon whom legal notice may be served;
  17. Selection of tax plan;
  18. Name, address, telephone and facsimile number, and e-mail address of person responsible for completing the premium tax information;
  19. Name, address, and telephone number of claims office where Arizona workers’ compensation claims will be processed;
  20. Name, address, telephone and facsimile number, and e-mail address of the primary and secondary points of contact for the application and self-insurance process;
  21. Statement that all information and assertions contained in the application and the documents accompanying the application are factually correct and true; and
  22. Listing of required attachments.
- B. Workers’ compensation liability form:
  1. Name of self-insurer;
  2. Selection and calculation of required securities and excess insurance, which includes calculation and reporting the following:
    - a. For all claims reported in the current calendar year, the number of open claims, total incurred liability, both medical and compensation, less the amount

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- paid on these claims to equal the remaining liability or amount owing on these claims;
- b. For all open claims incurred in prior years and remaining open in the current year, the number of open claims, the total incurred liability, both medical and compensation, less the amount paid on these claims to equal the remaining liability or amount owing on these claims;
  - c. The total remaining liability on all open claims less any reimbursement for excess insurance ceded to equal the net remaining liability owing on all claims; and
  - d. The amount calculated in subsection (B)(2)(c) multiplied by 125%;
3. Name of excess insurance carrier that provides reimbursement to self-insurer; and
  4. A statement by the Chief Financial Officer or Chief Executive Officer attesting to the truthfulness of the information contained in the Workers' Compensation Liability Form;
- C. Self-insurance workers' compensation guaranty bond:**
1. Name of self-insurer;
  2. Name of the surety insurance company;
  3. Description of the bond, bond number, amount, and conditions of obligation;
  4. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety; and
  5. Request for authorized signatures and titles of self-insurer, surety, and agent or attorney-in-fact, and a notarized power of attorney, and date of signing.
- D. Parent company guaranty:**
1. Name and state of incorporation of parent company;
  2. Name of self-insured subsidiary to be included in the guaranty;
  3. Statement that the parent company will assume the workers' compensation liabilities of the subsidiary if the subsidiary is unable to honor these liabilities, which guarantee is for the benefit of and may be enforced by any and all employees of subsidiary; and
  4. Corporate seal.
- E. Self-insured payroll report:**
1. Name of self-insured;
  2. Tax plan selection;
  3. Period covered by report;
  4. Payroll description (classification codes, methods, and types of pay);
  5. Amount paid for period covered by the report;
  6. Statement that all information contained in the report is correct; and
  7. Request for authorized signature, date, title, and telephone number of person signing the form.
- F. Self-insured medical report:**
1. Name of self-insured;
  2. Period covered by report;
  3. Amount paid relating to treatment of industrial injuries, including payment of medical personnel employed by the self-insurer and medical providers providing outside services;
  4. Compensation paid to worker's compensation claimants;
  5. Insurance premiums paid;
  6. Total expenditures for workers' compensation and occupational disease claims;
  7. Statement that all information contained in the report is correct; and
8. Request for authorized signature, date, title, and telephone number of person signing the form.
- G. Self-insured hospital report:**
1. Name of self-insurer;
  2. Period covered by report;
  3. Amount paid for operational expenses, including payroll, employee benefits, surgeon and physician fees, pharmacy costs, miscellaneous supplies and services, utilities, depreciation, licenses, and taxes;
  4. Amount of revenue, including charges for inpatient and outpatient care, miscellaneous revenue, employee-paid premiums, and employer-paid premiums;
  5. Reconciliation of cash account, including cash balance, total cash available, investments, operating expenses, disbursements, and net cash balance;
  6. Statement that all information contained in the report is correct; and
  7. Request for authorized signature, date, title, and telephone number of person signing the form.
- H. Self-insured injury report:**
1. Name of self-insurer;
  2. Period covered by report;
  3. Description of individual claims for the current year and three preceding years requiring payment greater than \$5,000.00 for each claim, including name of claimant, date of injury, nature of injury, accumulated amount paid, and the amount of any expenses incurred but not paid;
  4. The total amount paid, and the amount of any expenses incurred but not paid, for the current year and three preceding years for all claims requiring a total payment less than \$5,000.00 for each claim;
  5. Statement that all information contained in the report is correct; and
  6. Request for authorized signature, date, title, and telephone number of person signing the form.
- I. Quarterly tax payment:**
1. Name and address of the self-insurer;
  2. Designation of the applicable quarter;
  3. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for any change in the tax rate for the applicable quarter;
  4. Statement that all information contained in the form is correct; and
  5. Request for authorized signature, date, title, and telephone number of person signing the form.
- J. Notice of self-insurer's termination of self-insurance:**
1. Name, address, and telephone number of self-insurer and all Arizona subsidiaries covered under the authority to self-insure, including if applicable:
    - a. Names and addresses of all Arizona operations or locations covered by self-insurance authority;
    - b. Names and addresses of all partners, if self-insurer is a partnership; and
    - c. Current and former names of self-insurer if the self-insurer has undergone a name change since the most recent effective date of the authority to self-insure;
  2. Effective date of termination of authority to self-insure;
  3. Name and address of workers' compensation insurance carrier providing coverage after the effective date of termination;
  4. For the new coverage; effective date of workers' compensation coverage;
  5. Statement that all information contained in the form is correct; and
  6. Request for authorized signature, date, title, and telephone number of person signing the form.

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**K. Self-provider of medical benefits:**

1. Indication of whether the self-insurer is, or is not, directing medical care for all of its employees;
2. If the self-insurer is directing medical care for its employees, the self-insurer shall:
  - (a) Attach a copy of all contracts between the self-insurer and the medical providers; or
  - (b) Submit a list of names and addresses of all medical providers with whom the self-insurer contracts; and
  - (c) The effective date of the agreements between the employer and medical provider; and
3. Authorized signature, date, and title of person signing the form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1104. Commission Approval to Act as Self-insurer**

An employer does not have authority to act as a self-insurer under A.R.S. § 23-961 unless:

1. The Commission authorizes the employer to be self-insured; and
2. Except as provided in R20-5-1114, the employer posts security in an amount as required under this Article.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1105. Resolution of Authorization**

The Commission shall issue a Resolution of Authorization to an applicant that meets the requirements of this Article. The Commission shall annually review and renew a Resolution of Authorization to self-insure. The authority to self-insure is valid and continues in effect until the Commission takes action under this Article or the self-insured terminates its authorization to self-insure under R20-5-1136.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1106. Time-frames****A. Administrative completeness review.**

1. Initial application.
  - a. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Division shall inform the applicant by written notice if the application is incomplete. The Division shall include in its written notice to the applicant, a list of the missing information necessary to comply with this Article.
  - c. The Division shall deem the application withdrawn if the applicant fails to post security as required under this Article or fails to file a completed application within 10 days of being notified by the Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
2. Request for renewal.
  - a. The Division shall review a request for renewal within 10 days of receipt of the request to determine whether the request contains the information in A.R.S. § 23-961 and this Article.

- b. The Division shall inform a self-insurer by written notice if the request for renewal is incomplete. The Division shall include in its written notice to the self-insurer, a list of the missing information necessary to comply with this Article, and the right to request an extension under subsection (D).

**B. Substantive review.**

1. Initial application. Within 70 days after the Division determines an initial application complete, the Commission shall determine whether the initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue either a Resolution of Authorization granting authority to self-insure, or an order denying authority to self-insure.
2. Request for renewal. Within 60 days after the Division receives all the required information under this Article, the Commission shall determine whether a request for renewal for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall renew the self-insurer's authority to self-insure, or issue an order denying or revoking authority to self-insure.

**C. Overall time-frame.**

1. Initial application. The overall time-frame is 90 days, unless extended under A.R.S. § 41-1072 et seq.
2. Request for renewal. The overall time-frame is 70 days, unless extended under A.R.S. § 41-1072 et seq.

- D. If an applicant or self-insurer cannot timely submit to the Division information to complete an initial application or a request for renewal, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Division. The written request for extension shall be filed no later than 10 days after receipt of the deficiency notice from the Division. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1107. Initial Application under A.R.S. § 23-961**

- A. A public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the public entity:
  1. Provides an annual payroll in Arizona of at least \$2,000,000; and
  2. Has total assets of at least \$50,000,000.
- B. An individual employer that is not a public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the employer:
  1. Is engaged in business in Arizona and has been for at least five years before the date of the initial application;
  2. Provides an annual payroll in Arizona of at least \$2,000,000, including the combined payrolls of all subsidiary companies that will be under the self-insurance authorization;
  3. Meets either of the following thresholds:
    - a. Has assets of at least \$50,000,000; or
    - b. Has \$10,000,000 in net worth and a cash flow ratio of at least .25.
- C. The applicant for authority to self-insure shall complete and file with the Division a typewritten application form approved by the Division. An application is considered filed when it is received at the Division.

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- D. The authorized representative of the applicant shall sign and date the initial application.
- E. The authorized representative signing the initial application shall verify, in writing, that the information submitted with the application is correct.
- F. The Division shall deem an initial application for authority to self-insure complete if an applicant that is not a subsidiary company provides the following information with the initial application:
1. A statement from the board of directors or governing body:
    - a. Authorizing the filing of the application, and
    - b. Designating the person given authority to sign the application on behalf of the applicant;
  2. A statement classifying the applicant's Arizona employees using the workers' compensation classification codes of the approved rating organization used by the Arizona State Compensation Fund;
  3. A copy of the applicable hospital or medical agreement or a detailed statement of the arrangements between the employer and the medical provider, if medical care is directed under A.R.S. § 23-1070;
  4. If the applicant is not a public entity, a copy of the applicant's audited financial statements or internally-reviewed and signed financial statements for the most current and prior two fiscal years, including any notes to the financial statements;
  5. If the applicant is a public entity, a copy of the applicant's audited financial statement for the most current and prior fiscal year; and
  6. If the applicant is a public entity that qualifies for exemption under R20-5-1114(A), the certified statement required under R20-5-1114(B).
- G. The Division shall deem an initial application for authority to self-insure complete if an applicant that is a subsidiary company provides the following information with the initial application:
1. The information required in Section (F);
  2. A completed Parent Company Guaranty form signed by the authorized representative of the subsidiary's parent company;
  3. A certified copy of the resolution of the parent company's board of directors authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form; and
  4. A copy of the parent company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements.
- authorized representative of the parent company, or if the parent company of the subsidiary is different from the last filing approved by the Commission, a certified copy of the parent company board of director's resolution authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form;
3. Per claim data to support the summary information on the Workers' Compensation Liability form. The self-insurer shall provide this information in the same format as in R20-5-1103(B)(2)(a) and (b);
  4. Deposit of security as shown on the completed Worker's Compensation Liability form no later than the self-insurer's anniversary date subject to R20-5-1127 and R20-5-1128;
  5. A certificate of excess insurance or a continuing certificate of existing excess insurance if the self-insurer takes a credit for excess insurance under R20-5-1109;
  6. If medical care is directed under A.R.S. § 23-1070, a copy of the current medical or hospital medical agreement, or detailed statement of the arrangements, if not previously provided;
  7. A statement of the total number of full-time and part-time Arizona employees;
  8. If the Division determines that the self-insurer's denial rate exceeds 12% of claims filed, a statement from the self-insurer identifying the reason for each denial of a workers' compensation claim;
  9. If the Division determines that the self-insurer's experience modification rate is greater than 1.10, a statement from the self-insurer identifying the reasons for that level of losses;
  10. Name of the third-party administrator;
  11. Principal location of the self-insurer in Arizona;
  12. A description of the self-insurer's current business in Arizona and a description of any changes in the nature of business in Arizona in the past year;
  13. List of any subsidiary company located in Arizona; and
  14. Primary and secondary points of contact, including addresses, telephone numbers, facsimile numbers, and e-mail information.
- B. A self-insurer that is exempt from the requirement to post security, shall request renewal of authorization to self-insure by filing an annual statement described under R20-5-1114(B) no later than the employer's anniversary date. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
1. Information required under subsections (A)(1), (A)(7) through (A)(10) and (A)(14); and
  2. A certified statement that contains the information described in R20-5-1114 (A) and (B).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1108. Self-insurance Renewal**

- A. A self-insurer that is required to post security under this Article shall request renewal of authorization to self-insure with the Division 30 days before the self-insurer's anniversary date, by filing a Workers' Compensation Liability form. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
1. A copy of the self-insurer's most recent audited annual financial statement or internally reviewed and signed financial statement or annual report. A parent company shall submit a copy of its most recent audited annual financial statement or annual report;
  2. If the self-insured company is a subsidiary, a completed Parent Company Guaranty form signed and dated by the

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1109. Security Deposit; Excess Insurance Policy**

- A. Except as provided in R20-5-1114, an applicant authorized to self-insure under this Article shall post security in the amount of at least \$100,000.00 under A.R.S. § 23-961. The self-insurer shall not reduce or offset this minimum amount by any credit for excess insurance.
- B. Except as provided in R20-5-1114, and subject to the minimum security requirement of A.R.S. § 23-961, a self-insurer filing a request to renew its authority to self-insure under R20-5-1108 shall post security in an amount equal to 125% of its total estimated future liability, or in an amount determined by the Division under R20-5-1127.

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- C. Subject to review by the Commission, the self-insurer shall determine its total estimated liability by using the Workers' Compensation Liability form.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article only if the following criteria are met:
1. The self-insurer satisfies the minimum-security requirement of A.R.S. § 23-961,
  2. The self-insurer does not reduce or offset the minimum-security amount by an excess insurance,
  3. The self-insurer calculates the credit on the Workers' Compensation Liability form,
  4. The excess insurance policy contains a 60-day notice of termination,
  5. The excess insurer does not have an affiliate relationship with the self-insurer,
  6. The excess insurance policy provides that the insolvency of the self-insurer does not relieve the excess insurer of liability under the policy, and
  7. The excess insurer posts a deposit under A.R.S. § 23-961(D).
- E. If an excess insurance provider gives the self-insurer notice of its intent to terminate the policy, the self-insurer shall immediately:
1. Provide written notice of the notice of termination to the Division, and
  2. Deposit security as shown on the Worker's Compensation Liability form without credit for the excess insurance.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1110. Posting of Guaranty Bond; Bond Amount; Effective Date**

- A. A self-insurer shall ensure that a guaranty bond or rider for the guaranty bond filed with the Division bears the same effective date as the effective date of the Resolution of Authorization to self-insure.
- B. The Commission shall permit the self-insurer to post a guaranty bond or rider of the guaranty bond instead of other security if:
1. The insurance carrier providing the guaranty bond or rider submits the bond or rider to the Division on a form approved for use by the Division;
  2. The guaranty bond is continuous in form;
  3. The penal sum of the guaranty bond or rider equals the amount the self-insured must post as security under this Article;
  4. The company issuing the guaranty bond or rider is authorized and licensed to transact the business of surety insurance in Arizona;
  5. An authorized agent of the surety executes the guaranty bond or rider;
  6. The bond is signed and dated by an authorized representative of the self-insurer;
  7. The surety issuing the bond or rider does not have an affiliate relationship with the applicant or self-insurer; and
  8. The surety issuing the guaranty bond or rider has a rating with A.M. Best of at least A-.
- C. A guaranty bond or rider is subject to annual change based on unpaid liabilities as reported by the self-insurer on the Workers' Compensation Liability form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.

1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1111. Posting of Other Bonds or Treasury Notes of the United States Instead of Guaranty Bond; Registration; Deposit**

- A. Instead of providing a guaranty bond under R20-5-1110, a self-insurer may deposit with the Commission for transmittal through the Arizona State Treasurer to the Treasurer's designated bank, bonds or treasury notes of the United States of America if the bonds or treasury notes are guaranteed as to principal and interest by the United States of America or by any agency or instrumentality of the United States of America.
- B. The self-insurer shall ensure that bonds or treasury notes of the United States of America deposited with Commission under this subsection are registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws." The self-insured shall ensure that any contract between the self-insured and the custodial bank provides that the bonds or treasury notes are held for: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
- C. If one or more of the self-insurer's claims are assigned to the state compensation fund under A.R.S. § 23-966, the Commission shall:
1. Collect or order collection of the principal, or market value of the security, whichever is greater, as it becomes due;
  2. Sell or order the sale of the security or any part of the security; or
  3. Apply or order the application of the proceeds to the payment of any unpaid obligations of the self-insurer, as determined by the Commission, in the event of the default in the payment of its obligations.
- D. The self-insurer may arrange for interest on bonds or treasury notes of the United States of America deposited under this subsection to be paid to the self-insurer.
- E. Bonds or treasury notes deposited according to this Article by a self-insurer shall be in an amount not less than the security deposit amount required under R20-5-1109.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1112. Letter of Credit or Local Government Investment Pool Funds (LGIP)**

- A. Letter of Credit:
1. A self-insurer may satisfy the provision of R20-5-1110 by filing a letter of credit.
  2. The self-insurer shall ensure that the letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
  3. The self-insurer shall ensure that the letter of credit is issued by a federal or Arizona chartered bank with an Arizona branch office or correspondent bank in Arizona upon which demand may be made and from which funds will be immediately payable on demand.
  4. The letter of credit is acceptable only if:
    - a. The letter includes the name and address of the self-insurer, including all Arizona subsidiaries;
    - b. Is for a period of one year from the effective date;
    - c. Includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Division 30 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;

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- d. Includes a provision that the written notice required in subsection (A)(4)(d) may be delivered to the Division or sent to the Division by United States Mail, certified mail return receipt requested;
- e. The letter of credit states the amount available under the letter of credit; and
- f. The self-insurer ensures that the letter of credit includes a statement that the sum available under the letter of credit shall be paid to the Industrial Commission of Arizona upon receipt by the issuing bank of a signed statement by an official of the Commission stating the following:
  - i. The self-insurer has failed to comply with its workers' compensation obligations; or
  - ii. The self-insurer has failed to renew or substitute acceptable security for its workers' compensation liability 15 days before the expiration of the letter of credit.

**B. Local Government Investment Pool Funds (LGIP):**

- 1. Instead of posting a guaranty bond, letter of credit, or United States of America bonds or Treasury Notes, a self-insured public agency may post a local government investment pool (LGIP) fund only if:
  - a. The self-insurer ensures that the funds are deposited through the Arizona State Treasurer as custodian subject to the order of, and in trust for, the Industrial Commission of Arizona, registered and assigned to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws;"
  - b. The LGIP funds posted as security in compliance with this Section are in an amount not less than the security deposit amount required under R20-5-1109;
  - c. The Commission has the ability to:
    - i. Collect or order collection of the funds; and
    - ii. Apply or order the application of the funds to the payment of any award rendered against the self-insurer, as determined by the Commission, if the self-insurer defaults in any of its obligations;
  - d. The self-insurer submits an assignment for the benefit of the Industrial Commission of Arizona, and an Endorsement-Receipt for Notice of Assignment, signed by the State of Arizona Treasurer and notarized. The Endorsement-Receipt shall contain the following language: Receipt is hereby acknowledged by the Treasurer of the State of Arizona of written notice of the assignment to the Industrial Commission ("Commission") of the above-identified account. We have noted our records to show the interest of the Commission in said account as shown in and by the above assignment. We have retained a copy of this document. We hereby certify that we have not received any notice of lien, encumbrance, hold, claim, or other obligation against the above-identified account prior to its assignment to the Commission. We further hereby waive any current or future right of set-off against such account. We agree to make payment as required by the Rules and Regulations of the Commission adopted in accordance with applicable laws and the law applicable to this institution.
- 2. Interest on the funds deposited under this Section may be remitted by the State of Arizona Treasurer directly to the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1113. Substitution of Securities**

The Commission may authorize the return a self-insurer's security deposit with written approval from the Division. The Commission shall not authorize the return or release of security unless the self-insurer substitutes the security with new security in an amount sufficient to satisfy the self-insurer's obligations under R20-5-1109.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1114. Exemption from Requirement to Post Security**

- A.** Conditions to qualify for exemption. A public entity applicant or public entity self-insurer is exempt from the requirements under this Article to post or provide security if the public entity:
  - 1. Has a fully-funded risk management fund sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10; and
  - 2. Provides funding to the risk management fund each year sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10.
- B.** Written request for exemption. A public entity applicant or public entity self-insurer that requests exemption from posting security shall file a certified statement along with its Workers' Compensation Liability form with the Commission before the effective date of initial self-insurance or before the anniversary date, if a renewal, that contains the following:
  - 1. A statement that the public entity meets the conditions required under subsection (A);
  - 2. A statement that the governing body of the public entity shall immediately notify the Commission and provide security required under this Article if the governing body learns that the risk management fund has insufficient funds to cover all workers' compensation liabilities of the public entity self-insurer;
  - 3. The signatures of a majority of the members of the public entities' governing body; and
  - 4. If the Commission has previously authorized the public entity to self-insure its workers' compensation obligations, a statement requesting the return of security previously posted or provided to the Commission, including a specific description of the type and amount of security previously posted or provided.
- C.** Approval or denial of request for exemption.
  - 1. If the Commission determines that a self-insurer qualifies for exemption under this Section, the Division shall return to the self-insurer security previously posted or provided to the Commission, within 30 days after receiving written notice under subsection (B).
  - 2. If the Commission denies a request for exemption under this subsection, the Commission shall provide written notice to the public entity within 10 days of the initial written request. The applicant or self-insurer has 10 days from the date the Commission's notice is received to request a hearing under A.R.S. § 23-945.
- D.** Failure to comply with conditions of exemption. The Commission shall order a self-insurer exempt under subsection (A) to immediately file with the Commission a completed, dated, and signed Workers' Compensation Liability form and post or pro-

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vide security as required under this Article if any of the following occurs:

1. The self-insurer fails to file the certified statement to request renewal of self-insurance authority;
2. The self-insurer fails to comply with the conditions in subsection (A); or
3. The Commission determines, based upon receipt of information under subsection (B), or its own review, that the self-insurer's risk management fund has insufficient funds to cover all actuarial liabilities for workers' compensation liabilities of the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1115. Rating Plans Available for a Self-insurer**

- A. A self-insurer shall use one of the following rating plans to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065:
  1. Fixed-premium plan;
  2. Ex-medical plan;
  3. Guaranteed-cost plan; or
  4. Retrospective-rating plan.
- B. The provisions of the rating plans apply only to operations and payroll in Arizona. The self-insurer shall combine all operations in Arizona as a single base to calculate any premium modification.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1116. Fixed-Premium Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a fixed-premium plan as follows: payroll multiplied by the applicable workers' compensation rate minus the premium discount.
- B. A self-insurer shall use a fixed-premium plan to calculate its net taxable premium if:
  1. The self-insurer elects this plan;
  2. The self-insurer's annual net taxable premium does not exceed \$100,000; or
  3. The self-insurer is not eligible for any other plan authorized by the Commission under this Article.
- C. A self-insurer shall provide the following information in support of the fixed-premium plan:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Medical Report, and
  3. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1117. Ex-medical Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under an ex-medical plan as follows: [(payroll multiplied by the applicable workers' compensation rate) multiplied by (1 minus the ex-medical factor)] minus the premium discount.
- B. A self-insurer may use the ex-medical plan if:
  1. The self-insurer's program for medical, surgical, or hospital services meets the requirements of A.R.S. § 23-1070; and
  2. The self-insurer's annual net taxable premium exceeds \$100,000.

- C. A self-insured shall provide the following information in support of the plan submitted under this Section:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Hospital Report,
  3. Self-insurer's Medical Report, and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1118. Guaranteed-Cost Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a guaranteed-cost plan as follows: [(payroll multiplied by the applicable worker's compensation rate) multiplied by (the experience modification rate) minus the premium discount].
- B. A self-insurer may use the guaranteed-cost plan if:
  1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
  2. Uses an experience modification rate calculated as follows:
    - a. In the first year of self-insurance, the experience modification rate is 1.0;
    - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
    - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modification rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year.
- C. A self-insurer shall provide the following information in support of the guaranteed-cost plan:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Medical Report,
  3. Self-insurer's Injury Report, and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1119. Retrospective-Rating Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a retrospective-rating plan as follows: [(payroll multiplied by the applicable worker's compensation rate multiplied by the experience modification rate multiplied by the basic premium factor) added to (losses for the current year plus adjusted losses from the previous year) multiplied by (the loss conversion factor)] multiplied by the tax multiplier. The net taxable premium is subject to a maximum and minimum premium level.
- B. A self-insurer may use the retrospective-rating plan if:
  1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
  2. The Division calculates the experience modification rate as follows:
    - a. In the first year of self-insurance, the experience modification rate is 1.0;
    - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
    - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modifi-

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cation rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year. The Division shall use the most recent year's data to calculate the actual premium tax.

- C. A self-insurer shall provide the following information in support of the retrospective-rating plan:
1. Self-insurer's Payroll Report;
  2. Self-insurer's Medical Report;
  3. Self-insurer's Injury Report; and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1120. Completion of Reports in Support of Tax Rating Plan; Calculation and Payment of Taxes Owed by Self-insurer under A.R.S. §§ 23-961 and 23-1065**

- A. A self-insurer shall submit to the Division the information required in R20-5-1116, R20-5-1117, R20-5-1118, or R20-5-1119 by February 15 of each year.
- B. After receiving the information required under A.R.S. § 23-961, § 23-1065, and this Article, the Division shall determine the annual taxes owed by the self-insurer. The Division shall determine whether the self-insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the self-insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, then the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065 as applicable.
- C. A self-insurer shall pay to the Commission the self-insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A self-insurer shall pay a premium tax of at least \$250.00 per calendar year.
- D. The Division shall calculate a self-insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
1. 25% of the tax calculated for the previous year; or
  2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the self-insurer shall submit quarterly payroll and loss information by classification code.
- E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F. If the self-insurer fails to pay the annual or quarterly taxes to the Commission when due, the self-insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1121. Basis for Definitions, Classifications, Rating Procedures, and Plans**

The Division shall use the definitions, classifications, rating procedures, and plans specified in the rating systems filed by the rating organization used by the State Compensation Fund under A.R.S.

Title 20, Chapter 2, Article 4 in calculating the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1122. Report, Book, Record, and Data Review by the Commission**

- A. All reports, books, records, and data of a self-insurer relating to classifications, payroll, incurred-loss reserves, calculation of premiums, completion of Workers' Compensation Liability form, and procedures for development of statistical information for the development of rating information are subject to review by the Commission or its authorized representative upon request.
- B. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are readily available for review by the Commission.
- C. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are clear, valid, and understandable.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1123. Audit and Cost of Audit**

The Commission may, at any time, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of a self-insurer for the purpose of determining the scope and adequacy of the records. The entire cost of the audit shall be borne by the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1124. Requirement to Provide Information to the Commission**

A self-insurer shall make available to the Commission, upon request and at an office of the Commission, information described in this Article.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1125. Notice to Commission of Location of Self-insurer's Claims Files**

In addition to the requirements found in 20 A.A.C. 5, Article 1, a self-insurer shall advise the Claims Manager of the location of the self-insurer's open and closed workers' compensation claims files. Except for a claims file that is made available for copying and inspection under R20-5-131(C), if a self-insurer or third-party administrator intends to change the location of its claims files, the self-insurer shall provide written notice to the Claims Manager of the change in location at least 30 days before the files are moved.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1126. Processing of Workers' Compensation Claims by a Self-insured Employer**

The Claims Division shall permit a self-insurer to process its own workers' compensation claims if the self-insurer provides information and supporting documentation establishing the following:

1. The self-insurer has facilities and equipment to manage, process, and store its own information pertaining to the self-insurer's workers' compensation claims;

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2. The self-insurer's workers' compensation claims are processed by persons with experience, training by the Claims Division, or knowledge regarding the Arizona Workers' Compensation Act; and
3. The persons processing the self-insurer's workers' compensation claims attend and complete training provided by the Claims Division.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1127. Review of Initial Application and Request for Renewal to Self-insure**

A. Upon the filing of a completed initial application or request for renewal, the Division shall:

1. Determine whether the applicant or self-insurer meets the requirements of A.R.S. § 23-961;
2. Determine whether the applicant or self-insurer meets the requirements of this Article. Except for a self-insurer that is exempt under R20-5-1114, the self-insurer shall post security according to R20-5-1109 that is adequate to provide for the self-insurer's future estimated liability. If applicable, the Division shall advise the applicant or self-insurer of the need for additional security, and the self-insurer shall post the additional security before the Commission makes its decision under R20-5-1128;
3. If a self-insurer requests a decrease of 10% or greater in the value or amount of security provided in the prior year, perform an additional review to determine the adequacy of the security deposit, including:
  - a. Mathematical verification of the accuracy of amounts reported on the Workers' Compensation Liability form;
  - b. Review of claims filed for the three preceding years;
  - c. Review of changes in the payroll of the self-insurer to determine changes in employment levels;
  - d. Review of changes in workers' compensation classification codes to determine changes in operations of the company in Arizona; and
  - e. Review of the financial condition of the self-insurer to determine changes in financial stability, including a review of the total incurred liability expenses for the past three years;
4. Determine whether the applicant or self-insurer has the ability to process and pay benefits required under the Arizona Workers' Compensation Act.
  - a. For an applicant that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
    - i. Reviewing the financial statements to determine the current ratio, quick ratio, cash-flow ratio, working-capital ratio, debt-status ratio, profitability ratio, and the applicant's net profit or loss;
    - ii. Comparing the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry;
    - iii. Reviewing notes to the financial statements;
    - iv. Reviewing management reports of operations and other information provided by the self-insurer; and
    - v. Comparing the applicant's ratio of claims filed to total employees with that of other employers within the same or closely related industry;

- b. For an applicant that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
    - i. Reviewing the public entity's general fund financial statement to determine the cash ratio and fund equity ratio;
    - ii. Reviewing excess revenues over expenditures and the ending balances in the general fund and all fund accounts for the past two years;
    - iii. Reviewing notes to the self-insurer's financial statements;
    - iv. Reviewing management reports of operations and other information provided by the self-insurer;
    - v. Comparing the public entity's ratio of claims filed to total employees with that of other public entities;
    - vi. Comparing cash and fund equity ratios with that of other self-insured public entities; and
    - vii. Reviewing the risk management fund to determine if it is sufficient to pay all workers' compensation liabilities;
  - c. For a self-insurer requesting renewal that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
    - i. Reviewing the information in subsection (A)(4)(a);
    - ii. Reviewing the claims profile for the past three years, which includes a review of the claims filed, claims denied, and denial rate;
    - iii. Reviewing of the self-insurer's experience modification rate;
    - iv. Comparing of the self-insurer's ratio of claims filed to total employees with that of other self-insurer's; and
    - v. Reviewing the Parent Company Guaranty form; and
  - d. For a self-insurer requesting renewal that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
    - i. Reviewing the information in subsection (A)(4)(b);
    - ii. Reviewing the claims profile for the past three years, including a review of the claims filed, claims denied, and denial rate;
    - iii. Reviewing the self-insured's experience modification rate; and
    - iv. Comparing the self-insurer's ratio of claims filed to total employees with that of other self-insured public entities of similar size.
- B. The Division shall present the findings and recommendations of its review to the Commission, and may include a recommendation regarding the adequacy of the security based on its review and determination whether the self-insurer has the ability to process and pay as set forth in subsection (A)(3).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1128. Decision by the Commission on Initial Application or Request for Renewal of Authorization to Self-insure**

- A. The Commission shall consider the following before granting or denying an initial application or request for renewal to self-insure:
1. The information submitted by an applicant or self-insurer;

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2. The information and recommendations of the Division; and
3. The requirements of A.R.S. § 23-961 and this Article, including compliance with the requirement for posting additional security as recommended by the Division under R20-5-1127.
- B.** The Commission shall deny authority to self-insure if the Commission finds one or more of the following conditions:
1. The applicant or self-insurer does not meet the requirements of A.R.S. § 23-961,
  2. The applicant or self-insurer does not meet the requirements of this Article, or
  3. The applicant or self-insurer is unable to process and pay benefits under the Arizona Workers' Compensation Act.
- C.** The Commission may table consideration of, or action on, a request for renewal pending the self-insurer posting additional security based on a Division decision under R20-5-1127 that the posted security is insufficient.
- D.** Whether to grant, deny, or table an application for self-insurance authority shall be made by a majority vote of a quorum of Commission members present when the application for initial authority or renewal is presented at a public meeting.
- E.** If the Commission approves an initial application of an applicant that is not exempt under R20-5-1114:
1. The approval is contingent upon the self-insurer posting the required security;
  2. After the Commission takes action under subsection (D), the Division shall provide written notice to the applicant that the Commission approves the application for self-insurance authority effective on a date certain;
  3. The applicant shall provide to the Commission the required security before the effective date of the authority to self-insure; and
  4. After the applicant complies with the requirements of subsection (E)(3), the Division shall mail a Resolution of Authorization to Self-insure to the last known business address of the applicant.
- F.** If an applicant fails to comply with the requirements of subsection (E)(3), the Commission shall not grant authority to self-insure and the Commission shall deem the initial application withdrawn.
- G.** If the Commission approves an initial application of an applicant exempt under R20-5-1114, the Division shall mail a Resolution of Authorization to Self-insure, to the last known business address of the applicant.
- H.** If the Commission approves a request for renewal of authority to self-insure, or tables consideration of the request for renewal, the Division shall mail written notice of the Commission's action on the request for renewal to the last known business address of the self-insurer.
- I.** If the Commission denies authority to self-insure, the Commission shall issue and mail written findings and an order to the last known business address of the applicant or self-insurer no later than 10 days after the Commission denies authority to self-insure.
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).
- R20-5-1129. Right to Request a Hearing**
- A.** An applicant or self-insurer has 15 days from the date the Commission's findings and order is mailed to request a hearing.
- B.** A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or self-insurer or the applicant's or self-insurer's legal representative. The applicant or self-insurer shall file the request for hearing with the Division.
- C.** The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).
- R20-5-1130. Hearing Rights and Procedures**
- A.** Burden of proof.
1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or self-insurer has the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
  2. In a revocation hearing, the Commission has the burden of proof to establish that the self-insurer has committed the acts described in R20-5-1133.
- B.** Roles of Chair and Chief Counsel.
1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
  2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section.
- C.** Appearance by a party.
1. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through counsel.
  2. When an attorney appears or intends to appear before the Commission, the attorney shall file a notice of appearance.
- D.** Filing and service.
1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed under this Section with the Commission shall be served upon the Chief Counsel of the Commission and upon all parties to the proceeding.
  2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant, or self-insurer shall be by personal service or mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E.** Notice of hearing.
1. The Commission shall give the parties at least 20 days notice of hearing.
  2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or self-insurer as shown on the records of the Commission, or upon the applicant's or self-insurer's representative if a notice of appearance has been filed by a representative.
  3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061.
- F.** Evidence.
1. The civil rules of evidence do not apply to hearings held under this Section.
  2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that

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the statement will be helpful to a determination of the issues.

3. All witnesses at a hearing shall testify under oath or affirmation.
  4. A party may present evidence and conduct cross-examination of witnesses.
  5. The Commission Chair may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Commission Chair, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
  6. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A party shall submit its subpoena request no later than 10 days before the date of the hearing.
  7. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.
- G.** Transcript of Proceedings. The Commission shall stenographically report or electronically record hearings. Any party desiring a copy of transcript shall obtain a copy from the court reporter. Any party desiring a copy of an electronic recording may obtain a copy from the Commission.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1131. Decision Upon Hearing by the Commission**

- A.** A decision of the Commission to deny authority to self-insure shall be based upon the grounds in R20-5-1128 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-1133 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- C.** The Commission shall issue a written decision after the hearing that shall include findings of fact and conclusions of law, separately stated.
- D.** The Commission decision is final unless an applicant or self-insurer requests review under R20-5-1132 no later than 15 days after the written decision is mailed to the parties.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1132. Request for Review**

- A.** A party may request review of a Commission decision issued under R20-5-1131 by filing with the Commission a written request for review no later than 15 days after the written decision is mailed to the parties.
- B.** A request for review of a Commission Decision shall be based upon one or more of the following grounds, which have materially affected the rights of a party:
  1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;

2. Accident or surprise, which could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of the hearing;
  5. Bias or prejudice of the Division or Commission; and
  6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C.** The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.
- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
- E.** The Commission's decision upon review is final unless an applicant or self-insurer seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1133. Revocation of Authorization to Self-insure**

- A.** The Commission may revoke a Resolution of Authorization to Self-insure for good cause. Good cause includes any of the following:
1. An inability or failure to process and pay any claim under the Arizona Workers' Compensation Act;
  2. Failure of the self-insurer to pay any taxes levied by the Commission as required under A.R.S. §§ 23-961 and 23-1065 and this Article;
  3. Failure of the self-insurer to comply with the requirements of this Article, including the failure of the self-insurer to:
    - a. Promptly provide the Commission reports or other information required under this Article; and
    - b. File the written Letter of Intent required under R20-5-1135;
  4. Failure or deliberate refusal to comply with the applicable requirements of A.R.S. § 23-901 et seq.;
  5. Failure to pay or comply with any award or order of the Commission after the award or order becomes final;
  6. Willful misstating of any material fact in a tax report, application, renewal documentation, or other report or statement made to or filed with the Commission;
  7. Failure or deliberate refusal to comply with the requirements of 20 A.A.C. 5, Article 1;
  8. Failure to deposit or file security timely as specified in this Article; or
  9. Failure to provide information or documentation necessary to timely renew the Authorization to Self-insure.
- B.** Upon receiving information that a self-insurer has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a self-insurer's authority to self-insure, the Division shall present its findings to the Commission.
- C.** The Commission shall consider the findings and recommendation of the Division before revoking a self-insurer's authorization to self-insure.
- D.** The Commission shall revoke a self-insurer's authority to self-insure if the Commission finds one or more of the grounds in subsection (A). The Commission shall issue written findings and an order revoking the Resolution of Authorization to Self-insure and shall serve a copy of the findings and order upon

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the self-insurer addressed to the last known address of the self-insurer as shown by the records of the Commission.

- E. A self-insurer has 15 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-1130, R20-5-1131, and R20-5-1132 govern hearing rights and procedures for revocation hearings and review.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1134. Notice of Bankruptcy, Change in Ownership Status, or Change in Business Address**

- A. A self-insurer shall notify the Commission in writing within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- B. A self-insurer shall notify the Commission in writing within 24 hours of any change in the ownership status or business address of the employer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1135. Plan of Action for Retaining Self-insurance Authority in the Event of Insolvency or Bankruptcy**

- A. If a self-insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written Letter of Intent regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code.
  1. If the self-insurer is incorporated, the chief executive officer shall sign the Letter of Intent and the board of directors shall approve the Letter if the corporation is still operating;
  2. If the self-insurer is not incorporated, an authorized representative of the self-insurer shall sign the Letter of Intent; or
  3. An attorney representing the entity in its bankruptcy reorganization case may sign the Letter of Intent instead of the chief executive officer or authorized representative.
- B. The self-insurer shall file the Letter of Intent with the Division within 10 days of the initial bankruptcy filing or insolvency proceeding.
- C. The self-insurer shall ensure that a provision addressing the self-insurer's obligations to workers' compensation claimants and the Commission is included in the Plan of Reorganization filed with the United States Bankruptcy Court. This Plan shall state the self-insurer's intentions and financial ability to continue self-insurance.
- D. During the period between the initial bankruptcy filing and the approval of a Plan of Reorganization or Plan of Liquidation, the self-insurer may continue its self-insurance status only upon the demonstration of adequate protection to cover its current workers' compensation claims, or those claims that may come due before the Bankruptcy Court approves the Reorganization or Insolvency Plan. As part of the adequate protection for the Commission, the self-insurer shall post or deposit additional security in an amount the Commission deems necessary to pay claims currently pending or anticipated before the approval of the Plan of Reorganization or liquidation.
- E. The self-insurer, or its legal representative, shall send a copy of the proposed Plan of Reorganization or Liquidation, including amendments to the Division.

- F. The Commission may file an Objection to the Plan of Reorganization in the appropriate bankruptcy court and take other actions as permitted under the United States Bankruptcy Code if it determines that the Plan of Reorganization or Liquidation does not adequately provide for the processing and payment of the self-insurer's workers' compensation claims.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1136. Notice of Self-insurer's Termination of Self-insurance**

- A. A self-insurer shall file with the Division a completed and signed Notice of Self-insurer's Termination of Self-insurance form, if the self-insurer decides to terminate its self-insurance. The Notice of Self-insurer's Termination shall be filed with the Division 30 days before the effective date of termination of self-insurance.
- B. Before the effective date of the termination of self-insurance, the self-insurer shall file a certificate with the Claims Division designating an insurance carrier, or other proof, satisfactory to the Commission, of compliance with the requirements of A.R.S. § 23-961, to cover claims of the self-insurer that:
  1. Are pending at that time the self-insurer terminates self-insurance; and
  2. Occur after the effective date of the termination of self-insurance.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE****R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1202. Definitions**

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

1. "Act" means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.
2. "Affected employee" means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.
3. "Amount of earned paid sick time available to the employee" means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.
4. "Amount of earned paid sick time taken by the employee to date in the year" means the amount of earned paid sick time or equivalent paid time off taken by the employee to

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- date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the “amount of earned paid sick time taken by the employee to date in the year.”
5. “Amount of pay the employee has received as earned paid sick time” means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the “amount of pay the employee has received as earned paid sick time.”
  6. “Authorized representative” means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person’s authority to act on behalf of the party.
  7. “Casual Basis,” when applied to babysitting services, means employment which is irregular or intermittent.
  8. “Commission” means monetary compensation based on:
    - a. A percentage of total sales,
    - b. A percentage of sales in excess of a specified amount,
    - c. A fixed allowance per unit, or
    - d. Some other formula the employer and employee agree to as a measure of accomplishment.
  9. “Communicable disease” has the meaning prescribed by A.R.S. § 36-661.
  10. “Complainant” means a person or organization filing an administrative complaint under the Act.
  11. “Department” means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.
  12. “Earned sick time” under A.R.S. § 23-364(G) means earned paid sick time.
  13. “Employee’s regular paycheck” means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.
  14. “Equivalent paid time off” means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.
  15. “Filing” means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.
  16. The term “health care professional” in A.R.S. § 23-373(G) has the same meaning as “health care professional,” as defined in this Section.
  17. “Health care professional” means any of the following:
    - a. A “physician” as defined by A.R.S. § 36-2351;
    - b. A “physician assistant” as defined by A.R.S. § 32-2501;
    - c. A “registered nurse practitioner” as defined by A.R.S. § 32-1601.
    - d. A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;
    - e. A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or
    - f. A behavioral health provider practicing as:
      - i. A psychologist licensed under A.R.S. Title 32, Chapter 19.1;
      - ii. A clinical social worker licensed under A.R.S. § 32-3293;
      - iii. A marriage and family therapist licensed under A.R.S. § 32-3311; or
      - iv. A professional counselor licensed under A.R.S. § 32-3301.
  18. “Health care provider” has the meaning prescribed by A.R.S. § 36-661.
  19. “Hours worked” means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.
  20. “Minimum wage” means the lowest rate of monetary compensation required under the Act.
  21. “Monetary compensation” means cash or its equivalent due to an employee by reason of employment.
  22. “On duty” means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee’s own purpose.
  23. “Public benefits” has the same meaning as “state or local public benefit,” as prescribed by A.R.S. § 1-502(I).
  24. “Public health emergency” means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
  25. “Same hourly rate” means the following:
    - a. For employees paid on the basis of a single hourly rate, “same hourly rate” shall be the hourly rate the employee would have earned for the period of time in which earned paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.
    - b. For employees who are paid multiple hourly rates of pay, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:
      - i. The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.
      - ii. The weighted average of all hourly rates of pay during the previous pay period.
    - c. For employees who are paid a salary, no additional pay is due when the employee’s use of earned paid sick time or equivalent paid time off results in no reduction in the employee’s regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. “Same hourly rate” for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:
      - i. The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.
      - ii. The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.

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- d. For employees paid on a commission, piece-rate, or fee-for-service basis, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:
- i. The hourly rate of pay previously agreed upon by the employer and the employee as:
    - (1) A minimum hourly rate for work performed; or
    - (2) An hourly rate for payment of earned paid sick time or equivalent paid time off.
  - ii. The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
  - iii. A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
  - iv. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
  - v. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
- e. "Same hourly rate" includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.
- f. "Same hourly rate" does not include:
- i. Additions to an employee's base rate for overtime or holiday pay;
  - ii. Subject to subsection (e), bonuses or other types of incentive pay; and
  - iii. Tips or gifts.
26. "Smallest increment that the employer's payroll system uses to account for absences or use of other time" means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.
27. "Tip" means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.
28. "Violation" means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.
29. "Willfully" means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.
30. "Workday" means any fixed period of 24 consecutive hours.
31. "Workweek" means any fixed and regularly recurring period of seven consecutive workdays.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1203. Duty to Provide Current Address**

- A. A complainant shall provide and keep the Labor Department advised of the complainant's current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer's current mailing address and telephone number.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1204. Forms Prescribed by the Department**

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1205. Determination of Employment Relationship**

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.

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- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time**

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the difference between the amounts earned and the minimum wage as required under the Act.
- C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
1. Require or permit employees to pool, share, or split tips; and
  2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.
- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid

sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.

- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
  2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
  3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1207. Tip Credit Toward Minimum Wage**

- A. In this Section, unless the context otherwise requires, "customarily and regularly" means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
  2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee's property;
  3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
  4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee's minimum wage; and
  5. A compulsory charge for service imposed on a customer by an employer's establishment are not credited toward an employee's minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to

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exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1208. Posting Requirements; Small Employer Exemption**

- A.** With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B.** In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1209. Records Availability**

- A.** Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained. When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.
- B.** Employers shall make available to the Department any equipment or technology that is necessary to facilitate inspection and copying of the records.
- C.** Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department's written request.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1210. General Recordkeeping Requirements**

- A.** Payroll records required to be kept under the Act include:
1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employ-

ees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part: (1) those employees' pay period wages; and (2) those employees' earned paid sick time or equivalent paid time off;

2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
  3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B.** Subject to A.R.S. § 23-381 and except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
1. Name in full, and on the same record, the employee's identifying symbol or number if it is used in place of the employee's name on any time, work, or payroll record;
  2. Home address, including zip code;
  3. Date of birth, if under 19;
  4. Occupation in which employed;
  5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
  6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
  7. Hours worked each workday and total hours worked each workweek;
  8. Total daily or weekly straight-time wages due for hours worked during the workday or workweek, exclusive of premium overtime compensation;
  9. Total premium pay for overtime hours and an explanation of how the premium pay was calculated exclusive of straight-time wages for overtime hours recorded under subsection (B)(8) of this Section;
  10. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
  11. Total wages paid each pay period;
  12. Date of payment and the pay period covered by payment;
  13. The amount of earned paid sick time available to the employee;
  14. The amount of earned paid sick time taken by the employee to date in the year;
  15. The amount of pay the employee has received as earned paid sick time; and
  16. The employee's earned paid sick time balance. "The employee's earned paid sick time balance" means the sum of earned paid sick time or equivalent paid time off that is: (1) carried over to the current year; (2) accrued to date in the current year; and (3) provided to date in the current year pursuant to A.R.S. § 23-372(D)(4) or A.A.C. R20-5-1206(F), (G), or (H).

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- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:
1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(11) through (B)(16) of this Section; and
  2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
  2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E. With respect to an employee who customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
  2. Amount of tips the employee reports to the employer;
  3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
  4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or week straight-time payment made by the employer for the hours;
  5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
  6. Copy of the notice required under R20-5-1207(C).
- F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1211. Administrative Complaints**

- A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.
- B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with

the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.

- C. The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E. Upon its own complaint, the Department may investigate violations under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1212. Conduct that Hinders Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1213. Findings and Order Issued by the Department**

- A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall send its Findings and Order to both the employer and the complainant at their last known addresses served personally or by regular first class mail. If the complaint named affected employees, the Department may send a copy of its Findings and Order to the affected employees.
- B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.
- C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
1. Rehiring or reinstatement,

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2. Reimbursement of lost wages and interest,
  3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
  4. Posting of notices to employees.
- D.** If the Department determines that no violation of the Act has occurred the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23- 364(E).
- E.** The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F.** The Director of the Department shall sign the written Findings and Order issued by the Department.
- G.** If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing**

- A.** Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.
- B.** A request for hearing shall be in writing and contain:
1. The name and address of the party requesting the hearing,
  2. The signature of the party or the party's authorized representative, and
  3. A statement that a hearing is requested.
- C.** Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D.** Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E.** A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.
- F.** The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G.** The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last

known addresses served personally or by regular first class mail.

- H.** A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing**

- A.** A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15 days after the written decision is served personally or by regular first class mail upon the parties.
- B.** A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise that could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
  5. Bias or prejudice of the Department or administrative law judge; and
  6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.
- C.** A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E.** The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F.** A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review**

- A.** A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Supe-

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rior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.

- B.** A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)**

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed**

- A.** Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.
- B.** If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C.** The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1219. Resolution of Disputes**

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements**

- A.** In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B.** A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;
  2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
  3. Include the signature of the employer or an authorized representative of the employer.
- C.** Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
  2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D.** For good cause, the Department may rescind a prior order granting relief under this Section.
- E.** Relief under this Section is effective upon the Department's written authorization.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**ARTICLE 13. TREATMENT GUIDELINES****R20-5-1301. Adoption and Applicability of the Article**

- A.** The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B.** Until further action of the Commission, the guidelines shall apply to all body parts and conditions.
- C.** The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's

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modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.

- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process, chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.
- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.
- I. The Commission shall provide administrative review and oversight of this Article.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1302. Definitions**

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

“Act” means the Arizona Workers’ Compensation Act, A.R.S. Title 23, Chapter 6.

“Active Practice” means performing patient care for a minimum of eight hours per week in one of the five preceding years.

“Administrative Law Judge” or “ALJ” means a hearing officer appointed under A.R.S. § 23-108.02.

“Administrative Review” means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

“American Board of Medical Specialties” means the organization that develops a uniform system for specialty

boards to administer examinations for certification of physicians within specific medicine specialties.

“American Osteopathic Association” means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

“Applicability” means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

“Claim” means the workers’ compensation claim filed by the injured employee under the Act.

“Contractor” means an independent peer review organization accredited by URAC.

“Fast Track ALJ Dispute Resolution Program” or “fast track process” means the voluntary dispute resolution process set forth in R20-5-1312(B).

“International Classification of Diseases Code” or “ICD Code” means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

“International Classification of Diseases” or “ICD” means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

“IME” means an independent medical examination scheduled under R20-5-114.

“Injured Employee” means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers’ compensation benefits.

“Medical File Review Opinions” means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

“Payer” means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

“Peer Review” means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

“Preauthorization” means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

“Provider” means a physician as defined in R20-5-102.

“Reconsideration” means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

“Third-Party Administrator” means an organization that processes insurance or employee benefit claims for a separate entity.

“Treatment Guidelines” or “guidelines” means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

“URAC” refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

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**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1303. Provider Request for Preauthorization**

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.
- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1304. Payer Denial of Request for Preauthorization**

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer's decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1305. Payer Denial of Payment for Provided Treatment or Services**

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.
- C. A dispute related to a payer's failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R.

1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services**

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer's subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1307. Payer Decision, In Whole or In Part**

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1308. Failure to Comply with Required Time Limits**

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1309. Payer Decision on Request for Preauthorization**

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.
- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
  1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
  2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).
- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the

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provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.

- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III (Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.
- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1310. Payer Reconsideration on Request for Preauthorization**

- A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report

has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.

- D. Commission Review of Payer Reconsideration Decision:
  1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
  2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1311. Administrative Review by Commission**

- A. Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B. A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C. Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
  1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
  2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D. The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E. The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).
- F. The payer shall pay for the costs of the peer review conducted by the contractor.
- G. To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.

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- H. Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I. The individual conducting the peer review shall:
1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
  2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
  3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
  4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
  5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J. A provider may bill the payer for time spent participating in a peer review under this Section.
- K. The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
1. Whether the request for treatment or services is authorized or denied, in whole or in part;
  2. The information reviewed;
  3. The principle reason for the decision; and
  4. The clinical basis and rationale for the decision.
- L. An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
1. Be in writing;
  2. Filed no later than 10 business days after the administrative review determination is issued; and
  3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M. If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N. The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1312. Hearing Process**

- A. A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B. The following applies only to the Fast Track ALJ Dispute Resolution Program:
1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.
  2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
  3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
  4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
  5. Discovery is limited to five interrogatories and no depositions are permitted.
  6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
  7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
  8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
  9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
  10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
  11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

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## ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2020/2021

Adopted by The Industrial Commission of Arizona  
Contact Medical Resource Office  
Phone (602) 542-4308 / Fax (602) 542-4797 [mro@azica.gov](mailto:mro@azica.gov)

Effective October 1, 2020 through September 30, 2021

**INTRODUCTION**

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthesiologists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the monthly filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT<sup>®</sup>-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT<sup>®</sup>-4 codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT<sup>®</sup>-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. To the extent that a conflict may exist between an adopted portion of the CPT<sup>®</sup>-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- a. The Commission has also adopted by reference: 1) The unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists <https://www.asahq.org>; 2) The *1995 and 1997 Documentation Guidelines for Evaluation and Management Services*, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov>; 3) The *2020 Clinical Diagnostic Laboratory Fee Schedule*, Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory fee Schedule <https://www.cms.gov>; 4) The *National Correct Coding Initiative Edits*, CMS; <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>; 5) *20 Optum 360 The Essential RBRVS* <https://www.optum360.com/>; and 6) *Physicians as Assistants at Surgery: 2018 Update* <https://www.facs.org/>. The RBRVS based fee schedule adopts surgical global periods published by CMS.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association or any other entity or organization.

**A. GENERAL GUIDANCE**

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of this appendix.
2. This Fee Schedule establishes the fees that can be charged by healthcare providers for services performed for injured workers under the Arizona's workers' compensation law.
3. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.
4. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee.
5. Payment will be made for only one professional visit in any one day except when the submitted report clearly demonstrates the need for the additional visit and fee.
6. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed in the same day.

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7. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of 10 after the first series of 10.
8. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.
9. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.
10. An attending healthcare provider may submit a claim for consultant's fee only when such service is requested by carrier or self-insured employer.
11. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of consultation fee.
12. No fees may be charged for services not personally rendered by the healthcare provider, unless otherwise specified.
13. The Commission will investigate an injured workers' complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23-930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer" review, when the treating doctor has not been given reasonable time or opportunity to participate in the "peer to peer" review.
14. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers' compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.

**B. PAYMENT AND REVIEW OF BILLINGS**

1. Under Arizona workers' compensation law, an insurance carrier, self-insured employer or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer or representative received more than 24 months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See* A.R.S. § 23-1062.01.
2. It is incumbent upon the insurance carrier, self-insured employer and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers' compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See* A.R.S. § 23-1062.01.

To ensure timely payment of a medical billing, a billing must contain the information required under A.R.S. § 23-1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and Legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
  - a. Timeframes for processing and payment of medical bills;
  - b. Criteria for billing denials;
  - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;
  - d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
  - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between medical providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
  - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.
5. "Reasonable justification" to deny a bill does not include that the payment/billing policies of another private or public entities (publications) do not allow it unless the publication has been adopted by reference in the Fee Schedule.
6. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employers or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating

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unlisted procedures, establishment of values for unlisted procedures, establishment of values for codes that are listed as “BR” or “RNE”, new CPT® codes that have not been adopted by the Industrial Commission, or issues outside the jurisdiction of the Fee Schedule, such as hospital billings.

7. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients’ medical files include the information required by A.R.S. § 32-1401.2. The healthcare provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (*i.e.* Employers’ First Report of Injury).
8. Treating physicians shall submit a narrative that justifies the billing of a level 4 or 5 E & M service.
9. The Commission has adopted by reference the 1995 and 1997 Documentation Guidelines for Evaluation and Management Services. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose the guideline utilized in their Explanation of Reviews (or other similar document).
10. A payer’s Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
  - a. The name of the injured worker;
  - b. The name of the payer and the name of the third party administrator (“TPA”), if applicable;
  - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;
  - d. If applicable, the name, telephone number and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
  - e. The amount billed by the healthcare provider;
  - f. The amount of any reduction due to a written contract with the healthcare provider; and
  - g. The amount of payment.
11. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider’s fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute by providing a valid copy of the governing contract to the healthcare provider. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.
12. Billing for Pharmaceuticals is found in the Pharmaceutical Fee Schedule Section of this appendix.

**C. REIMBURSEMENT OF MID-LEVEL PROVIDERS**

1. Certified Registered Nurse Anesthetists (“CRNA’s”) are reimbursed at 85% of the fee schedule.
2. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided “incident to” a physician’s professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the “incident to” exception:
  - a. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,
  - b. The Physician must initially see that patient and establish a plan of care for that patient (“treatment plan”),
  - c. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
  - d. The Physician must always be involved in the patient’s treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient’s care.
3. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient’s care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the “incident to” exception.
4. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are “incident to” the Physician’s professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the “incident to” criteria, the reimbursement should be made at 85% of the fee schedule.

**D. DIRECTED CARE AND USE OF NETWORKS**

The Arizona Workers’ Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own medical

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providers, while employees of all other employers do (including public self-insured employers).<sup>1</sup> Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private health-care networks.

Actions or conduct that impair or limit the right of an employee to choose their medical provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;
- A "network" healthcare provider is told that they may not recommend a "non-network" healthcare provider to a patient;
- A "non-network" healthcare provider is told that care will only be authorized if provided by a "network" provider; and
- A "non-network" healthcare provider is told that reimbursement will be made according to "network" discounts.

**E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES**

1. Only physicians and surgeons licensed in the State of Arizona are permitted to treat injured or disabled employees under the jurisdiction of the Commission, unless others are specifically authorized.
2. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.
3. The attending healthcare provider's promptness and professional exactness in the completion and filing of workers' compensation forms are extremely important to the employee being treated. The injured or disabled employee's claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in Article 1 this Chapter.
4. The Commission, the employer and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee's health or progress can thus be improved.
5. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
6. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.
7. If the patient refuses to submit to medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.
8. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work, since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.

<sup>1</sup> It should be noted that the law governing directed care is not limited to "medical doctors," but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, "medical, surgical, and hospital benefits" is defined in A.R.S. § 23-1062(A), which states: "Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonable required at the time of the injury, and during the period of disability. Such benefits shall be termed 'medical, surgical and hospital benefits.'"

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9. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.
10. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment.
11. Once an exposure to blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.  
When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.
12. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

**F. REOPENING OF CLAIMS**

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional or previously undiscovered disability or condition, but:
  - a. The claimant should use the form of petition prescribed by the Commission;
  - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
  - c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within 15 days of the filing of the petition to reopen.
3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).
4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

**G. NO-INSURANCE CLAIMS**

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.

**H. CONSULTATIONS**

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than for the average private patient. In difficult problems and in cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

**I. DEFINITIONS OF SELECT UNIT VALUES**

1. BY REPORT "BR" ITEMS: "BR" in the value column indicates that the value of this service is to be determined "by report", because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. RELATIVITY NOT ESTABLISHED "RNE" ITEMS: "RNE" in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow establishment of a relativity. "RNE" items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. SERVICE "SV" ITEMS: "SV" in the value column indicates the value is to be calculated as the sum of the various services rendered (e.g., office, home, nursing home or hospital visits, consultation or detention, etc.), according to the ground rules covering those services. Identify by using the code number of the "SV" item. The Value is established by identifying each individual service, listing the code number and its value.

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4. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform the service. A healthcare provider may charge for other supplies and materials using code 99070<sup>2</sup>. A healthcare provider may use an applicable HCPCS code in lieu of code 99070 if the HCPCS code more accurately describes the materials and supplies provided by the healthcare provider; however, the Commission has **not** adopted the RVUs for HCPCS codes. Examples of those items that are and are not reimbursable are listed below. Documentation showing actual costs (i.e. manufacturer's invoice dated within one year of the billed date) associated with providing supplies and materials plus fifteen percent (15%) to cover overhead costs will be adequate justification for payment. This provision does not apply to retail operations involving drugs or supplies. Administration of drugs to patients in a clinical setting is covered under code 99070. Prescription drugs provided to patients as a part of the overall treatment regimen but outside of the clinical setting are not included under this code.

Examples of supplies that are usually not separately reimbursable include:

- Applied hot or cold packs
- Eye patches, injections or debridement trays
- Steristrips
- Needles
- Syringes
- Eye/ear trays
- Drapes
- Sterile gloves
- Applied eye wash or eye drops
- Creams (massage)
- Fluorescein
- Ultrasound pads and gel
- Tissues
- Urine collection kits
- Gauze
- Cotton balls/fluff
- Sterile water
- Band-Aids and dressings for simple wound occlusion
- Head sheets
- Aspiration trays
- Sterile trays for laceration repair and more complex surgeries
- Tape for dressings

Examples of material and supplies that are generally reimbursable include:

- Cast and strapping materials
- Applied dressings beyond simple wound occlusion
- Taping supplies for sprains
- Iontophoresis electrodes
- Reusable patient specific electrodes
- Dispensed items, including:
  - Canes
  - Braces
  - Slings
  - Ace wraps
  - TENS electrodes
  - Crutches
  - Splints
  - Back support
  - Dressings

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## Hot or cold packs

5. “Modifiers: A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

## Modifier Examples

*Professional Component (PC):* Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier “-26” is added to an Appropriate code a PC allowable amount will be paid.

*Technical Component (TC):* The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding Modifier “-TC” to the applicable code.

**J. LIST OF ACRONYMS**

AMA	American Medical Association
AS	Assistant Surgeon
AWP	Average Wholesale Price
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DME	Durable Medical Equipment
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FUD	Follow-up day(s)
HCPCS	Healthcare Common Procedure Coding System
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging
NCCI	(see CCI)
NP	Nurse practitioner
OTC	Over-the-counter
PA	Physician assistant
RBRVS	Resource based relative value scale
RVU	Relative value unit

**Historical Note**

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## PHARMACEUTICAL FEE SCHEDULE

**I. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE.**

- A. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether dispensed by a pharmacy (including online or mail order pharmacies) or by a medical practitioner.
- B. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. See A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. See A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. See A.A.C. R20-5-1301(H). Medical practitioners are encouraged to consult the ODG Formulary before dispensing or prescribing medications to injured employees.
- C. Generic drugs must be dispensed to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A),<sup>3</sup> (B), and (D) through (L).<sup>4</sup> See A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply.<sup>5</sup> As a cost reducing measure, medical practitioners should prescribe less costly drugs whenever possible.

**II. DEFINITIONS.**

- A. “Administer” has the meaning set forth in A.R.S. 32-1901(1).
- B. “Average Wholesale Price” or “AWP” means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally-recognized drug pricing file.
- C. “Commercially available” means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
- D. “Compound medication” means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially-available product.
- E. “Dispense” or “dispensing” means to deliver to an ultimate user by or pursuant to the lawful order of a medical practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. See A.R.S. § 32-1901(27).
- F. “Drug” has the meaning set forth in A.R.S. § 32-1901(31).
- G. “Hospital” means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. See A.R.S. § 32-1901(42).

<sup>3</sup> A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

<sup>4</sup> A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

<sup>5</sup> A.R.S. § 32-1963.01(L) states, in part:

- 2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.  
\* \* \* \*
- 4. “Generic equivalent” or “generically equivalent” means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration’s most recent publication of approved drug products with therapeutic equivalence evaluations.

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- H. "Medical practitioner" means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. See A.R.S. § 32-1901(53).
- I. "Non-traditional strength" medication means a finished drug product in a strength (i.e. dosage) that is not commercially available in pharmacies accessible to the general public.
- J. "Over-the-counter medication" or "OTC medication" means a finished drug product, including label and container according to context, which does not require a prescription order.
- K. "Pharmacy" has the meaning set forth in A.R.S. § 32-1901(71).
- L. "Pharmacy accessible to the general public" means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner.
- M. "Pharmacy not accessible to the general public" means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. "Pharmacy not accessible to the general public" does not include a hospital pharmacy.
- N. "Prescription" means either a prescription order or a prescription medication. See A.R.S. § 32-1901(80).
- O. "Prescription medication" means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. See A.R.S. § 32-1901(81).
- P. "Prescription order" shall have the meaning set forth in A.R.S. § 32-1901(84).
- Q. "Repackaged medication" means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes "co-pack drug" products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
- R. "Traditional strength" medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.
- S. "Ultimate user" means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. See A.R.S. § 32-1901(95).

**III. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.**

- A. Except as permitted in Sections VI and VII of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
  - 1. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
  - 2. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
- B. Subject to Sections III(G), IV, V, and VI(B), reimbursement for prescription medications shall be based on the actual medication dispensed, including a substituted medication that is dispensed pursuant to A.R.S. § 32-1963.01.
- C. Except as specified in Sections IV and V of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.
- D. The reimbursement value for prescription medications shall be based on the current PFS methodology in the absence of a contractual agreement between the pharmacy or medical practitioner and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or medical practitioner authorizing such discounts.
- E. The reimbursement value for a prescription medication shall be based on a discount from the applicable AWP, as determined by reference to the original manufacturer's NDC. AWP shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally-recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-span.

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- F. The reimbursement value for a prescription medication shall be calculated on a per unit basis based on the applicable AWP per unit and the following methodology:
  - 1. Generic drugs: (85% of AWP per unit) x (number of units dispensed).
  - 2. Brand name drugs: (85% of AWP per unit) x (number of units dispensed).
- G. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.

**IV. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.**

- A. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
- B. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
- C. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section III of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).
- D. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

**V. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.**

- A. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.
- B. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section III.
- C. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
- D. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
- E. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section III, using the AWP corresponding to the NDC of the original manufacturer. See Section IV.
- F. The maximum reimbursement value for a topical compound medication shall be the lesser of: (1) two hundred (\$200) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days); or (2) the reimbursement value of the compound medication calculated under this section.

**VI. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A MEDICAL PRACTITIONER.**

- A. A pharmaceutical bill submitted for a medication administered by a medical practitioner must comply with billing procedures outlined in Sections III, IV, and V of the current PFS, as applicable.
- B. The reimbursement value for a medication administered by a medical practitioner shall be based on the current PFS reimbursement methodology contained in Sections III, IV, and V of the PFS, as applicable.

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**VII. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A MEDICAL PRACTITIONER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.<sup>6,7</sup>**

- A. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
1. The prescription medication is dispensed by a medical practitioner or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;
  2. The prescription medication is limited to no more than a one-time, ten-day supply;
  3. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
- B. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
1. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing medical practitioner;
  2. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and
  3. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
- C. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been preapproved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to preapprove the dispensing of prescription medications under this subsection.
- D. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:
1. The prescription medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;
  2. The injured employee protested the claim denial by filing a timely request for hearing;
  3. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;
  4. The prescription medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and
  5. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
- E. The guidelines in Section III(A) and this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
- F. The reimbursement value for OTC medications dispensed by a medical practitioner or in a pharmacy not accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
- G. The reimbursement value for OTC medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public and that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication

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<sup>6</sup> Dispensing pursuant to Section VII is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCI8VwtdJIT-DyGfJN3WWUm4KhDMXe-/view>.

<sup>7</sup> Section VII sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

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commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.

- H. Subject to the limitations in this section, medications that have been provided as free samples to a medical practitioner may be dispensed to an injured employee when appropriate, but are not reimbursable.

**VIII. DISPENSING FEE.**

- A. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a medical practitioner.
- B. If a prescription medication is dispensed by a medical practitioner or in a pharmacy not accessible to the general public pursuant to Section VII(A), (B), or (C), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a medical practitioner or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
- C. If a prescription or OTC medication is administered by a medical practitioner, a dispensing fee is not permitted.

**IX. ADDITIONAL BILLING GUIDELINES.**

- A. Paper billing by a medical practitioner:

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. PPS (Per Day)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To				(Explain Unusual Circumstances)			POINTER					
MM	DD	YY	MM	DD	YY	SEVICE	MODIFIER						
N455289047590 UN30			ORIGN400025152531		J3490			A	500	00	30	N	G2 12345678901
10	01	05	10	01	05	11						N	NPI 0123456789

If a physician does not bill using the CMS 1500 form, or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

- B. Paper billing by non-physician entities.  
A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

**X. SEVERABILITY CLAUSE.**

If any provision of Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

**Historical Note**

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ANESTHESIA GUIDELINES**

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx.

The Commission has also adopted by reference the unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. CERTIFIED REGISTERED NURSE ANESTHETISTS: Are reimbursed at 85% of the fee schedule when billed with modifier QZ.  
 B. ANESTHESIA MODIFIERS: Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 – A normal healthy patient	0
P2 – A patient with mild systemic disease	0
P3 – A patient with severe systemic disease	1
P4 – A patient with severe systemic disease that is a constant threat to life	2
P5 – A moribund patient who is not expected to survive without the operation	3
P6 – A declared brain-dead patient whose organs are being removed for donor purposes	0

AA - Anesthesia services personally performed by an anesthesiologist reimbursed at 100% of the lesser of billed charges or fee schedule calculation

AD - Medical supervision by a physician: more than four (4) concurrent Anesthesia reimbursed at 50% of the lesser of billed charges or fee schedule calculation

QK - Medical direction of two, three or four concurrent anesthesia procedures Involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule

QX - Qualified nonphysician anesthetist with medical direction by a physician reimbursed at 50% of fee schedule calculation

QZ - CRNA without medical direction by a physician reimbursed at 85% of the lesser of billed charges or fee schedule calculation

- C. REPORTING OF TIME: Time reporting is described in the Anesthesia Guidelines of the CPT® book. IN ARIZONA, TIME UNITS WILL BE ADDED TO THE BASIC VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA USING THE FOLLOWING UNIT VALUES:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

- D. UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES: (more than one may be selected)

Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

**Historical Note**

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00100	Anesthesia	5	\$305.00
00102	Anesthesia	6	\$366.00
00103	Anesthesia	5	\$305.00
00104	Anesthesia	4	\$244.00
00120	Anesthesia	5	\$305.00
00124	Anesthesia	4	\$244.00
00126	Anesthesia	4	\$244.00
00140	Anesthesia	5	\$305.00
00142	Anesthesia	4	\$244.00
00144	Anesthesia	6	\$366.00
00145	Anesthesia	6	\$366.00
00147	Anesthesia	4	\$244.00
00148	Anesthesia	4	\$244.00
00160	Anesthesia	5	\$305.00
00162	Anesthesia	7	\$427.00
00164	Anesthesia	4	\$244.00
00170	Anesthesia	5	\$305.00
00172	Anesthesia	6	\$366.00
00174	Anesthesia	6	\$366.00
00176	Anesthesia	7	\$427.00
00190	Anesthesia	5	\$305.00
00192	Anesthesia	7	\$427.00
00210	Anesthesia	11	\$671.00
00211	Anesthesia	10	\$610.00
00212	Anesthesia	5	\$305.00
00214	Anesthesia	9	\$549.00
00215	Anesthesia	9	\$549.00
00216	Anesthesia	15	\$915.00
00218	Anesthesia	13	\$793.00
00220	Anesthesia	10	\$610.00
00222	Anesthesia	6	\$366.00
00300	Anesthesia	5	\$305.00
00320	Anesthesia	6	\$366.00
00322	Anesthesia	3	\$183.00
00326	Anesthesia	7	\$427.00
00350	Anesthesia	10	\$610.00
00352	Anesthesia	5	\$305.00
00400	Anesthesia	3	\$183.00
00402	Anesthesia	5	\$305.00
00404	Anesthesia	5	\$305.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00406	Anesthesia	13	\$793.00
00410	Anesthesia	4	\$244.00
00450	Anesthesia	5	\$305.00
00454	Anesthesia	3	\$183.00
00470	Anesthesia	6	\$366.00
00472	Anesthesia	10	\$610.00
00474	Anesthesia	13	\$793.00
00500	Anesthesia	15	\$915.00
00520	Anesthesia	6	\$366.00
00522	Anesthesia	4	\$244.00
00524	Anesthesia	4	\$244.00
00528	Anesthesia	8	\$488.00
00529	Anesthesia	11	\$671.00
00530	Anesthesia	4	\$244.00
00532	Anesthesia	4	\$244.00
00534	Anesthesia	7	\$427.00
00537	Anesthesia	7	\$427.00
00539	Anesthesia	18	\$1,098.00
00540	Anesthesia	12	\$732.00
00541	Anesthesia	15	\$915.00
00542	Anesthesia	15	\$915.00
00546	Anesthesia	15	\$915.00
00548	Anesthesia	17	\$1,037.00
00550	Anesthesia	10	\$610.00
00560	Anesthesia	15	\$915.00
00561	Anesthesia	25	\$1,525.00
00562	Anesthesia	20	\$1,220.00
00563	Anesthesia	25	\$1,525.00
00566	Anesthesia	25	\$1,525.00
00567	Anesthesia	18	\$1,098.00
00580	Anesthesia	20	\$1,220.00
00600	Anesthesia	10	\$610.00
00604	Anesthesia	13	\$793.00
00620	Anesthesia	10	\$610.00
00625	Anesthesia	13	\$793.00
00626	Anesthesia	15	\$915.00
00630	Anesthesia	8	\$488.00
00632	Anesthesia	7	\$427.00
00635	Anesthesia	4	\$244.00
00640	Anesthesia	3	\$183.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00670	Anesthesia	13	\$793.00
00700	Anesthesia	4	\$244.00
00702	Anesthesia	4	\$244.00
00730	Anesthesia	5	\$305.00
00731	Anesthesia	5	\$305.00
00732	Anesthesia	6	\$366.00
00750	Anesthesia	4	\$244.00
00752	Anesthesia	6	\$366.00
00754	Anesthesia	7	\$427.00
00756	Anesthesia	7	\$427.00
00770	Anesthesia	15	\$915.00
00790	Anesthesia	7	\$427.00
00792	Anesthesia	13	\$793.00
00794	Anesthesia	8	\$488.00
00796	Anesthesia	30	\$1,830.00
00797	Anesthesia	11	\$671.00
00800	Anesthesia	4	\$244.00
00802	Anesthesia	5	\$305.00
00811	Anesthesia	4	\$244.00
00812	Anesthesia	3	\$183.00
00813	Anesthesia	5	\$305.00
00820	Anesthesia	5	\$305.00
00830	Anesthesia	4	\$244.00
00832	Anesthesia	6	\$366.00
00834	Anesthesia	5	\$305.00
00836	Anesthesia	6	\$366.00
00840	Anesthesia	6	\$366.00
00842	Anesthesia	4	\$244.00
00844	Anesthesia	7	\$427.00
00846	Anesthesia	8	\$488.00
00848	Anesthesia	8	\$488.00
00851	Anesthesia	6	\$366.00
00860	Anesthesia	6	\$366.00
00862	Anesthesia	7	\$427.00
00864	Anesthesia	8	\$488.00
00865	Anesthesia	7	\$427.00
00866	Anesthesia	10	\$610.00
00868	Anesthesia	10	\$610.00
00870	Anesthesia	5	\$305.00
00872	Anesthesia	7	\$427.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
00873	Anesthesia	5	\$305.00
00880	Anesthesia	15	\$915.00
00882	Anesthesia	10	\$610.00
00902	Anesthesia	5	\$305.00
00904	Anesthesia	7	\$427.00
00906	Anesthesia	4	\$244.00
00908	Anesthesia	6	\$366.00
00910	Anesthesia	3	\$183.00
00912	Anesthesia	5	\$305.00
00914	Anesthesia	5	\$305.00
00916	Anesthesia	5	\$305.00
00918	Anesthesia	5	\$305.00
00920	Anesthesia	3	\$183.00
00921	Anesthesia	3	\$183.00
00922	Anesthesia	6	\$366.00
00924	Anesthesia	4	\$244.00
00926	Anesthesia	4	\$244.00
00928	Anesthesia	6	\$366.00
00930	Anesthesia	4	\$244.00
00932	Anesthesia	4	\$244.00
00934	Anesthesia	6	\$366.00
00936	Anesthesia	8	\$488.00
00938	Anesthesia	4	\$244.00
00940	Anesthesia	3	\$183.00
00942	Anesthesia	4	\$244.00
00944	Anesthesia	6	\$366.00
00948	Anesthesia	4	\$244.00
00950	Anesthesia	5	\$305.00
00952	Anesthesia	4	\$244.00
01112	Anesthesia	5	\$305.00
01120	Anesthesia	6	\$366.00
01130	Anesthesia	3	\$183.00
01140	Anesthesia	15	\$915.00
01150	Anesthesia	10	\$610.00
01160	Anesthesia	4	\$244.00
01170	Anesthesia	8	\$488.00
01173	Anesthesia	12	\$732.00
01200	Anesthesia	4	\$244.00
01202	Anesthesia	4	\$244.00
01210	Anesthesia	6	\$366.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01212	Anesthesia	10	\$610.00
01214	Anesthesia	8	\$488.00
01215	Anesthesia	10	\$610.00
01220	Anesthesia	4	\$244.00
01230	Anesthesia	6	\$366.00
01232	Anesthesia	5	\$305.00
01234	Anesthesia	8	\$488.00
01250	Anesthesia	4	\$244.00
01260	Anesthesia	3	\$183.00
01270	Anesthesia	8	\$488.00
01272	Anesthesia	4	\$244.00
01274	Anesthesia	6	\$366.00
01320	Anesthesia	4	\$244.00
01340	Anesthesia	4	\$244.00
01360	Anesthesia	5	\$305.00
01380	Anesthesia	3	\$183.00
01382	Anesthesia	3	\$183.00
01390	Anesthesia	3	\$183.00
01392	Anesthesia	4	\$244.00
01400	Anesthesia	4	\$244.00
01402	Anesthesia	7	\$427.00
01404	Anesthesia	5	\$305.00
01420	Anesthesia	3	\$183.00
01430	Anesthesia	3	\$183.00
01432	Anesthesia	6	\$366.00
01440	Anesthesia	8	\$488.00
01442	Anesthesia	8	\$488.00
01444	Anesthesia	8	\$488.00
01462	Anesthesia	3	\$183.00
01464	Anesthesia	3	\$183.00
01470	Anesthesia	3	\$183.00
01472	Anesthesia	5	\$305.00
01474	Anesthesia	5	\$305.00
01480	Anesthesia	3	\$183.00
01482	Anesthesia	4	\$244.00
01484	Anesthesia	4	\$244.00
01486	Anesthesia	7	\$427.00
01490	Anesthesia	3	\$183.00
01500	Anesthesia	8	\$488.00
01502	Anesthesia	6	\$366.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01520	Anesthesia	3	\$183.00
01522	Anesthesia	5	\$305.00
01610	Anesthesia	5	\$305.00
01620	Anesthesia	4	\$244.00
01622	Anesthesia	4	\$244.00
01630	Anesthesia	5	\$305.00
01634	Anesthesia	9	\$549.00
01636	Anesthesia	15	\$915.00
01638	Anesthesia	10	\$610.00
01650	Anesthesia	6	\$366.00
01652	Anesthesia	10	\$610.00
01654	Anesthesia	8	\$488.00
01656	Anesthesia	10	\$610.00
01670	Anesthesia	4	\$244.00
01680	Anesthesia	3	\$183.00
01710	Anesthesia	3	\$183.00
01712	Anesthesia	5	\$305.00
01714	Anesthesia	5	\$305.00
01716	Anesthesia	5	\$305.00
01730	Anesthesia	3	\$183.00
01732	Anesthesia	3	\$183.00
01740	Anesthesia	4	\$244.00
01742	Anesthesia	5	\$305.00
01744	Anesthesia	5	\$305.00
01756	Anesthesia	6	\$366.00
01758	Anesthesia	5	\$305.00
01760	Anesthesia	7	\$427.00
01770	Anesthesia	6	\$366.00
01772	Anesthesia	6	\$366.00
01780	Anesthesia	3	\$183.00
01782	Anesthesia	4	\$244.00
01810	Anesthesia	3	\$183.00
01820	Anesthesia	3	\$183.00
01829	Anesthesia	3	\$183.00
01830	Anesthesia	3	\$183.00
01832	Anesthesia	6	\$366.00
01840	Anesthesia	6	\$366.00
01842	Anesthesia	6	\$366.00
01844	Anesthesia	6	\$366.00
01850	Anesthesia	3	\$183.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**ANESTHESIA CODES 2020-2021**

Anesthesia Conversion Factor: \$61.00

CODE	CATEGORY	MPFS BASIC UNIT	RBRVS RATE
01852	Anesthesia	4	\$244.00
01860	Anesthesia	3	\$183.00
01916	Anesthesia	5	\$305.00
01920	Anesthesia	7	\$427.00
01922	Anesthesia	7	\$427.00
01924	Anesthesia	5	\$305.00
01925	Anesthesia	7	\$427.00
01926	Anesthesia	8	\$488.00
01930	Anesthesia	5	\$305.00
01931	Anesthesia	7	\$427.00
01932	Anesthesia	6	\$366.00
01933	Anesthesia	7	\$427.00
01935	Anesthesia	5	\$305.00
01936	Anesthesia	5	\$305.00
01951	Anesthesia	3	\$183.00
01952	Anesthesia	5	\$305.00
01953	Anesthesia	1	\$61.00
01958	Anesthesia	5	\$305.00
01960	Anesthesia	5	\$305.00
01961	Anesthesia	7	\$427.00
01962	Anesthesia	8	\$488.00
01963	Anesthesia	8	\$488.00
01965	Anesthesia	4	\$244.00
01966	Anesthesia	4	\$244.00
01967	Anesthesia	5	\$305.00
01968	Anesthesia	2	\$122.00
01969	Anesthesia	5	\$305.00
01990	Anesthesia	7	\$427.00
01991	Anesthesia	3	\$183.00
01992	Anesthesia	5	\$305.00
01996	Anesthesia	3	\$183.00
01999	Anesthesia	-	BR

**Historical Note**

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## SURGERY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2020 Editions of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx.

The Commission has also adopted by reference: 1) The *1995 and 1997 Documentation Guidelines for Evaluation and Management Services*, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov>; 2) *2020 Optum 360 The Essential RBRVS* <https://www.optum360.com/>; 3) The *National Correct Coding Initiative Edits*, CMS <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>; and, 4) *Physicians as Assistants at Surgery Update 2018* <https://www.facs.org>. The RBRVS-based fee schedule adopts surgical global periods published by CMS. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS AND SUPPLIES:** A healthcare provider may charge for materials and supplies as described in subsection (I)(4) of the Introduction Section of the Physician's Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. However, the primary procedure code is the code that determines the follow-up days when a surgery has multiple procedures. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a "special report", which is defined in the CPT® book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the "Multiple Modifiers" code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

- Δ-22 **Increased Procedural Services:** Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.
- Δ-25 **Separately Identifiable Evaluation and Management Service by same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.** It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.
- Δ-47 **Anesthesia by Surgeon:** The value shall be fifty percent (50%) of the calculated American Society of Anesthesiologists Relative Value Guide value.
- Δ-50 **Bilateral Procedure:** Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding this modifier '-50' to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.
- Δ-51 **Multiple Procedures:** When multiple procedures are performed during the same operative session\*, the procedures should be valued at the appropriate percent of its listed value, as shown below:
  - 100% (full value) for the first or major procedure
  - 50% for the second and multiple procedure(s)

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Sixth and subsequent procedures – by report

\*Multiple Procedure Guidelines do not apply to codes specifically identified as “Add-on/Additional Procedures, Global indicator”ZZZ”.

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value and so on. \*\*

\*\*If, however, the procedures are independently complex such as digits, tendons, nerves or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

Δ-57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

Δ-62 Two Surgeons: By prior agreement, the total value of services performed by two surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant’s charge. Under these circumstances the services of each surgeon should be identified by adding this modifier ‘-62’ to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125 percent of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Δ-80 Assistant Surgeons: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).

- OR -

Δ-81 Minimum Assistant Surgeons: These services are valued at ten percent (10%) of the listed value of the surgical procedure(s).

#### Historical Note

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A. Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
10004 00	Surgery	1.48	1.25	\$121.93	\$102.98
10005 00	Surgery	3.67	2.07	\$302.35	\$170.54
10006 00	Surgery	1.70	1.42	\$140.05	\$116.99
10007 00	Surgery	8.43	2.69	\$694.50	\$221.62
10008 00	Surgery	4.79	1.76	\$394.62	\$145.00
10009 00	Surgery	13.32	3.28	\$1,097.37	\$270.22
10010 00	Surgery	8.02	2.38	\$660.73	\$196.08
10011 00	Surgery	13.51	13.51	\$1,113.02	\$1,113.02
10012 00	Surgery	8.16	8.16	\$672.26	\$672.26
10021 00	Surgery	2.80	1.60	\$230.68	\$144.38
10030 00	Surgery	17.53	3.98	\$1,444.20	\$762.41
10035 00	Surgery	12.84	2.46	\$1,057.82	\$202.67
10036 00	Surgery	10.92	1.25	\$899.64	\$102.98
10040 00	Surgery	3.11	1.53	\$256.22	\$126.05
10060 00	Surgery	3.44	2.87	\$283.40	\$236.44
10061 00	Surgery	5.97	5.21	\$491.84	\$429.22
10080 00	Surgery	5.99	2.95	\$493.48	\$243.04
10081 00	Surgery	8.67	4.93	\$714.28	\$406.16
10120 00	Surgery	4.31	2.94	\$355.08	\$242.21
10121 00	Surgery	7.76	5.33	\$639.31	\$439.11
10140 00	Surgery	4.85	3.41	\$399.57	\$280.93
10160 00	Surgery	3.71	2.71	\$305.65	\$223.26
10180 00	Surgery	7.30	5.11	\$601.41	\$420.99
11000 00	Surgery	1.61	0.82	\$132.64	\$67.56
11001 00	Surgery	0.67	0.41	\$55.20	\$33.78
11004 00	Surgery	16.68	16.68	\$1,374.18	\$1,374.18
11005 00	Surgery	22.72	22.72	\$1,871.78	\$1,871.78
11006 00	Surgery	20.49	20.49	\$1,688.06	\$1,688.06
11008 00	Surgery	7.99	7.99	\$658.25	\$658.25
11010 00	Surgery	13.56	7.96	\$1,117.14	\$655.78
11011 00	Surgery	15.10	8.69	\$1,244.01	\$715.92
11012 00	Surgery	19.34	12.09	\$1,593.32	\$996.03
11042 00	Surgery	3.57	1.75	\$294.11	\$144.17
11043 00	Surgery	6.64	4.47	\$547.03	\$368.26
11044 00	Surgery	8.96	6.56	\$738.17	\$540.44
11045 00	Surgery	1.19	0.77	\$98.04	\$63.44
11046 00	Surgery	2.12	1.62	\$174.66	\$133.46
11047 00	Surgery	3.53	2.86	\$290.82	\$235.62
11055 00	Surgery	1.78	0.46	\$146.64	\$50.25
11056 00	Surgery	2.10	0.67	\$173.01	\$65.93

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## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11057 00	Surgery	2.31	0.85	\$190.31	\$74.35
11102 00	Surgery	2.84	1.12	\$233.97	\$92.27
11103 00	Surgery	1.51	0.65	\$124.40	\$53.55
11104 00	Surgery	3.57	1.40	\$294.11	\$115.34
11105 00	Surgery	1.72	0.76	\$141.70	\$62.61
11106 00	Surgery	4.32	1.69	\$355.90	\$139.23
11107 00	Surgery	2.04	0.91	\$168.06	\$74.97
11200 00	Surgery	2.52	2.10	\$207.61	\$173.01
11201 00	Surgery	0.53	0.47	\$43.66	\$38.72
11300 00	Surgery	2.84	0.99	\$233.97	\$84.87
11301 00	Surgery	3.45	1.50	\$284.23	\$123.58
11302 00	Surgery	3.99	1.76	\$328.72	\$145.00
11303 00	Surgery	4.39	2.07	\$361.67	\$170.54
11305 00	Surgery	2.99	1.13	\$246.33	\$93.09
11306 00	Surgery	3.50	1.45	\$288.35	\$124.03
11307 00	Surgery	4.09	1.87	\$336.95	\$154.06
11308 00	Surgery	4.37	2.11	\$360.02	\$173.83
11310 00	Surgery	3.29	1.34	\$271.05	\$110.40
11311 00	Surgery	3.90	1.83	\$321.30	\$150.76
11312 00	Surgery	4.51	2.17	\$371.56	\$178.77
11313 00	Surgery	5.27	2.82	\$434.17	\$232.33
11400 00	Surgery	3.57	2.33	\$294.11	\$191.96
11401 00	Surgery	4.35	2.96	\$358.37	\$243.86
11402 00	Surgery	4.83	3.27	\$397.92	\$269.40
11403 00	Surgery	5.58	4.23	\$459.71	\$348.49
11404 00	Surgery	6.34	4.66	\$522.32	\$383.91
11406 00	Surgery	9.07	7.09	\$747.23	\$584.11
11420 00	Surgery	3.60	2.34	\$296.59	\$192.78
11421 00	Surgery	4.54	3.13	\$374.03	\$257.86
11422 00	Surgery	5.11	3.88	\$420.99	\$319.65
11423 00	Surgery	5.81	4.45	\$478.66	\$366.61
11424 00	Surgery	6.71	5.11	\$552.80	\$420.99
11426 00	Surgery	9.63	7.89	\$793.37	\$650.02
11440 00	Surgery	3.97	2.94	\$327.07	\$242.21
11441 00	Surgery	4.88	3.73	\$402.04	\$307.30
11442 00	Surgery	5.43	4.14	\$447.35	\$341.07
11443 00	Surgery	6.45	5.08	\$531.38	\$418.51
11444 00	Surgery	8.09	6.49	\$666.49	\$534.68
11446 00	Surgery	11.14	9.26	\$917.77	\$762.88
11450 00	Surgery	11.67	7.36	\$961.43	\$606.35

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11451 00	Surgery	14.54	9.41	\$1,197.87	\$775.24
11462 00	Surgery	11.36	7.01	\$935.89	\$577.52
11463 00	Surgery	14.79	9.49	\$1,218.47	\$781.83
11470 00	Surgery	12.38	8.11	\$1,019.92	\$668.14
11471 00	Surgery	15.08	10.02	\$1,242.36	\$825.50
11600 00	Surgery	5.61	3.46	\$462.18	\$285.05
11601 00	Surgery	6.52	4.24	\$537.15	\$349.31
11602 00	Surgery	7.02	4.63	\$578.34	\$381.44
11603 00	Surgery	8.00	5.54	\$659.08	\$456.41
11604 00	Surgery	8.93	6.12	\$735.70	\$504.19
11606 00	Surgery	12.81	9.15	\$1,055.35	\$753.82
11620 00	Surgery	5.64	3.50	\$464.65	\$288.35
11621 00	Surgery	6.55	4.27	\$539.62	\$351.78
11622 00	Surgery	7.25	4.85	\$597.29	\$399.57
11623 00	Surgery	8.52	6.03	\$701.92	\$496.78
11624 00	Surgery	9.65	6.85	\$795.01	\$564.34
11626 00	Surgery	11.66	8.44	\$960.61	\$695.33
11640 00	Surgery	5.77	3.59	\$475.36	\$295.76
11641 00	Surgery	6.78	4.45	\$558.57	\$366.61
11642 00	Surgery	7.69	5.22	\$633.54	\$430.05
11643 00	Surgery	9.06	6.55	\$746.41	\$539.62
11644 00	Surgery	11.18	8.14	\$921.06	\$670.61
11646 00	Surgery	14.57	11.28	\$1,200.35	\$929.30
11719 00	Surgery	0.40	0.22	\$32.95	\$18.12
11720 00	Surgery	0.93	0.42	\$76.62	\$36.49
11721 00	Surgery	1.29	0.72	\$106.28	\$59.32
11730 00	Surgery	3.14	1.57	\$258.69	\$129.34
11732 00	Surgery	0.95	0.50	\$78.27	\$43.37
11740 00	Surgery	1.52	0.90	\$125.22	\$74.15
11750 00	Surgery	4.45	2.91	\$366.61	\$242.76
11755 00	Surgery	3.47	1.78	\$285.88	\$151.11
11760 00	Surgery	5.55	3.29	\$457.24	\$271.05
11762 00	Surgery	8.44	5.48	\$695.33	\$451.47
11765 00	Surgery	4.80	2.64	\$395.45	\$217.50
11770 00	Surgery	8.92	5.34	\$734.87	\$439.93
11771 00	Surgery	17.29	12.74	\$1,424.43	\$1,049.58
11772 00	Surgery	20.95	16.68	\$1,725.96	\$1,374.18
11900 00	Surgery	1.56	0.87	\$128.52	\$71.67
11901 00	Surgery	1.97	1.36	\$162.30	\$112.04
11920 00	Surgery	5.33	3.23	\$439.11	\$266.10

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
11921 00	Surgery	6.08	3.81	\$500.90	\$313.89
11922 00	Surgery	1.71	0.86	\$157.03	\$157.03
11950 00	Surgery	2.26	1.51	\$186.19	\$124.40
11951 00	Surgery	3.07	2.15	\$252.92	\$177.13
11952 00	Surgery	4.13	3.03	\$340.25	\$277.50
11954 00	Surgery	4.54	3.29	\$374.03	\$271.05
11960 00	Surgery	28.11	28.11	\$2,315.84	\$2,315.84
11970 00	Surgery	17.62	17.62	\$1,451.62	\$1,451.62
11971 00	Surgery	13.77	9.31	\$1,134.44	\$767.00
11976 00	Surgery	4.15	2.73	\$341.90	\$224.91
11980 00	Surgery	2.69	1.61	\$221.62	\$132.64
11981 00	Surgery	2.96	1.86	\$243.86	\$153.24
11982 00	Surgery	3.36	2.19	\$276.81	\$180.42
11983 00	Surgery	4.15	3.01	\$341.90	\$255.34
12001 00	Surgery	2.58	1.30	\$212.55	\$109.50
12002 00	Surgery	3.16	1.73	\$260.34	\$142.53
12004 00	Surgery	3.69	2.15	\$304.00	\$177.13
12005 00	Surgery	4.88	2.80	\$402.04	\$230.68
12006 00	Surgery	5.76	3.43	\$474.54	\$282.58
12007 00	Surgery	6.58	4.23	\$542.09	\$348.49
12011 00	Surgery	3.15	1.63	\$259.51	\$134.29
12013 00	Surgery	3.29	1.72	\$271.05	\$141.70
12014 00	Surgery	4.00	2.20	\$329.54	\$181.25
12015 00	Surgery	4.84	2.78	\$398.74	\$229.03
12016 00	Surgery	6.16	3.77	\$507.49	\$310.59
12017 00	Surgery	4.48	4.48	\$369.08	\$369.08
12018 00	Surgery	5.08	5.08	\$418.51	\$418.51
12020 00	Surgery	8.41	5.43	\$692.86	\$447.35
12021 00	Surgery	4.90	4.01	\$403.69	\$330.36
12031 00	Surgery	7.17	4.36	\$590.70	\$359.20
12032 00	Surgery	8.59	5.46	\$707.69	\$449.82
12034 00	Surgery	9.24	5.91	\$761.24	\$486.89
12035 00	Surgery	11.03	6.94	\$908.70	\$571.75
12036 00	Surgery	12.34	8.15	\$1,016.63	\$671.44
12037 00	Surgery	14.01	9.53	\$1,154.21	\$785.13
12041 00	Surgery	7.19	4.22	\$592.35	\$347.66
12042 00	Surgery	8.54	5.64	\$703.57	\$464.65
12044 00	Surgery	10.60	6.16	\$873.28	\$507.49
12045 00	Surgery	11.63	7.76	\$958.13	\$639.31
12046 00	Surgery	14.05	9.08	\$1,157.51	\$748.05

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
12047 00	Surgery	15.43	10.13	\$1,271.20	\$834.56
12051 00	Surgery	7.73	4.85	\$636.83	\$399.57
12052 00	Surgery	8.67	5.74	\$714.28	\$472.89
12053 00	Surgery	10.16	6.20	\$837.03	\$510.79
12054 00	Surgery	10.72	6.35	\$883.16	\$523.14
12055 00	Surgery	13.92	8.66	\$1,146.80	\$713.45
12056 00	Surgery	16.34	11.10	\$1,346.17	\$914.47
12057 00	Surgery	17.37	12.28	\$1,431.02	\$1,011.68
13100 00	Surgery	9.72	5.81	\$800.78	\$478.66
13101 00	Surgery	11.41	7.14	\$940.01	\$588.23
13102 00	Surgery	3.43	2.10	\$282.58	\$173.01
13120 00	Surgery	10.14	6.68	\$835.38	\$550.33
13121 00	Surgery	12.24	7.50	\$1,008.39	\$617.89
13122 00	Surgery	3.74	2.42	\$308.12	\$199.37
13131 00	Surgery	11.11	7.04	\$915.29	\$579.99
13132 00	Surgery	13.59	8.81	\$1,119.61	\$725.81
13133 00	Surgery	4.98	3.69	\$410.28	\$304.00
13151 00	Surgery	12.13	8.09	\$999.33	\$666.49
13152 00	Surgery	14.36	9.74	\$1,183.05	\$802.43
13153 00	Surgery	5.45	4.02	\$449.00	\$331.19
13160 00	Surgery	22.99	22.99	\$1,894.03	\$1,894.03
14000 00	Surgery	17.89	14.30	\$1,473.86	\$1,178.10
14001 00	Surgery	22.85	18.59	\$1,882.49	\$1,531.53
14020 00	Surgery	19.80	16.05	\$1,631.22	\$1,322.28
14021 00	Surgery	24.63	20.29	\$2,029.14	\$1,671.59
14040 00	Surgery	21.56	17.83	\$1,776.22	\$1,468.92
14041 00	Surgery	26.37	21.86	\$2,172.49	\$1,800.93
14060 00	Surgery	21.90	19.00	\$1,804.23	\$1,565.31
14061 00	Surgery	28.36	23.41	\$2,336.43	\$1,928.63
14301 00	Surgery	30.86	25.01	\$2,542.39	\$2,060.44
14302 00	Surgery	6.31	6.31	\$519.85	\$519.85
14350 00	Surgery	19.73	19.73	\$1,625.45	\$1,625.45
15002 00	Surgery	10.04	6.45	\$827.14	\$531.38
15003 00	Surgery	2.08	1.32	\$171.36	\$108.75
15004 00	Surgery	11.44	7.65	\$942.48	\$630.24
15005 00	Surgery	3.50	2.66	\$288.35	\$219.14
15040 00	Surgery	7.47	3.60	\$615.41	\$296.59
15050 00	Surgery	16.77	13.09	\$1,381.59	\$1,078.42
15100 00	Surgery	24.84	20.59	\$2,046.44	\$1,696.30
15101 00	Surgery	5.40	3.24	\$444.88	\$266.93

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15110 00	Surgery	23.13	19.95	\$1,905.56	\$1,643.58
15111 00	Surgery	3.33	3.02	\$274.34	\$248.80
15115 00	Surgery	22.84	19.69	\$1,881.67	\$1,622.16
15116 00	Surgery	4.81	4.39	\$396.27	\$361.67
15120 00	Surgery	24.36	19.95	\$2,006.89	\$1,643.58
15121 00	Surgery	6.05	3.90	\$498.43	\$321.30
15130 00	Surgery	20.63	17.14	\$1,699.60	\$1,412.07
15131 00	Surgery	2.86	2.65	\$235.62	\$218.32
15135 00	Surgery	25.01	21.74	\$2,060.44	\$1,791.04
15136 00	Surgery	2.83	2.65	\$233.15	\$218.32
15150 00	Surgery	20.30	18.44	\$1,672.41	\$1,519.18
15151 00	Surgery	3.47	3.21	\$285.88	\$264.46
15152 00	Surgery	4.47	4.22	\$368.26	\$347.66
15155 00	Surgery	23.06	21.18	\$1,899.79	\$1,744.91
15156 00	Surgery	4.64	4.39	\$382.27	\$361.67
15157 00	Surgery	5.19	4.82	\$427.58	\$397.09
15200 00	Surgery	23.93	19.29	\$1,971.47	\$1,589.20
15201 00	Surgery	4.20	2.26	\$346.02	\$186.19
15220 00	Surgery	21.98	17.48	\$1,810.82	\$1,440.09
15221 00	Surgery	3.86	2.03	\$318.01	\$179.00
15240 00	Surgery	26.53	22.74	\$2,185.67	\$1,873.43
15241 00	Surgery	5.18	3.15	\$426.75	\$259.51
15260 00	Surgery	28.50	24.18	\$2,347.97	\$1,992.06
15261 00	Surgery	5.99	3.96	\$493.48	\$326.24
15271 00	Surgery	4.29	2.45	\$353.43	\$201.84
15272 00	Surgery	0.75	0.51	\$61.79	\$42.02
15273 00	Surgery	8.93	5.82	\$735.70	\$479.48
15274 00	Surgery	2.26	1.32	\$186.19	\$108.75
15275 00	Surgery	4.48	2.75	\$369.08	\$226.56
15276 00	Surgery	0.98	0.75	\$80.74	\$61.79
15277 00	Surgery	9.79	6.60	\$806.55	\$543.74
15278 00	Surgery	2.67	1.67	\$219.97	\$137.58
15570 00	Surgery	26.22	21.17	\$2,160.13	\$1,744.09
15572 00	Surgery	25.30	21.27	\$2,084.33	\$1,752.32
15574 00	Surgery	25.75	21.62	\$2,121.41	\$1,781.16
15576 00	Surgery	22.75	18.93	\$1,874.25	\$1,559.54
15600 00	Surgery	9.47	5.96	\$780.18	\$491.01
15610 00	Surgery	10.29	6.89	\$847.74	\$567.63
15620 00	Surgery	12.60	9.26	\$1,038.05	\$762.88
15630 00	Surgery	13.06	9.77	\$1,075.95	\$804.90

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## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15650 00	Surgery	14.51	10.92	\$1,195.40	\$899.64
15730 00	Surgery	42.95	26.38	\$3,538.43	\$2,173.31
15731 00	Surgery	32.09	28.67	\$2,643.73	\$2,361.97
15733 00	Surgery	29.94	29.94	\$2,466.60	\$2,466.60
15734 00	Surgery	43.61	43.61	\$3,592.80	\$3,592.80
15736 00	Surgery	35.30	35.30	\$2,908.18	\$2,908.18
15738 00	Surgery	37.43	37.43	\$3,083.66	\$3,083.66
15740 00	Surgery	28.62	23.98	\$2,357.85	\$1,975.59
15750 00	Surgery	26.41	26.41	\$2,175.78	\$2,175.78
15756 00	Surgery	66.02	66.02	\$5,439.04	\$5,439.04
15757 00	Surgery	65.62	65.62	\$5,406.09	\$5,406.09
15758 00	Surgery	66.04	66.04	\$5,440.69	\$5,440.69
15760 00	Surgery	24.14	20.08	\$1,988.77	\$1,654.29
15769 00	Surgery	13.86	13.86	\$1,141.85	\$1,141.85
15770 00	Surgery	19.05	19.05	\$1,569.43	\$1,569.43
15771 00	Surgery	16.55	13.76	\$1,363.47	\$1,133.61
15772 00	Surgery	5.22	4.07	\$430.05	\$335.31
15773 00	Surgery	16.70	13.91	\$1,375.83	\$1,145.97
15774 00	Surgery	5.06	3.91	\$416.87	\$322.12
15775 00	Surgery	10.60	7.44	\$873.28	\$612.94
15776 00	Surgery	14.54	10.22	\$1,197.87	\$841.97
15777 00	Surgery	6.25	6.25	\$514.90	\$514.90
15780 00	Surgery	25.20	19.34	\$2,076.10	\$1,593.32
15781 00	Surgery	15.67	12.31	\$1,290.97	\$1,014.16
15782 00	Surgery	15.35	11.25	\$1,264.61	\$926.83
15783 00	Surgery	13.20	10.26	\$1,087.48	\$845.27
15786 00	Surgery	6.87	3.85	\$565.98	\$317.18
15787 00	Surgery	1.15	0.50	\$94.74	\$55.51
15788 00	Surgery	12.26	6.55	\$1,010.04	\$539.62
15789 00	Surgery	15.38	11.65	\$1,267.08	\$959.78
15792 00	Surgery	10.99	6.61	\$905.41	\$544.56
15793 00	Surgery	13.64	10.06	\$1,123.73	\$828.79
15819 00	Surgery	22.96	22.96	\$1,891.55	\$1,891.55
15820 00	Surgery	16.23	14.51	\$1,337.10	\$1,195.40
15821 00	Surgery	17.42	15.53	\$1,435.14	\$1,279.44
15822 00	Surgery	12.91	11.22	\$1,063.59	\$924.36
15823 00	Surgery	17.44	15.54	\$1,436.79	\$1,280.26
15824 00	Surgery	32.46	32.46	\$2,674.21	\$2,674.21
15825 00	Surgery	36.52	36.52	\$3,008.69	\$3,008.69
15826 00	Surgery	26.38	26.38	\$2,173.31	\$2,173.31

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15828 00	Surgery	68.99	68.99	\$5,683.73	\$5,683.73
15829 00	Surgery	77.10	77.10	\$6,351.87	\$6,351.87
15830 00	Surgery	33.98	33.98	\$2,799.43	\$2,799.43
15832 00	Surgery	26.57	26.57	\$2,188.96	\$2,188.96
15833 00	Surgery	25.23	25.23	\$2,078.57	\$2,078.57
15834 00	Surgery	25.73	25.73	\$2,119.76	\$2,119.76
15835 00	Surgery	26.98	26.98	\$2,222.74	\$2,222.74
15836 00	Surgery	21.67	21.67	\$1,785.28	\$1,785.28
15837 00	Surgery	24.90	20.73	\$2,051.38	\$1,707.84
15838 00	Surgery	18.53	18.53	\$1,526.59	\$1,526.59
15839 00	Surgery	25.44	21.24	\$2,095.87	\$1,749.85
15840 00	Surgery	28.93	28.93	\$2,383.39	\$2,383.39
15841 00	Surgery	51.57	51.57	\$4,248.58	\$4,248.58
15842 00	Surgery	78.55	78.55	\$6,471.32	\$6,471.32
15845 00	Surgery	28.97	28.97	\$2,386.69	\$2,386.69
15847 00	Surgery	14.20	14.20	\$1,169.86	\$1,169.86
15850 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
15851 00	Surgery	2.93	1.31	\$241.39	\$119.18
15852 00	Surgery	1.34	1.34	\$110.40	\$110.40
15860 00	Surgery	3.13	3.13	\$257.86	\$257.86
15876 00	Surgery	0.00	0.00	\$-	\$-
15877 00	Surgery	0.00	0.00	\$-	\$-
15878 00	Surgery	0.00	0.00	\$-	\$-
15879 00	Surgery	0.00	0.00	\$-	\$-
15920 00	Surgery	18.05	18.05	\$1,487.05	\$1,487.05
15922 00	Surgery	22.80	22.80	\$1,878.37	\$1,878.37
15931 00	Surgery	20.18	20.18	\$1,662.52	\$1,662.52
15933 00	Surgery	24.96	24.96	\$2,056.32	\$2,056.32
15934 00	Surgery	27.31	27.31	\$2,249.93	\$2,249.93
15935 00	Surgery	33.22	33.22	\$2,736.82	\$2,736.82
15936 00	Surgery	26.03	26.03	\$2,144.48	\$2,144.48
15937 00	Surgery	30.13	30.13	\$2,482.25	\$2,482.25
15940 00	Surgery	20.29	20.29	\$1,671.59	\$1,671.59
15941 00	Surgery	26.43	26.43	\$2,177.43	\$2,177.43
15944 00	Surgery	26.27	26.27	\$2,164.25	\$2,164.25
15945 00	Surgery	29.30	29.30	\$2,413.87	\$2,413.87
15946 00	Surgery	47.09	47.09	\$3,879.50	\$3,879.50
15950 00	Surgery	17.61	17.61	\$1,450.80	\$1,450.80
15951 00	Surgery	25.70	25.70	\$2,117.29	\$2,117.29
15952 00	Surgery	26.31	26.31	\$2,167.54	\$2,167.54

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
15953 00	Surgery	28.96	28.96	\$2,385.86	\$2,385.86
15956 00	Surgery	33.75	33.75	\$2,780.49	\$2,780.49
15958 00	Surgery	34.08	34.08	\$2,807.67	\$2,807.67
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.09	1.33	\$172.18	\$109.57
16020 00	Surgery	2.35	1.56	\$193.60	\$128.52
16025 00	Surgery	4.39	3.18	\$361.67	\$261.98
16030 00	Surgery	5.54	3.84	\$456.41	\$316.36
16035 00	Surgery	5.71	5.71	\$470.42	\$470.42
16036 00	Surgery	2.37	2.37	\$195.25	\$195.25
17000 00	Surgery	1.85	1.53	\$152.41	\$126.05
17003 00	Surgery	0.17	0.06	\$14.01	\$9.50
17004 00	Surgery	4.48	2.79	\$369.08	\$229.85
17106 00	Surgery	9.72	7.84	\$800.78	\$645.90
17107 00	Surgery	12.73	10.17	\$1,048.76	\$837.85
17108 00	Surgery	18.14	15.01	\$1,494.46	\$1,236.60
17110 00	Surgery	3.17	1.91	\$261.16	\$157.35
17111 00	Surgery	3.72	2.34	\$306.47	\$192.78
17250 00	Surgery	2.42	1.07	\$199.37	\$88.15
17260 00	Surgery	2.74	2.00	\$225.73	\$164.77
17261 00	Surgery	4.13	2.49	\$340.25	\$205.14
17262 00	Surgery	5.01	3.19	\$412.75	\$262.81
17263 00	Surgery	5.45	3.55	\$449.00	\$292.47
17264 00	Surgery	5.84	3.79	\$481.13	\$312.24
17266 00	Surgery	6.66	4.47	\$548.68	\$368.26
17270 00	Surgery	4.22	2.74	\$347.66	\$225.73
17271 00	Surgery	4.65	3.02	\$383.09	\$248.80
17272 00	Surgery	5.32	3.52	\$438.29	\$289.99
17273 00	Surgery	5.92	3.99	\$487.72	\$328.72
17274 00	Surgery	6.97	4.88	\$574.22	\$402.04
17276 00	Surgery	8.07	5.86	\$664.85	\$482.77
17280 00	Surgery	3.94	2.48	\$324.60	\$204.31
17281 00	Surgery	5.06	3.41	\$416.87	\$280.93
17282 00	Surgery	5.82	3.97	\$479.48	\$327.07
17283 00	Surgery	6.94	4.97	\$571.75	\$409.45
17284 00	Surgery	7.90	5.80	\$650.84	\$477.83
17286 00	Surgery	10.18	7.86	\$838.68	\$647.54
17311 00	Surgery	18.84	10.41	\$1,552.13	\$857.63
17312 00	Surgery	11.30	5.55	\$930.95	\$457.24
17313 00	Surgery	17.66	9.34	\$1,454.92	\$769.47

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
17314 00	Surgery	10.80	5.14	\$889.76	\$423.46
17315 00	Surgery	2.22	1.47	\$182.89	\$121.11
17340 00	Surgery	1.50	1.41	\$123.58	\$116.16
17360 00	Surgery	3.52	2.67	\$289.99	\$219.97
17380 00	Surgery	2.17	2.17	\$178.77	\$178.77
17999 00	Surgery	0.00	0.00	BR	BR
19000 00	Surgery	3.11	1.26	\$256.22	\$120.08
19001 00	Surgery	0.78	0.63	\$64.26	\$51.90
19020 00	Surgery	13.54	8.93	\$1,115.49	\$735.70
19030 00	Surgery	4.79	2.22	\$394.62	\$182.89
19081 00	Surgery	17.34	4.82	\$1,428.55	\$628.05
19082 00	Surgery	13.98	2.42	\$1,151.74	\$528.47
19083 00	Surgery	17.16	4.56	\$1,413.72	\$612.07
19084 00	Surgery	13.60	2.25	\$1,120.43	\$508.43
19085 00	Surgery	26.18	5.28	\$2,156.83	\$729.54
19086 00	Surgery	20.81	2.63	\$1,714.43	\$771.89
19100 00	Surgery	4.40	2.04	\$362.49	\$168.06
19101 00	Surgery	9.62	6.45	\$792.54	\$531.38
19105 00	Surgery	77.64	6.14	\$6,396.35	\$1,988.07
19110 00	Surgery	14.01	10.01	\$1,154.21	\$824.67
19112 00	Surgery	13.20	9.12	\$1,087.48	\$751.35
19120 00	Surgery	14.52	12.00	\$1,196.23	\$988.62
19125 00	Surgery	16.05	13.33	\$1,322.28	\$1,098.19
19126 00	Surgery	4.68	4.68	\$385.56	\$385.56
19281 00	Surgery	6.97	2.90	\$574.22	\$238.92
19282 00	Surgery	4.92	1.46	\$405.33	\$158.81
19283 00	Surgery	7.74	2.93	\$637.66	\$295.34
19284 00	Surgery	5.90	1.49	\$486.07	\$191.70
19285 00	Surgery	12.98	2.49	\$1,069.35	\$445.86
19286 00	Surgery	11.08	1.26	\$912.82	\$392.66
19287 00	Surgery	22.10	3.72	\$1,820.70	\$800.52
19288 00	Surgery	17.58	1.87	\$1,448.32	\$656.99
19294 00	Surgery	4.81	4.81	\$396.27	\$396.27
19296 00	Surgery	114.23	6.11	\$9,410.81	\$4,272.73
19297 00	Surgery	2.77	2.77	\$228.21	\$228.21
19298 00	Surgery	28.47	9.22	\$2,345.49	\$1,370.46
19300 00	Surgery	15.83	12.15	\$1,304.15	\$1,000.97
19301 00	Surgery	19.06	19.06	\$1,570.25	\$1,570.25
19302 00	Surgery	26.20	26.20	\$2,158.48	\$2,158.48
19303 00	Surgery	27.84	27.84	\$2,293.59	\$2,293.59

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
19305 00	Surgery	33.05	33.05	\$2,722.82	\$2,722.82
19306 00	Surgery	35.09	35.09	\$2,890.88	\$2,890.88
19307 00	Surgery	34.98	34.98	\$2,881.82	\$2,881.82
19316 00	Surgery	22.37	22.37	\$1,842.95	\$1,842.95
19318 00	Surgery	31.72	31.72	\$2,613.24	\$2,613.24
19324 00	Surgery	15.41	15.41	\$1,269.55	\$1,269.55
19325 00	Surgery	18.69	18.69	\$1,539.77	\$1,539.77
19328 00	Surgery	14.43	14.43	\$1,188.81	\$1,188.81
19330 00	Surgery	18.31	18.31	\$1,508.47	\$1,508.47
19340 00	Surgery	28.58	28.58	\$2,354.56	\$2,354.56
19342 00	Surgery	26.78	26.78	\$2,206.26	\$2,206.26
19350 00	Surgery	23.82	19.43	\$1,962.41	\$1,600.74
19355 00	Surgery	21.76	17.89	\$1,792.69	\$1,473.86
19357 00	Surgery	43.37	43.37	\$3,573.03	\$3,573.03
19361 00	Surgery	45.46	45.46	\$3,745.21	\$3,745.21
19364 00	Surgery	79.72	79.72	\$6,567.71	\$6,567.71
19366 00	Surgery	40.38	40.38	\$3,326.70	\$3,326.70
19367 00	Surgery	51.50	51.50	\$4,242.82	\$4,242.82
19368 00	Surgery	63.54	63.54	\$5,234.73	\$5,234.73
19369 00	Surgery	59.01	59.01	\$4,861.53	\$4,861.53
19370 00	Surgery	19.91	19.91	\$1,640.28	\$1,640.28
19371 00	Surgery	22.76	22.76	\$1,875.08	\$1,875.08
19380 00	Surgery	22.47	22.47	\$1,851.19	\$1,851.19
19396 00	Surgery	8.20	4.18	\$675.56	\$344.37
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	17.47	17.47	\$1,439.26	\$1,439.26
20101 00	Surgery	13.71	6.10	\$1,129.50	\$502.55
20102 00	Surgery	14.74	7.43	\$1,214.35	\$612.12
20103 00	Surgery	16.57	10.01	\$1,365.12	\$824.67
20150 00	Surgery	29.06	29.06	\$2,394.10	\$2,394.10
20200 00	Surgery	6.07	2.73	\$500.08	\$224.91
20205 00	Surgery	8.47	4.44	\$697.80	\$365.79
20206 00	Surgery	6.76	1.67	\$556.92	\$218.74
20220 00	Surgery	7.04	2.55	\$579.99	\$210.08
20225 00	Surgery	11.92	3.80	\$982.03	\$497.83
20240 00	Surgery	4.21	4.21	\$346.84	\$346.84
20245 00	Surgery	10.07	10.07	\$829.61	\$829.61
20250 00	Surgery	11.38	11.38	\$937.54	\$937.54
20251 00	Surgery	12.36	12.36	\$1,018.28	\$1,018.28
20500 00	Surgery	3.25	2.49	\$267.75	\$205.14

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
20501 00	Surgery	3.91	1.10	\$322.12	\$111.54
20520 00	Surgery	6.03	4.22	\$496.78	\$347.66
20525 00	Surgery	13.60	7.11	\$1,120.43	\$585.76
20526 00	Surgery	2.25	1.65	\$185.37	\$135.93
20527 00	Surgery	2.43	1.90	\$200.19	\$156.53
20550 00	Surgery	1.56	1.13	\$128.52	\$93.09
20551 00	Surgery	1.60	1.15	\$131.82	\$94.74
20552 00	Surgery	1.59	1.11	\$130.99	\$91.45
20553 00	Surgery	1.82	1.25	\$149.94	\$102.98
20555 00	Surgery	9.48	9.48	\$781.01	\$781.01
20560 00	Surgery	0.74	0.47	\$60.96	\$38.72
20561 00	Surgery	1.10	0.71	\$90.62	\$58.49
20600 00	Surgery	1.44	1.04	\$118.63	\$85.68
20604 00	Surgery	2.17	1.32	\$178.77	\$108.75
20605 00	Surgery	1.49	1.08	\$122.75	\$88.98
20606 00	Surgery	2.40	1.52	\$197.72	\$125.22
20610 00	Surgery	1.77	1.32	\$145.82	\$108.75
20611 00	Surgery	2.68	1.73	\$220.79	\$142.53
20612 00	Surgery	1.76	1.19	\$145.00	\$98.04
20615 00	Surgery	7.10	4.60	\$584.93	\$378.97
20650 00	Surgery	6.08	4.54	\$500.90	\$374.03
20660 00	Surgery	7.00	7.00	\$576.69	\$576.69
20661 00	Surgery	14.43	14.43	\$1,188.81	\$1,188.81
20662 00	Surgery	14.80	14.80	\$1,219.29	\$1,219.29
20663 00	Surgery	13.61	13.61	\$1,121.26	\$1,121.26
20664 00	Surgery	25.03	25.03	\$2,062.09	\$2,062.09
20665 00	Surgery	3.19	2.68	\$262.81	\$220.79
20670 00	Surgery	10.53	4.18	\$867.51	\$353.96
20680 00	Surgery	17.59	12.13	\$1,449.15	\$999.33
20690 00	Surgery	17.22	17.22	\$1,418.67	\$1,418.67
20692 00	Surgery	32.28	32.28	\$2,659.38	\$2,659.38
20693 00	Surgery	12.76	12.76	\$1,051.23	\$1,051.23
20694 00	Surgery	12.25	9.72	\$1,009.21	\$800.78
20696 00	Surgery	34.33	34.33	\$2,828.27	\$2,828.27
20697 00	Surgery	57.81	57.81	\$4,762.66	\$4,762.66
20700 00	Surgery	2.44	2.44	\$201.02	\$201.02
20701 00	Surgery	1.82	1.82	\$149.94	\$149.94
20702 00	Surgery	4.06	4.06	\$334.48	\$334.48
20703 00	Surgery	2.91	2.91	\$239.74	\$239.74
20704 00	Surgery	4.23	4.23	\$348.49	\$348.49

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
20705 00	Surgery	3.48	3.48	\$286.70	\$286.70
20802 00	Surgery	79.54	79.54	\$6,552.88	\$6,552.88
20805 00	Surgery	94.71	94.71	\$7,802.66	\$7,802.66
20808 00	Surgery	114.52	114.52	\$9,434.70	\$9,434.70
20816 00	Surgery	59.58	59.58	\$4,908.48	\$4,908.48
20822 00	Surgery	51.24	51.24	\$4,221.40	\$4,221.40
20824 00	Surgery	59.68	59.68	\$4,916.72	\$4,916.72
20827 00	Surgery	52.64	52.64	\$4,336.73	\$4,336.73
20838 00	Surgery	80.64	80.64	\$6,643.51	\$6,643.51
20900 00	Surgery	11.64	5.33	\$958.96	\$439.11
20902 00	Surgery	8.16	8.16	\$672.26	\$672.26
20910 00	Surgery	13.50	13.50	\$1,112.19	\$1,112.19
20912 00	Surgery	13.63	13.63	\$1,122.90	\$1,122.90
20920 00	Surgery	11.22	11.22	\$924.36	\$924.36
20922 00	Surgery	17.06	13.98	\$1,405.48	\$1,151.74
20924 00	Surgery	14.60	14.60	\$1,202.82	\$1,202.82
20930 00	Surgery	3.42	3.42	\$281.76	\$281.76
20931 00	Surgery	3.22	3.22	\$265.28	\$265.28
20932 00	Surgery	20.63	20.63	\$1,699.60	\$1,699.60
20933 00	Surgery	18.96	18.96	\$1,562.02	\$1,562.02
20934 00	Surgery	20.62	20.62	\$1,698.77	\$1,698.77
20936 00	Surgery	3.64	3.64	\$299.88	\$299.88
20937 00	Surgery	4.85	4.85	\$399.57	\$399.57
20938 00	Surgery	5.34	5.34	\$439.93	\$439.93
20939 00	Surgery	2.03	2.03	\$167.24	\$167.24
20950 00	Surgery	7.43	2.56	\$612.12	\$234.67
20955 00	Surgery	70.99	70.99	\$5,848.49	\$5,848.49
20956 00	Surgery	76.52	76.52	\$6,304.08	\$6,304.08
20957 00	Surgery	79.62	79.62	\$6,559.48	\$6,559.48
20962 00	Surgery	76.90	76.90	\$6,335.39	\$6,335.39
20969 00	Surgery	78.61	78.61	\$6,476.27	\$6,476.27
20970 00	Surgery	82.67	82.67	\$6,810.75	\$6,810.75
20972 00	Surgery	82.45	82.45	\$6,792.62	\$6,792.62
20973 00	Surgery	87.09	87.09	\$7,174.89	\$7,174.89
20974 00	Surgery	2.26	1.45	\$186.19	\$154.72
20975 00	Surgery	5.12	5.12	\$421.81	\$421.81
20979 00	Surgery	1.53	0.93	\$126.05	\$77.79
20982 00	Surgery	109.12	10.56	\$8,989.83	\$3,442.30
20983 00	Surgery	162.60	10.01	\$13,395.76	\$6,901.15
20985 00	Surgery	4.24	4.24	\$349.31	\$349.31

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	21.49	21.49	\$1,770.45	\$1,770.45
21011 00	Surgery	10.35	7.38	\$852.68	\$608.00
21012 00	Surgery	9.72	9.72	\$800.78	\$800.78
21013 00	Surgery	15.18	11.54	\$1,250.60	\$950.72
21014 00	Surgery	15.00	15.00	\$1,235.77	\$1,235.77
21015 00	Surgery	20.28	20.28	\$1,670.76	\$1,670.76
21016 00	Surgery	29.09	29.09	\$2,396.57	\$2,396.57
21025 00	Surgery	23.65	19.92	\$1,948.40	\$1,641.10
21026 00	Surgery	16.08	12.98	\$1,324.75	\$1,069.35
21029 00	Surgery	21.85	17.90	\$1,800.11	\$1,474.69
21030 00	Surgery	14.07	11.12	\$1,159.15	\$916.12
21031 00	Surgery	11.12	8.03	\$916.12	\$661.55
21032 00	Surgery	11.14	7.88	\$917.77	\$649.19
21034 00	Surgery	37.23	32.62	\$3,067.18	\$2,687.39
21040 00	Surgery	14.18	11.15	\$1,168.22	\$918.59
21044 00	Surgery	24.79	24.79	\$2,042.32	\$2,042.32
21045 00	Surgery	34.69	34.69	\$2,857.93	\$2,857.93
21046 00	Surgery	30.07	30.07	\$2,477.31	\$2,477.31
21047 00	Surgery	36.75	36.75	\$3,027.64	\$3,027.64
21048 00	Surgery	30.50	30.50	\$2,512.74	\$2,512.74
21049 00	Surgery	34.69	34.69	\$2,857.93	\$2,857.93
21050 00	Surgery	25.21	25.21	\$2,076.92	\$2,076.92
21060 00	Surgery	22.92	22.92	\$1,888.26	\$1,888.26
21070 00	Surgery	18.02	18.02	\$1,484.57	\$1,484.57
21073 00	Surgery	10.92	7.19	\$899.64	\$592.35
21076 00	Surgery	25.89	21.54	\$2,132.94	\$1,774.57
21077 00	Surgery	64.03	53.44	\$5,275.10	\$4,402.64
21079 00	Surgery	43.59	35.89	\$3,591.15	\$2,956.79
21080 00	Surgery	49.84	40.48	\$4,106.06	\$3,334.94
21081 00	Surgery	45.79	37.01	\$3,772.40	\$3,049.06
21082 00	Surgery	42.41	34.04	\$3,493.94	\$2,804.38
21083 00	Surgery	40.42	31.60	\$3,329.99	\$2,603.36
21084 00	Surgery	46.27	36.57	\$3,811.94	\$3,012.81
21085 00	Surgery	20.07	14.72	\$1,653.46	\$1,212.70
21086 00	Surgery	47.65	39.42	\$3,925.63	\$3,247.61
21087 00	Surgery	47.65	39.42	\$3,925.63	\$3,247.61
21088 00	Surgery	82.27	82.27	\$6,777.79	\$6,777.79
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	18.94	10.64	\$1,560.37	\$1,012.67

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21110 00	Surgery	23.59	19.67	\$1,943.46	\$1,620.51
21116 00	Surgery	5.62	1.34	\$463.00	\$141.69
21120 00	Surgery	19.22	15.01	\$1,583.44	\$1,236.60
21121 00	Surgery	19.44	16.42	\$1,601.56	\$1,352.76
21122 00	Surgery	22.14	22.14	\$1,824.00	\$1,824.00
21123 00	Surgery	25.16	25.16	\$2,072.80	\$2,072.80
21125 00	Surgery	80.89	19.88	\$6,664.10	\$2,804.37
21127 00	Surgery	115.15	22.88	\$9,486.61	\$3,968.62
21137 00	Surgery	21.75	21.75	\$1,791.87	\$1,791.87
21138 00	Surgery	26.57	26.57	\$2,188.96	\$2,188.96
21139 00	Surgery	32.08	32.08	\$2,642.90	\$2,642.90
21141 00	Surgery	38.46	38.46	\$3,168.52	\$3,168.52
21142 00	Surgery	39.53	39.53	\$3,256.67	\$3,256.67
21143 00	Surgery	41.06	41.06	\$3,382.72	\$3,382.72
21145 00	Surgery	44.93	44.93	\$3,701.55	\$3,701.55
21146 00	Surgery	46.89	46.89	\$3,863.02	\$3,863.02
21147 00	Surgery	49.42	49.42	\$4,071.46	\$4,071.46
21150 00	Surgery	47.30	47.30	\$3,896.80	\$3,896.80
21151 00	Surgery	52.08	52.08	\$4,290.60	\$4,290.60
21154 00	Surgery	56.04	56.04	\$4,616.84	\$4,616.84
21155 00	Surgery	62.20	62.20	\$5,124.33	\$5,124.33
21159 00	Surgery	74.59	74.59	\$6,145.08	\$6,145.08
21160 00	Surgery	80.92	80.92	\$6,666.58	\$6,666.58
21172 00	Surgery	60.26	60.26	\$4,964.51	\$4,964.51
21175 00	Surgery	64.39	64.39	\$5,304.76	\$5,304.76
21179 00	Surgery	44.20	44.20	\$3,641.41	\$3,641.41
21180 00	Surgery	49.44	49.44	\$4,073.10	\$4,073.10
21181 00	Surgery	21.45	21.45	\$1,767.15	\$1,767.15
21182 00	Surgery	61.69	61.69	\$5,082.32	\$5,082.32
21183 00	Surgery	67.19	67.19	\$5,535.43	\$5,535.43
21184 00	Surgery	72.32	72.32	\$5,958.07	\$5,958.07
21188 00	Surgery	46.57	46.57	\$3,836.66	\$3,836.66
21193 00	Surgery	35.78	35.78	\$2,947.73	\$2,947.73
21194 00	Surgery	41.24	41.24	\$3,397.55	\$3,397.55
21195 00	Surgery	39.54	39.54	\$3,257.49	\$3,257.49
21196 00	Surgery	40.94	40.94	\$3,372.83	\$3,372.83
21198 00	Surgery	31.86	31.86	\$2,624.78	\$2,624.78
21199 00	Surgery	29.88	29.88	\$2,461.66	\$2,461.66
21206 00	Surgery	32.92	32.92	\$2,712.11	\$2,712.11
21208 00	Surgery	48.72	21.73	\$4,013.79	\$1,830.56

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21209 00	Surgery	22.97	17.44	\$1,892.38	\$1,436.79
21210 00	Surgery	56.52	22.36	\$4,656.39	\$2,220.74
21215 00	Surgery	117.30	23.23	\$9,663.73	\$3,803.52
21230 00	Surgery	21.38	21.38	\$1,761.39	\$1,761.39
21235 00	Surgery	20.70	16.12	\$1,705.36	\$1,328.04
21240 00	Surgery	30.85	30.85	\$2,541.57	\$2,541.57
21242 00	Surgery	29.20	29.20	\$2,405.64	\$2,405.64
21243 00	Surgery	47.06	47.06	\$3,877.03	\$3,877.03
21244 00	Surgery	29.32	29.32	\$2,415.52	\$2,415.52
21245 00	Surgery	34.58	26.81	\$2,848.87	\$2,208.74
21246 00	Surgery	24.68	24.68	\$2,033.26	\$2,033.26
21247 00	Surgery	45.93	45.93	\$3,783.93	\$3,783.93
21248 00	Surgery	29.35	23.66	\$2,417.99	\$1,949.22
21249 00	Surgery	40.17	33.44	\$3,309.40	\$2,754.95
21255 00	Surgery	39.29	39.29	\$3,236.90	\$3,236.90
21256 00	Surgery	35.98	35.98	\$2,964.20	\$2,964.20
21260 00	Surgery	40.10	40.10	\$3,303.63	\$3,303.63
21261 00	Surgery	71.12	71.12	\$5,859.20	\$5,859.20
21263 00	Surgery	65.77	65.77	\$5,418.45	\$5,418.45
21267 00	Surgery	46.89	46.89	\$3,863.02	\$3,863.02
21268 00	Surgery	58.83	58.83	\$4,846.70	\$4,846.70
21270 00	Surgery	29.17	21.76	\$2,403.16	\$1,792.69
21275 00	Surgery	24.40	24.40	\$2,010.19	\$2,010.19
21280 00	Surgery	16.44	16.44	\$1,354.41	\$1,354.41
21282 00	Surgery	11.09	11.09	\$913.65	\$913.65
21295 00	Surgery	5.39	5.39	\$444.05	\$444.05
21296 00	Surgery	11.61	11.61	\$956.49	\$956.49
21299 00	Surgery	0.00	0.00	BR	BR
21310 00	Surgery	3.59	0.80	\$295.76	\$123.80
21315 00	Surgery	7.80	4.31	\$642.60	\$355.08
21320 00	Surgery	7.23	3.82	\$595.64	\$314.71
21325 00	Surgery	12.45	12.45	\$1,025.69	\$1,025.69
21330 00	Surgery	16.01	16.01	\$1,318.98	\$1,318.98
21335 00	Surgery	20.35	20.35	\$1,676.53	\$1,676.53
21336 00	Surgery	18.20	18.20	\$1,499.40	\$1,499.40
21337 00	Surgery	11.70	8.41	\$963.90	\$692.86
21338 00	Surgery	18.74	18.74	\$1,543.89	\$1,543.89
21339 00	Surgery	21.30	21.30	\$1,754.80	\$1,754.80
21340 00	Surgery	21.33	21.33	\$1,757.27	\$1,757.27
21343 00	Surgery	30.70	30.70	\$2,529.21	\$2,529.21

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21344 00	Surgery	39.67	39.67	\$3,268.20	\$3,268.20
21345 00	Surgery	22.37	17.96	\$1,842.95	\$1,479.63
21346 00	Surgery	27.40	27.40	\$2,257.34	\$2,257.34
21347 00	Surgery	29.07	29.07	\$2,394.93	\$2,394.93
21348 00	Surgery	31.07	31.07	\$2,559.69	\$2,559.69
21355 00	Surgery	12.26	9.18	\$1,010.04	\$756.29
21356 00	Surgery	14.24	10.76	\$1,173.16	\$886.46
21360 00	Surgery	14.64	14.64	\$1,206.11	\$1,206.11
21365 00	Surgery	31.64	31.64	\$2,606.65	\$2,606.65
21366 00	Surgery	37.03	37.03	\$3,050.71	\$3,050.71
21385 00	Surgery	21.58	21.58	\$1,777.86	\$1,777.86
21386 00	Surgery	18.73	18.73	\$1,543.07	\$1,543.07
21387 00	Surgery	22.53	22.53	\$1,856.13	\$1,856.13
21390 00	Surgery	22.97	22.97	\$1,892.38	\$1,892.38
21395 00	Surgery	29.33	29.33	\$2,416.35	\$2,416.35
21400 00	Surgery	5.77	4.59	\$475.36	\$378.15
21401 00	Surgery	14.78	9.30	\$1,217.65	\$766.18
21406 00	Surgery	16.74	16.74	\$1,379.12	\$1,379.12
21407 00	Surgery	18.48	18.48	\$1,522.47	\$1,522.47
21408 00	Surgery	26.17	26.17	\$2,156.01	\$2,156.01
21421 00	Surgery	19.17	16.17	\$1,579.32	\$1,332.16
21422 00	Surgery	18.45	18.45	\$1,520.00	\$1,520.00
21423 00	Surgery	22.04	22.04	\$1,815.76	\$1,815.76
21431 00	Surgery	19.92	19.92	\$1,641.10	\$1,641.10
21432 00	Surgery	20.76	20.76	\$1,710.31	\$1,710.31
21433 00	Surgery	50.51	50.51	\$4,161.25	\$4,161.25
21435 00	Surgery	40.77	40.77	\$3,358.83	\$3,358.83
21436 00	Surgery	59.22	59.22	\$4,878.83	\$4,878.83
21440 00	Surgery	17.93	14.45	\$1,477.16	\$1,190.46
21445 00	Surgery	22.20	17.94	\$1,828.94	\$1,477.98
21450 00	Surgery	16.44	13.40	\$1,354.41	\$1,103.96
21451 00	Surgery	21.55	18.04	\$1,775.39	\$1,486.22
21452 00	Surgery	20.12	12.06	\$1,657.58	\$993.56
21453 00	Surgery	28.71	24.52	\$2,365.27	\$2,020.07
21454 00	Surgery	14.65	14.65	\$1,206.94	\$1,206.94
21461 00	Surgery	57.47	28.85	\$4,734.65	\$2,376.80
21462 00	Surgery	61.46	31.90	\$5,063.37	\$2,628.07
21465 00	Surgery	24.10	24.10	\$1,985.47	\$1,985.47
21470 00	Surgery	33.85	33.85	\$2,788.72	\$2,788.72
21480 00	Surgery	3.34	0.92	\$275.17	\$128.91

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21485 00	Surgery	25.21	20.61	\$2,076.92	\$1,697.95
21490 00	Surgery	23.77	23.77	\$1,958.29	\$1,958.29
21497 00	Surgery	19.60	16.40	\$1,614.74	\$1,351.11
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	13.43	9.37	\$1,106.43	\$771.95
21502 00	Surgery	14.61	14.61	\$1,203.64	\$1,203.64
21510 00	Surgery	12.92	12.92	\$1,064.41	\$1,064.41
21550 00	Surgery	7.50	4.47	\$617.89	\$368.26
21552 00	Surgery	12.89	12.89	\$1,061.94	\$1,061.94
21554 00	Surgery	21.13	21.13	\$1,740.79	\$1,740.79
21555 00	Surgery	12.27	8.79	\$1,010.86	\$724.16
21556 00	Surgery	15.22	15.22	\$1,253.90	\$1,253.90
21557 00	Surgery	27.57	27.57	\$2,271.35	\$2,271.35
21558 00	Surgery	38.86	38.86	\$3,201.47	\$3,201.47
21600 00	Surgery	15.94	15.94	\$1,313.21	\$1,313.21
21601 00	Surgery	34.17	34.17	\$2,815.09	\$2,815.09
21602 00	Surgery	45.83	45.83	\$3,775.69	\$3,775.69
21603 00	Surgery	50.72	50.72	\$4,178.56	\$4,178.56
21610 00	Surgery	34.50	34.50	\$2,842.27	\$2,842.27
21615 00	Surgery	17.87	17.87	\$1,472.22	\$1,472.22
21616 00	Surgery	20.71	20.71	\$1,706.19	\$1,706.19
21620 00	Surgery	14.61	14.61	\$1,203.64	\$1,203.64
21627 00	Surgery	15.56	15.56	\$1,281.91	\$1,281.91
21630 00	Surgery	35.13	35.13	\$2,894.18	\$2,894.18
21632 00	Surgery	34.95	34.95	\$2,879.35	\$2,879.35
21685 00	Surgery	28.17	28.17	\$2,320.78	\$2,320.78
21700 00	Surgery	10.36	10.36	\$853.51	\$853.51
21705 00	Surgery	15.54	15.54	\$1,280.26	\$1,280.26
21720 00	Surgery	15.00	15.00	\$1,235.77	\$1,235.77
21725 00	Surgery	15.60	15.60	\$1,285.20	\$1,285.20
21740 00	Surgery	29.77	29.77	\$2,452.59	\$2,452.59
21742 00	Surgery	34.80	34.80	\$2,866.99	\$2,866.99
21743 00	Surgery	45.78	45.78	\$3,771.57	\$3,771.57
21750 00	Surgery	19.66	19.66	\$1,619.68	\$1,619.68
21811 00	Surgery	17.24	17.24	\$1,420.31	\$1,420.31
21812 00	Surgery	21.03	21.03	\$1,732.55	\$1,732.55
21813 00	Surgery	28.75	28.75	\$2,368.56	\$2,368.56
21820 00	Surgery	4.18	4.15	\$344.37	\$341.90
21825 00	Surgery	15.64	15.64	\$1,288.50	\$1,288.50
21899 00	Surgery	0.00	0.00	BR	BR

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
21920 00	Surgery	7.32	4.50	\$603.06	\$370.73
21925 00	Surgery	13.42	10.42	\$1,105.60	\$858.45
21930 00	Surgery	14.11	10.48	\$1,162.45	\$863.39
21931 00	Surgery	13.62	13.62	\$1,122.08	\$1,122.08
21932 00	Surgery	19.18	19.18	\$1,580.14	\$1,580.14
21933 00	Surgery	21.38	21.38	\$1,761.39	\$1,761.39
21935 00	Surgery	29.73	29.73	\$2,449.30	\$2,449.30
21936 00	Surgery	41.00	41.00	\$3,377.78	\$3,377.78
22010 00	Surgery	27.72	27.72	\$2,283.71	\$2,283.71
22015 00	Surgery	27.28	27.28	\$2,247.46	\$2,247.46
22100 00	Surgery	24.68	24.68	\$2,033.26	\$2,033.26
22101 00	Surgery	25.14	25.14	\$2,071.15	\$2,071.15
22102 00	Surgery	23.65	23.65	\$1,948.40	\$1,948.40
22103 00	Surgery	4.09	4.09	\$336.95	\$336.95
22110 00	Surgery	30.10	30.10	\$2,479.78	\$2,479.78
22112 00	Surgery	32.30	32.30	\$2,661.03	\$2,661.03
22114 00	Surgery	32.30	32.30	\$2,661.03	\$2,661.03
22116 00	Surgery	4.08	4.08	\$336.13	\$336.13
22206 00	Surgery	71.00	71.00	\$5,849.32	\$5,849.32
22207 00	Surgery	69.46	69.46	\$5,722.45	\$5,722.45
22208 00	Surgery	17.13	17.13	\$1,411.25	\$1,411.25
22210 00	Surgery	51.75	51.75	\$4,263.41	\$4,263.41
22212 00	Surgery	43.25	43.25	\$3,563.14	\$3,563.14
22214 00	Surgery	43.42	43.42	\$3,577.15	\$3,577.15
22216 00	Surgery	10.56	10.56	\$869.98	\$869.98
22220 00	Surgery	47.35	47.35	\$3,900.92	\$3,900.92
22222 00	Surgery	50.26	50.26	\$4,140.66	\$4,140.66
22224 00	Surgery	46.10	46.10	\$3,797.94	\$3,797.94
22226 00	Surgery	10.56	10.56	\$869.98	\$869.98
22310 00	Surgery	8.70	8.38	\$716.75	\$690.38
22315 00	Surgery	25.32	22.21	\$2,085.98	\$1,829.77
22318 00	Surgery	47.33	47.33	\$3,899.27	\$3,899.27
22319 00	Surgery	52.65	52.65	\$4,337.56	\$4,337.56
22325 00	Surgery	41.99	41.99	\$3,459.34	\$3,459.34
22326 00	Surgery	43.30	43.30	\$3,567.26	\$3,567.26
22327 00	Surgery	43.73	43.73	\$3,602.69	\$3,602.69
22328 00	Surgery	8.17	8.17	\$673.08	\$673.08
22505 00	Surgery	3.76	3.76	\$309.77	\$309.77
22510 00	Surgery	51.90	12.50	\$4,275.77	\$1,674.33
22511 00	Surgery	51.40	11.72	\$4,234.58	\$1,657.70

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
22512 00	Surgery	24.45	5.96	\$2,014.31	\$940.03
22513 00	Surgery	189.15	14.83	\$15,583.08	\$6,965.00
22514 00	Surgery	188.34	13.83	\$15,516.35	\$6,957.35
22515 00	Surgery	105.57	6.39	\$8,697.36	\$4,254.78
22526 00	Surgery	63.44	9.44	\$5,226.49	\$2,528.46
22527 00	Surgery	53.14	4.44	\$4,377.93	\$1,860.79
22532 00	Surgery	52.11	52.11	\$4,293.07	\$4,293.07
22533 00	Surgery	48.04	48.04	\$3,957.76	\$3,957.76
22534 00	Surgery	10.48	10.48	\$863.39	\$863.39
22548 00	Surgery	56.49	56.49	\$4,653.92	\$4,653.92
22551 00	Surgery	49.38	49.38	\$4,068.16	\$4,068.16
22552 00	Surgery	11.55	11.55	\$951.54	\$951.54
22554 00	Surgery	36.33	36.33	\$2,993.04	\$2,993.04
22556 00	Surgery	48.18	48.18	\$3,969.30	\$3,969.30
22558 00	Surgery	44.39	44.39	\$3,657.06	\$3,657.06
22585 00	Surgery	9.51	9.51	\$783.48	\$783.48
22586 00	Surgery	58.49	58.49	\$4,818.69	\$4,818.69
22590 00	Surgery	45.63	45.63	\$3,759.22	\$3,759.22
22595 00	Surgery	43.50	43.50	\$3,583.74	\$3,583.74
22600 00	Surgery	37.29	37.29	\$3,072.13	\$3,072.13
22610 00	Surgery	36.66	36.66	\$3,020.23	\$3,020.23
22612 00	Surgery	46.00	46.00	\$3,789.70	\$3,789.70
22614 00	Surgery	11.38	11.38	\$937.54	\$937.54
22630 00	Surgery	45.59	45.59	\$3,755.92	\$3,755.92
22632 00	Surgery	9.36	9.36	\$771.12	\$771.12
22633 00	Surgery	53.67	53.67	\$4,421.59	\$4,421.59
22634 00	Surgery	14.41	14.41	\$1,187.16	\$1,187.16
22800 00	Surgery	39.37	39.37	\$3,243.49	\$3,243.49
22802 00	Surgery	61.05	61.05	\$5,029.59	\$5,029.59
22804 00	Surgery	70.33	70.33	\$5,794.12	\$5,794.12
22808 00	Surgery	53.15	53.15	\$4,378.75	\$4,378.75
22810 00	Surgery	59.50	59.50	\$4,901.89	\$4,901.89
22812 00	Surgery	63.91	63.91	\$5,265.21	\$5,265.21
22818 00	Surgery	62.66	62.66	\$5,162.23	\$5,162.23
22819 00	Surgery	72.08	72.08	\$5,938.29	\$5,938.29
22830 00	Surgery	23.65	23.65	\$1,948.40	\$1,948.40
22840 00	Surgery	22.08	22.08	\$1,819.06	\$1,819.06
22841 00	Surgery	11.28	11.28	\$929.30	\$929.30
22842 00	Surgery	22.18	22.18	\$1,918.80	\$1,918.80
22843 00	Surgery	23.70	23.70	\$1,952.52	\$1,952.52

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
22844 00	Surgery	28.64	28.64	\$2,359.50	\$2,359.50
22845 00	Surgery	21.17	21.17	\$1,744.09	\$1,744.09
22846 00	Surgery	22.01	22.01	\$1,813.29	\$1,813.29
22847 00	Surgery	23.43	23.43	\$1,930.28	\$1,930.28
22848 00	Surgery	10.47	10.47	\$862.57	\$862.57
22849 00	Surgery	37.75	37.75	\$3,110.02	\$3,110.02
22850 00	Surgery	21.09	21.09	\$1,737.49	\$1,737.49
22852 00	Surgery	20.25	20.25	\$1,668.29	\$1,668.29
22853 00	Surgery	7.52	7.52	\$619.53	\$619.53
22854 00	Surgery	9.74	9.74	\$802.43	\$802.43
22855 00	Surgery	32.12	32.12	\$2,646.20	\$2,646.20
22856 00	Surgery	47.38	47.38	\$3,903.39	\$3,903.39
22857 00	Surgery	51.30	51.30	\$4,226.34	\$4,226.34
22858 00	Surgery	14.86	14.86	\$1,224.24	\$1,224.24
22859 00	Surgery	9.74	9.74	\$802.43	\$802.43
22861 00	Surgery	66.99	66.99	\$5,518.96	\$5,518.96
22862 00	Surgery	66.80	66.80	\$5,503.30	\$5,503.30
22864 00	Surgery	59.74	59.74	\$4,921.67	\$4,921.67
22865 00	Surgery	65.18	65.18	\$5,369.84	\$5,369.84
22867 00	Surgery	28.28	28.28	\$2,329.84	\$2,329.84
22868 00	Surgery	7.08	7.08	\$583.28	\$583.28
22869 00	Surgery	12.85	12.85	\$1,058.64	\$1,058.64
22870 00	Surgery	3.59	3.59	\$295.76	\$295.76
22899 00	Surgery	0.00	0.00	BR	BR
22900 00	Surgery	16.30	16.30	\$1,342.87	\$1,342.87
22901 00	Surgery	19.35	19.35	\$1,594.15	\$1,594.15
22902 00	Surgery	13.18	9.57	\$1,085.83	\$788.42
22903 00	Surgery	12.72	12.72	\$1,047.93	\$1,047.93
22904 00	Surgery	30.53	30.53	\$2,515.21	\$2,515.21
22905 00	Surgery	38.58	38.58	\$3,178.40	\$3,178.40
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	16.49	10.53	\$1,358.52	\$867.51
23020 00	Surgery	19.92	19.92	\$1,641.10	\$1,641.10
23030 00	Surgery	12.44	7.18	\$1,024.87	\$591.52
23031 00	Surgery	11.55	6.01	\$951.54	\$495.13
23035 00	Surgery	19.64	19.64	\$1,618.04	\$1,618.04
23040 00	Surgery	20.71	20.71	\$1,706.19	\$1,706.19
23044 00	Surgery	16.33	16.33	\$1,345.34	\$1,345.34
23065 00	Surgery	6.38	4.71	\$525.61	\$388.03
23066 00	Surgery	16.25	10.40	\$1,338.75	\$856.80

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
23071 00	Surgery	12.15	12.15	\$1,000.97	\$1,000.97
23073 00	Surgery	20.12	20.12	\$1,657.58	\$1,657.58
23075 00	Surgery	14.39	9.44	\$1,185.52	\$777.71
23076 00	Surgery	15.63	15.63	\$1,287.67	\$1,287.67
23077 00	Surgery	32.75	32.75	\$2,698.10	\$2,698.10
23078 00	Surgery	41.61	41.61	\$3,428.03	\$3,428.03
23100 00	Surgery	14.50	14.50	\$1,194.58	\$1,194.58
23101 00	Surgery	13.16	13.16	\$1,084.18	\$1,084.18
23105 00	Surgery	18.35	18.35	\$1,511.76	\$1,511.76
23106 00	Surgery	14.38	14.38	\$1,184.69	\$1,184.69
23107 00	Surgery	19.03	19.03	\$1,567.78	\$1,567.78
23120 00	Surgery	16.86	16.86	\$1,389.01	\$1,389.01
23125 00	Surgery	20.48	20.48	\$1,687.24	\$1,687.24
23130 00	Surgery	17.68	17.68	\$1,456.56	\$1,456.56
23140 00	Surgery	15.96	15.96	\$1,314.86	\$1,314.86
23145 00	Surgery	20.07	20.07	\$1,653.46	\$1,653.46
23146 00	Surgery	17.94	17.94	\$1,477.98	\$1,477.98
23150 00	Surgery	19.24	19.24	\$1,585.08	\$1,585.08
23155 00	Surgery	22.97	22.97	\$1,892.38	\$1,892.38
23156 00	Surgery	19.57	19.57	\$1,612.27	\$1,612.27
23170 00	Surgery	16.20	16.20	\$1,334.63	\$1,334.63
23172 00	Surgery	16.37	16.37	\$1,348.64	\$1,348.64
23174 00	Surgery	21.93	21.93	\$1,806.70	\$1,806.70
23180 00	Surgery	19.19	19.19	\$1,580.96	\$1,580.96
23182 00	Surgery	19.01	19.01	\$1,566.13	\$1,566.13
23184 00	Surgery	21.29	21.29	\$1,753.97	\$1,753.97
23190 00	Surgery	16.54	16.54	\$1,362.64	\$1,362.64
23195 00	Surgery	21.58	21.58	\$1,777.86	\$1,777.86
23200 00	Surgery	43.65	43.65	\$3,596.10	\$3,596.10
23210 00	Surgery	51.29	51.29	\$4,225.51	\$4,225.51
23220 00	Surgery	56.39	56.39	\$4,645.68	\$4,645.68
23330 00	Surgery	8.29	4.78	\$682.97	\$393.80
23333 00	Surgery	13.37	13.37	\$1,101.48	\$1,101.48
23334 00	Surgery	30.82	30.82	\$2,539.10	\$2,539.10
23335 00	Surgery	36.75	36.75	\$3,027.64	\$3,027.64
23350 00	Surgery	4.35	1.47	\$358.37	\$121.11
23395 00	Surgery	37.08	37.08	\$3,054.83	\$3,054.83
23397 00	Surgery	32.99	32.99	\$2,717.87	\$2,717.87
23400 00	Surgery	28.08	28.08	\$2,313.36	\$2,313.36
23405 00	Surgery	17.88	17.88	\$1,473.04	\$1,473.04

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
23406 00	Surgery	22.20	22.20	\$1,828.94	\$1,828.94
23410 00	Surgery	23.68	23.68	\$1,950.87	\$1,950.87
23412 00	Surgery	24.62	24.62	\$2,028.31	\$2,028.31
23415 00	Surgery	20.11	20.11	\$1,656.76	\$1,656.76
23420 00	Surgery	28.07	28.07	\$2,312.54	\$2,312.54
23430 00	Surgery	21.49	21.49	\$1,770.45	\$1,770.45
23440 00	Surgery	21.83	21.83	\$1,798.46	\$1,798.46
23450 00	Surgery	27.39	27.39	\$2,256.52	\$2,256.52
23455 00	Surgery	28.72	28.72	\$2,366.09	\$2,366.09
23460 00	Surgery	31.48	31.48	\$2,593.47	\$2,593.47
23462 00	Surgery	30.90	30.90	\$2,545.69	\$2,545.69
23465 00	Surgery	32.33	32.33	\$2,663.50	\$2,663.50
23466 00	Surgery	32.04	32.04	\$2,639.61	\$2,639.61
23470 00	Surgery	34.72	34.72	\$2,860.40	\$2,860.40
23472 00	Surgery	41.98	41.98	\$3,458.51	\$3,458.51
23473 00	Surgery	46.83	46.83	\$3,858.08	\$3,858.08
23474 00	Surgery	50.60	50.60	\$4,168.67	\$4,168.67
23480 00	Surgery	23.70	23.70	\$1,952.52	\$1,952.52
23485 00	Surgery	27.64	27.64	\$2,277.11	\$2,277.11
23490 00	Surgery	24.88	24.88	\$2,049.73	\$2,049.73
23491 00	Surgery	29.34	29.34	\$2,417.17	\$2,417.17
23500 00	Surgery	6.32	6.45	\$520.67	\$531.38
23505 00	Surgery	10.26	9.61	\$845.27	\$791.72
23515 00	Surgery	20.77	20.77	\$1,711.13	\$1,711.13
23520 00	Surgery	6.80	6.77	\$560.22	\$557.74
23525 00	Surgery	11.21	10.32	\$923.53	\$850.21
23530 00	Surgery	16.55	16.55	\$1,363.47	\$1,363.47
23532 00	Surgery	18.03	18.03	\$1,485.40	\$1,485.40
23540 00	Surgery	6.67	6.64	\$549.51	\$547.03
23545 00	Surgery	9.86	8.92	\$812.31	\$734.87
23550 00	Surgery	16.52	16.52	\$1,361.00	\$1,361.00
23552 00	Surgery	18.84	18.84	\$1,552.13	\$1,552.13
23570 00	Surgery	6.69	6.89	\$551.15	\$567.63
23575 00	Surgery	11.66	10.84	\$960.61	\$893.05
23585 00	Surgery	28.29	28.29	\$2,330.67	\$2,330.67
23600 00	Surgery	9.45	8.92	\$778.54	\$734.87
23605 00	Surgery	13.45	12.26	\$1,108.08	\$1,010.04
23615 00	Surgery	25.50	25.50	\$2,100.81	\$2,100.81
23616 00	Surgery	35.76	35.76	\$2,946.08	\$2,946.08
23620 00	Surgery	7.71	7.40	\$635.19	\$609.65

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
23625 00	Surgery	10.94	10.11	\$901.29	\$832.91
23630 00	Surgery	22.49	22.49	\$1,852.83	\$1,852.83
23650 00	Surgery	9.18	8.36	\$756.29	\$688.74
23655 00	Surgery	11.64	11.64	\$958.96	\$958.96
23660 00	Surgery	16.85	16.85	\$1,388.18	\$1,388.18
23665 00	Surgery	12.33	11.41	\$1,015.80	\$940.01
23670 00	Surgery	25.22	25.22	\$2,077.74	\$2,077.74
23675 00	Surgery	15.90	14.46	\$1,309.92	\$1,191.28
23680 00	Surgery	26.85	26.85	\$2,212.03	\$2,212.03
23700 00	Surgery	5.63	5.63	\$463.83	\$463.83
23800 00	Surgery	29.66	29.66	\$2,443.53	\$2,443.53
23802 00	Surgery	37.03	37.03	\$3,050.71	\$3,050.71
23900 00	Surgery	40.09	40.09	\$3,302.81	\$3,302.81
23920 00	Surgery	32.47	32.47	\$2,675.03	\$2,675.03
23921 00	Surgery	13.51	13.51	\$1,113.02	\$1,113.02
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	10.23	6.12	\$842.80	\$504.19
23931 00	Surgery	8.29	4.47	\$682.97	\$368.26
23935 00	Surgery	14.74	14.74	\$1,214.35	\$1,214.35
24000 00	Surgery	13.78	13.78	\$1,135.26	\$1,135.26
24006 00	Surgery	20.53	20.53	\$1,691.36	\$1,691.36
24065 00	Surgery	7.41	4.71	\$610.47	\$388.03
24066 00	Surgery	17.86	11.97	\$1,471.39	\$986.15
24071 00	Surgery	11.73	11.73	\$966.37	\$966.37
24073 00	Surgery	20.12	20.12	\$1,657.58	\$1,657.58
24075 00	Surgery	14.88	9.47	\$1,225.89	\$780.18
24076 00	Surgery	15.69	15.69	\$1,292.62	\$1,292.62
24077 00	Surgery	30.10	30.10	\$2,479.78	\$2,479.78
24079 00	Surgery	38.37	38.37	\$3,161.10	\$3,161.10
24100 00	Surgery	12.05	12.05	\$992.74	\$992.74
24101 00	Surgery	14.45	14.45	\$1,190.46	\$1,190.46
24102 00	Surgery	17.78	17.78	\$1,464.80	\$1,464.80
24105 00	Surgery	10.18	10.18	\$838.68	\$838.68
24110 00	Surgery	16.93	16.93	\$1,394.77	\$1,394.77
24115 00	Surgery	21.28	21.28	\$1,753.15	\$1,753.15
24116 00	Surgery	24.87	24.87	\$2,048.91	\$2,048.91
24120 00	Surgery	15.34	15.34	\$1,263.78	\$1,263.78
24125 00	Surgery	17.92	17.92	\$1,476.34	\$1,476.34
24126 00	Surgery	18.72	18.72	\$1,542.24	\$1,542.24
24130 00	Surgery	14.69	14.69	\$1,210.23	\$1,210.23

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24134 00	Surgery	21.57	21.57	\$1,777.04	\$1,777.04
24136 00	Surgery	18.23	18.23	\$1,501.87	\$1,501.87
24138 00	Surgery	19.62	19.62	\$1,616.39	\$1,616.39
24140 00	Surgery	20.28	20.28	\$1,670.76	\$1,670.76
24145 00	Surgery	17.12	17.12	\$1,410.43	\$1,410.43
24147 00	Surgery	17.99	17.99	\$1,482.10	\$1,482.10
24149 00	Surgery	33.88	33.88	\$2,791.20	\$2,791.20
24150 00	Surgery	44.81	44.81	\$3,691.66	\$3,691.66
24152 00	Surgery	38.92	38.92	\$3,206.42	\$3,206.42
24155 00	Surgery	24.61	24.61	\$2,027.49	\$2,027.49
24160 00	Surgery	36.34	36.34	\$2,993.86	\$2,993.86
24164 00	Surgery	20.82	20.82	\$1,715.25	\$1,715.25
24200 00	Surgery	6.20	4.05	\$510.79	\$333.66
24201 00	Surgery	15.75	10.45	\$1,297.56	\$860.92
24220 00	Surgery	5.11	1.95	\$420.99	\$160.65
24300 00	Surgery	12.25	12.25	\$1,009.21	\$1,009.21
24301 00	Surgery	21.63	21.63	\$1,781.98	\$1,781.98
24305 00	Surgery	16.70	16.70	\$1,375.83	\$1,375.83
24310 00	Surgery	13.59	13.59	\$1,119.61	\$1,119.61
24320 00	Surgery	22.55	22.55	\$1,857.78	\$1,857.78
24330 00	Surgery	20.72	20.72	\$1,707.01	\$1,707.01
24331 00	Surgery	22.70	22.70	\$1,870.13	\$1,870.13
24332 00	Surgery	17.69	17.69	\$1,457.39	\$1,457.39
24340 00	Surgery	17.72	17.72	\$1,459.86	\$1,459.86
24341 00	Surgery	21.47	21.47	\$1,768.80	\$1,768.80
24342 00	Surgery	22.39	22.39	\$1,844.59	\$1,844.59
24343 00	Surgery	20.42	20.42	\$1,682.30	\$1,682.30
24344 00	Surgery	31.57	31.57	\$2,600.89	\$2,600.89
24345 00	Surgery	20.24	20.24	\$1,667.47	\$1,667.47
24346 00	Surgery	31.77	31.77	\$2,617.36	\$2,617.36
24357 00	Surgery	11.98	11.98	\$986.97	\$986.97
24358 00	Surgery	15.17	15.17	\$1,249.78	\$1,249.78
24359 00	Surgery	19.09	19.09	\$1,572.73	\$1,572.73
24360 00	Surgery	26.03	26.03	\$2,144.48	\$2,144.48
24361 00	Surgery	29.10	29.10	\$2,397.40	\$2,397.40
24362 00	Surgery	30.64	30.64	\$2,524.27	\$2,524.27
24363 00	Surgery	41.99	41.99	\$3,459.34	\$3,459.34
24365 00	Surgery	18.46	18.46	\$1,520.82	\$1,520.82
24366 00	Surgery	19.71	19.71	\$1,623.80	\$1,623.80
24370 00	Surgery	44.64	44.64	\$3,677.66	\$3,677.66

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24371 00	Surgery	51.50	51.50	\$4,242.82	\$4,242.82
24400 00	Surgery	23.76	23.76	\$1,957.46	\$1,957.46
24410 00	Surgery	30.54	30.54	\$2,516.03	\$2,516.03
24420 00	Surgery	29.59	29.59	\$2,437.77	\$2,437.77
24430 00	Surgery	30.50	30.50	\$2,512.74	\$2,512.74
24435 00	Surgery	31.04	31.04	\$2,557.22	\$2,557.22
24470 00	Surgery	19.37	19.37	\$1,595.79	\$1,595.79
24495 00	Surgery	23.42	23.42	\$1,929.45	\$1,929.45
24498 00	Surgery	25.02	25.02	\$2,061.27	\$2,061.27
24500 00	Surgery	10.28	9.46	\$846.92	\$779.36
24505 00	Surgery	14.34	12.94	\$1,181.40	\$1,066.06
24515 00	Surgery	25.37	25.37	\$2,090.10	\$2,090.10
24516 00	Surgery	24.80	24.80	\$2,043.14	\$2,043.14
24530 00	Surgery	10.90	9.96	\$897.99	\$820.55
24535 00	Surgery	17.74	16.34	\$1,461.51	\$1,346.17
24538 00	Surgery	22.01	22.01	\$1,813.29	\$1,813.29
24545 00	Surgery	26.84	26.84	\$2,211.21	\$2,211.21
24546 00	Surgery	29.98	29.98	\$2,469.90	\$2,469.90
24560 00	Surgery	9.43	8.41	\$776.89	\$692.86
24565 00	Surgery	15.45	14.15	\$1,272.84	\$1,165.74
24566 00	Surgery	20.71	20.71	\$1,706.19	\$1,706.19
24575 00	Surgery	21.13	21.13	\$1,740.79	\$1,740.79
24576 00	Surgery	9.92	8.88	\$817.26	\$731.58
24577 00	Surgery	15.89	14.54	\$1,309.09	\$1,197.87
24579 00	Surgery	24.00	24.00	\$1,977.23	\$1,977.23
24582 00	Surgery	23.36	23.36	\$1,924.51	\$1,924.51
24586 00	Surgery	31.41	31.41	\$2,587.71	\$2,587.71
24587 00	Surgery	31.43	31.43	\$2,589.35	\$2,589.35
24600 00	Surgery	10.66	9.71	\$878.22	\$799.96
24605 00	Surgery	13.64	13.64	\$1,123.73	\$1,123.73
24615 00	Surgery	20.60	20.60	\$1,697.13	\$1,697.13
24620 00	Surgery	15.99	15.99	\$1,317.33	\$1,317.33
24635 00	Surgery	19.43	19.43	\$1,600.74	\$1,600.74
24640 00	Surgery	2.89	2.26	\$238.09	\$186.19
24650 00	Surgery	7.51	6.96	\$618.71	\$573.40
24655 00	Surgery	12.68	11.48	\$1,044.64	\$945.78
24665 00	Surgery	18.87	18.87	\$1,554.60	\$1,554.60
24666 00	Surgery	21.15	21.15	\$1,742.44	\$1,742.44
24670 00	Surgery	8.36	7.62	\$688.74	\$627.77
24675 00	Surgery	13.19	11.99	\$1,086.66	\$987.79

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
24685 00	Surgery	18.84	18.84	\$1,552.13	\$1,552.13
24800 00	Surgery	23.99	23.99	\$1,976.41	\$1,976.41
24802 00	Surgery	28.95	28.95	\$2,385.04	\$2,385.04
24900 00	Surgery	21.30	21.30	\$1,754.80	\$1,754.80
24920 00	Surgery	21.15	21.15	\$1,742.44	\$1,742.44
24925 00	Surgery	16.35	16.35	\$1,346.99	\$1,346.99
24930 00	Surgery	22.36	22.36	\$1,842.12	\$1,842.12
24931 00	Surgery	26.93	26.93	\$2,218.62	\$2,218.62
24935 00	Surgery	34.29	34.29	\$2,824.97	\$2,824.97
24940 00	Surgery	30.94	30.94	\$2,548.98	\$2,548.98
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	9.74	9.74	\$802.43	\$802.43
25001 00	Surgery	9.88	9.88	\$813.96	\$813.96
25020 00	Surgery	18.36	18.36	\$1,512.58	\$1,512.58
25023 00	Surgery	34.49	34.49	\$2,841.45	\$2,841.45
25024 00	Surgery	22.57	22.57	\$1,859.42	\$1,859.42
25025 00	Surgery	34.77	34.77	\$2,864.52	\$2,864.52
25028 00	Surgery	17.07	17.07	\$1,406.31	\$1,406.31
25031 00	Surgery	10.09	10.09	\$831.26	\$831.26
25035 00	Surgery	16.82	16.82	\$1,385.71	\$1,385.71
25040 00	Surgery	16.18	16.18	\$1,332.99	\$1,332.99
25065 00	Surgery	7.37	4.59	\$607.18	\$378.15
25066 00	Surgery	10.30	10.30	\$848.56	\$848.56
25071 00	Surgery	12.25	12.25	\$1,009.21	\$1,009.21
25073 00	Surgery	15.43	15.43	\$1,271.20	\$1,271.20
25075 00	Surgery	14.52	9.09	\$1,196.23	\$748.88
25076 00	Surgery	14.91	14.91	\$1,228.36	\$1,228.36
25077 00	Surgery	25.65	25.65	\$2,113.17	\$2,113.17
25078 00	Surgery	33.64	33.64	\$2,771.42	\$2,771.42
25085 00	Surgery	12.93	12.93	\$1,065.24	\$1,065.24
25100 00	Surgery	10.00	10.00	\$823.85	\$823.85
25101 00	Surgery	11.63	11.63	\$958.13	\$958.13
25105 00	Surgery	13.97	13.97	\$1,150.92	\$1,150.92
25107 00	Surgery	17.72	17.72	\$1,459.86	\$1,459.86
25109 00	Surgery	15.48	15.48	\$1,275.32	\$1,275.32
25110 00	Surgery	9.84	9.84	\$810.67	\$810.67
25111 00	Surgery	9.24	9.24	\$761.24	\$761.24
25112 00	Surgery	11.15	11.15	\$918.59	\$918.59
25115 00	Surgery	21.81	21.81	\$1,796.81	\$1,796.81
25116 00	Surgery	17.30	17.30	\$1,425.26	\$1,425.26

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25118 00	Surgery	10.96	10.96	\$902.94	\$902.94
25119 00	Surgery	14.29	14.29	\$1,177.28	\$1,177.28
25120 00	Surgery	14.42	14.42	\$1,187.99	\$1,187.99
25125 00	Surgery	17.11	17.11	\$1,409.60	\$1,409.60
25126 00	Surgery	17.24	17.24	\$1,420.31	\$1,420.31
25130 00	Surgery	12.91	12.91	\$1,063.59	\$1,063.59
25135 00	Surgery	16.12	16.12	\$1,328.04	\$1,328.04
25136 00	Surgery	14.30	14.30	\$1,178.10	\$1,178.10
25145 00	Surgery	14.96	14.96	\$1,232.48	\$1,232.48
25150 00	Surgery	16.28	16.28	\$1,341.22	\$1,341.22
25151 00	Surgery	16.81	16.81	\$1,384.89	\$1,384.89
25170 00	Surgery	42.59	42.59	\$3,508.77	\$3,508.77
25210 00	Surgery	14.12	14.12	\$1,163.27	\$1,163.27
25215 00	Surgery	17.81	17.81	\$1,467.27	\$1,467.27
25230 00	Surgery	12.44	12.44	\$1,024.87	\$1,024.87
25240 00	Surgery	12.35	12.35	\$1,017.45	\$1,017.45
25246 00	Surgery	5.25	2.14	\$432.52	\$176.30
25248 00	Surgery	11.97	11.97	\$986.15	\$986.15
25250 00	Surgery	15.33	15.33	\$1,262.96	\$1,262.96
25251 00	Surgery	20.77	20.77	\$1,711.13	\$1,711.13
25259 00	Surgery	12.16	12.16	\$1,001.80	\$1,001.80
25260 00	Surgery	18.18	18.18	\$1,497.76	\$1,497.76
25263 00	Surgery	18.19	18.19	\$1,498.58	\$1,498.58
25265 00	Surgery	21.59	21.59	\$1,778.69	\$1,778.69
25270 00	Surgery	14.19	14.19	\$1,169.04	\$1,169.04
25272 00	Surgery	16.09	16.09	\$1,325.57	\$1,325.57
25274 00	Surgery	19.19	19.19	\$1,580.96	\$1,580.96
25275 00	Surgery	19.37	19.37	\$1,595.79	\$1,595.79
25280 00	Surgery	16.30	16.30	\$1,342.87	\$1,342.87
25290 00	Surgery	12.54	12.54	\$1,033.10	\$1,033.10
25295 00	Surgery	15.15	15.15	\$1,248.13	\$1,248.13
25300 00	Surgery	19.71	19.71	\$1,623.80	\$1,623.80
25301 00	Surgery	18.54	18.54	\$1,527.41	\$1,527.41
25310 00	Surgery	17.85	17.85	\$1,470.57	\$1,470.57
25312 00	Surgery	20.71	20.71	\$1,706.19	\$1,706.19
25315 00	Surgery	22.24	22.24	\$1,832.24	\$1,832.24
25316 00	Surgery	26.43	26.43	\$2,177.43	\$2,177.43
25320 00	Surgery	28.34	28.34	\$2,334.78	\$2,334.78
25332 00	Surgery	24.31	24.31	\$2,002.77	\$2,002.77
25335 00	Surgery	27.26	27.26	\$2,245.81	\$2,245.81

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25337 00	Surgery	25.52	25.52	\$2,102.46	\$2,102.46
25350 00	Surgery	19.47	19.47	\$1,604.03	\$1,604.03
25355 00	Surgery	22.08	22.08	\$1,819.06	\$1,819.06
25360 00	Surgery	18.86	18.86	\$1,553.78	\$1,553.78
25365 00	Surgery	26.45	26.45	\$2,179.08	\$2,179.08
25370 00	Surgery	29.15	29.15	\$2,401.52	\$2,401.52
25375 00	Surgery	27.57	27.57	\$2,271.35	\$2,271.35
25390 00	Surgery	22.18	22.18	\$1,827.29	\$1,827.29
25391 00	Surgery	28.79	28.79	\$2,371.86	\$2,371.86
25392 00	Surgery	29.31	29.31	\$2,414.70	\$2,414.70
25393 00	Surgery	32.65	32.65	\$2,689.86	\$2,689.86
25394 00	Surgery	22.65	22.65	\$1,866.01	\$1,866.01
25400 00	Surgery	23.17	23.17	\$1,908.86	\$1,908.86
25405 00	Surgery	29.95	29.95	\$2,467.42	\$2,467.42
25415 00	Surgery	27.97	27.97	\$2,304.30	\$2,304.30
25420 00	Surgery	33.71	33.71	\$2,777.19	\$2,777.19
25425 00	Surgery	27.84	27.84	\$2,293.59	\$2,293.59
25426 00	Surgery	32.47	32.47	\$2,675.03	\$2,675.03
25430 00	Surgery	21.07	21.07	\$1,735.85	\$1,735.85
25431 00	Surgery	22.77	22.77	\$1,875.90	\$1,875.90
25440 00	Surgery	22.13	22.13	\$1,823.17	\$1,823.17
25441 00	Surgery	27.07	27.07	\$2,230.16	\$2,230.16
25442 00	Surgery	23.28	23.28	\$1,917.92	\$1,917.92
25443 00	Surgery	22.61	22.61	\$1,862.72	\$1,862.72
25444 00	Surgery	23.90	23.90	\$1,969.00	\$1,969.00
25445 00	Surgery	20.82	20.82	\$1,715.25	\$1,715.25
25446 00	Surgery	33.86	33.86	\$2,789.55	\$2,789.55
25447 00	Surgery	23.88	23.88	\$1,967.35	\$1,967.35
25449 00	Surgery	29.87	29.87	\$2,460.83	\$2,460.83
25450 00	Surgery	17.79	17.79	\$1,465.63	\$1,465.63
25455 00	Surgery	21.00	21.00	\$1,730.08	\$1,730.08
25490 00	Surgery	20.74	20.74	\$1,708.66	\$1,708.66
25491 00	Surgery	21.32	21.32	\$1,756.44	\$1,756.44
25492 00	Surgery	26.15	26.15	\$2,154.36	\$2,154.36
25500 00	Surgery	7.98	7.25	\$657.43	\$597.29
25505 00	Surgery	14.49	13.21	\$1,193.76	\$1,088.30
25515 00	Surgery	19.30	19.30	\$1,590.03	\$1,590.03
25520 00	Surgery	16.48	15.57	\$1,357.70	\$1,282.73
25525 00	Surgery	22.74	22.74	\$1,873.43	\$1,873.43
25526 00	Surgery	27.56	27.56	\$2,270.52	\$2,270.52

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25530 00	Surgery	7.52	6.88	\$619.53	\$566.81
25535 00	Surgery	14.09	13.04	\$1,160.80	\$1,074.30
25545 00	Surgery	17.94	17.94	\$1,477.98	\$1,477.98
25560 00	Surgery	8.15	7.31	\$671.44	\$602.23
25565 00	Surgery	14.85	13.38	\$1,223.41	\$1,102.31
25574 00	Surgery	19.42	19.42	\$1,599.91	\$1,599.91
25575 00	Surgery	26.00	26.00	\$2,142.00	\$2,142.00
25600 00	Surgery	9.51	9.06	\$783.48	\$746.41
25605 00	Surgery	15.58	14.73	\$1,283.55	\$1,213.53
25606 00	Surgery	19.11	19.11	\$1,574.37	\$1,574.37
25607 00	Surgery	21.20	21.20	\$1,746.56	\$1,746.56
25608 00	Surgery	23.78	23.78	\$1,959.11	\$1,959.11
25609 00	Surgery	30.26	30.26	\$2,492.96	\$2,492.96
25622 00	Surgery	8.76	8.07	\$721.69	\$664.85
25624 00	Surgery	13.89	12.63	\$1,144.32	\$1,040.52
25628 00	Surgery	20.73	20.73	\$1,707.84	\$1,707.84
25630 00	Surgery	8.77	8.13	\$722.51	\$669.79
25635 00	Surgery	13.22	12.03	\$1,089.13	\$991.09
25645 00	Surgery	16.44	16.44	\$1,354.41	\$1,354.41
25650 00	Surgery	9.35	8.70	\$770.30	\$716.75
25651 00	Surgery	14.05	14.05	\$1,157.51	\$1,157.51
25652 00	Surgery	17.93	17.93	\$1,477.16	\$1,477.16
25660 00	Surgery	11.94	11.94	\$983.67	\$983.67
25670 00	Surgery	17.53	17.53	\$1,444.20	\$1,444.20
25671 00	Surgery	15.30	15.30	\$1,260.49	\$1,260.49
25675 00	Surgery	12.73	11.54	\$1,048.76	\$950.72
25676 00	Surgery	18.21	18.21	\$1,500.23	\$1,500.23
25680 00	Surgery	15.11	15.11	\$1,244.83	\$1,244.83
25685 00	Surgery	21.22	21.22	\$1,748.20	\$1,748.20
25690 00	Surgery	14.00	14.00	\$1,153.39	\$1,153.39
25695 00	Surgery	18.30	18.30	\$1,507.64	\$1,507.64
25800 00	Surgery	21.10	21.10	\$1,738.32	\$1,738.32
25805 00	Surgery	24.45	24.45	\$2,014.31	\$2,014.31
25810 00	Surgery	24.99	24.99	\$2,058.80	\$2,058.80
25820 00	Surgery	18.19	18.19	\$1,498.58	\$1,498.58
25825 00	Surgery	22.32	22.32	\$1,838.83	\$1,838.83
25830 00	Surgery	28.14	28.14	\$2,318.31	\$2,318.31
25900 00	Surgery	20.52	20.52	\$1,690.54	\$1,690.54
25905 00	Surgery	20.25	20.25	\$1,668.29	\$1,668.29
25907 00	Surgery	17.71	17.71	\$1,459.03	\$1,459.03

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
25909 00	Surgery	19.78	19.78	\$1,629.57	\$1,629.57
25915 00	Surgery	33.79	33.79	\$2,783.78	\$2,783.78
25920 00	Surgery	20.59	20.59	\$1,696.30	\$1,696.30
25922 00	Surgery	18.12	18.12	\$1,492.81	\$1,492.81
25924 00	Surgery	20.09	20.09	\$1,655.11	\$1,655.11
25927 00	Surgery	24.00	24.00	\$1,977.23	\$1,977.23
25929 00	Surgery	17.23	17.23	\$1,419.49	\$1,419.49
25931 00	Surgery	22.12	22.12	\$1,822.35	\$1,822.35
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	8.62	3.97	\$710.16	\$327.07
26011 00	Surgery	12.47	5.32	\$1,027.34	\$438.29
26020 00	Surgery	15.96	15.96	\$1,314.86	\$1,314.86
26025 00	Surgery	12.12	12.12	\$998.50	\$998.50
26030 00	Surgery	14.15	14.15	\$1,165.74	\$1,165.74
26034 00	Surgery	15.72	15.72	\$1,295.09	\$1,295.09
26035 00	Surgery	24.75	24.75	\$2,039.02	\$2,039.02
26037 00	Surgery	16.32	16.32	\$1,344.52	\$1,344.52
26040 00	Surgery	9.00	9.00	\$741.46	\$741.46
26045 00	Surgery	13.52	13.52	\$1,113.84	\$1,113.84
26055 00	Surgery	15.62	8.31	\$1,286.85	\$684.62
26060 00	Surgery	7.41	7.41	\$610.47	\$610.47
26070 00	Surgery	9.23	9.23	\$760.41	\$760.41
26075 00	Surgery	9.64	9.64	\$794.19	\$794.19
26080 00	Surgery	11.31	11.31	\$931.77	\$931.77
26100 00	Surgery	9.71	9.71	\$799.96	\$799.96
26105 00	Surgery	9.78	9.78	\$805.72	\$805.72
26110 00	Surgery	9.28	9.28	\$764.53	\$764.53
26111 00	Surgery	11.99	11.99	\$987.79	\$987.79
26113 00	Surgery	15.76	15.76	\$1,298.38	\$1,298.38
26115 00	Surgery	15.24	9.51	\$1,255.54	\$783.48
26116 00	Surgery	15.13	15.13	\$1,246.48	\$1,246.48
26117 00	Surgery	21.45	21.45	\$1,767.15	\$1,767.15
26118 00	Surgery	30.39	30.39	\$2,503.67	\$2,503.67
26121 00	Surgery	17.23	17.23	\$1,419.49	\$1,419.49
26123 00	Surgery	24.04	24.04	\$1,980.53	\$1,980.53
26125 00	Surgery	7.87	7.87	\$648.37	\$648.37
26130 00	Surgery	13.41	13.41	\$1,104.78	\$1,104.78
26135 00	Surgery	15.92	15.92	\$1,311.57	\$1,311.57
26140 00	Surgery	14.57	14.57	\$1,200.35	\$1,200.35
26145 00	Surgery	14.81	14.81	\$1,220.12	\$1,220.12

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26160 00	Surgery	16.34	9.04	\$1,346.17	\$744.76
26170 00	Surgery	11.71	11.71	\$964.73	\$964.73
26180 00	Surgery	12.85	12.85	\$1,058.64	\$1,058.64
26185 00	Surgery	15.88	15.88	\$1,308.27	\$1,308.27
26200 00	Surgery	13.01	13.01	\$1,071.83	\$1,071.83
26205 00	Surgery	17.43	17.43	\$1,435.97	\$1,435.97
26210 00	Surgery	12.78	12.78	\$1,052.88	\$1,052.88
26215 00	Surgery	16.29	16.29	\$1,342.05	\$1,342.05
26230 00	Surgery	14.40	14.40	\$1,186.34	\$1,186.34
26235 00	Surgery	14.20	14.20	\$1,169.86	\$1,169.86
26236 00	Surgery	12.70	12.70	\$1,046.29	\$1,046.29
26250 00	Surgery	30.80	30.80	\$2,537.45	\$2,537.45
26260 00	Surgery	23.07	23.07	\$1,900.62	\$1,900.62
26262 00	Surgery	18.19	18.19	\$1,498.58	\$1,498.58
26320 00	Surgery	10.01	10.01	\$824.67	\$824.67
26340 00	Surgery	9.79	9.79	\$806.55	\$806.55
26341 00	Surgery	3.05	2.19	\$251.27	\$180.42
26350 00	Surgery	20.81	20.81	\$1,714.43	\$1,714.43
26352 00	Surgery	23.32	23.32	\$1,921.21	\$1,921.21
26356 00	Surgery	22.86	22.86	\$1,883.32	\$1,883.32
26357 00	Surgery	25.62	25.62	\$2,110.70	\$2,110.70
26358 00	Surgery	28.36	28.36	\$2,336.43	\$2,336.43
26370 00	Surgery	21.98	21.98	\$1,810.82	\$1,810.82
26372 00	Surgery	25.74	25.74	\$2,120.58	\$2,120.58
26373 00	Surgery	24.71	24.71	\$2,035.73	\$2,035.73
26390 00	Surgery	24.48	24.48	\$2,016.78	\$2,016.78
26392 00	Surgery	28.25	28.25	\$2,327.37	\$2,327.37
26410 00	Surgery	16.56	16.56	\$1,364.29	\$1,364.29
26412 00	Surgery	19.75	19.75	\$1,627.10	\$1,627.10
26415 00	Surgery	23.78	23.78	\$1,959.11	\$1,959.11
26416 00	Surgery	25.79	25.79	\$2,124.70	\$2,124.70
26418 00	Surgery	17.03	17.03	\$1,403.01	\$1,403.01
26420 00	Surgery	20.67	20.67	\$1,702.89	\$1,702.89
26426 00	Surgery	14.46	14.46	\$1,191.28	\$1,191.28
26428 00	Surgery	22.13	22.13	\$1,823.17	\$1,823.17
26432 00	Surgery	14.70	14.70	\$1,211.06	\$1,211.06
26433 00	Surgery	15.62	15.62	\$1,286.85	\$1,286.85
26434 00	Surgery	19.10	19.10	\$1,573.55	\$1,573.55
26437 00	Surgery	18.30	18.30	\$1,507.64	\$1,507.64
26440 00	Surgery	18.04	18.04	\$1,486.22	\$1,486.22

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26442 00	Surgery	27.77	27.77	\$2,287.83	\$2,287.83
26445 00	Surgery	16.81	16.81	\$1,384.89	\$1,384.89
26449 00	Surgery	19.97	19.97	\$1,645.22	\$1,645.22
26450 00	Surgery	12.22	12.22	\$1,006.74	\$1,006.74
26455 00	Surgery	12.13	12.13	\$999.33	\$999.33
26460 00	Surgery	11.85	11.85	\$976.26	\$976.26
26471 00	Surgery	18.09	18.09	\$1,490.34	\$1,490.34
26474 00	Surgery	17.77	17.77	\$1,463.98	\$1,463.98
26476 00	Surgery	17.53	17.53	\$1,444.20	\$1,444.20
26477 00	Surgery	17.08	17.08	\$1,407.13	\$1,407.13
26478 00	Surgery	18.25	18.25	\$1,503.52	\$1,503.52
26479 00	Surgery	18.49	18.49	\$1,523.29	\$1,523.29
26480 00	Surgery	21.91	21.91	\$1,805.05	\$1,805.05
26483 00	Surgery	24.45	24.45	\$2,014.31	\$2,014.31
26485 00	Surgery	23.44	23.44	\$1,931.10	\$1,931.10
26489 00	Surgery	27.17	27.17	\$2,238.39	\$2,238.39
26490 00	Surgery	23.29	23.29	\$1,918.74	\$1,918.74
26492 00	Surgery	25.84	25.84	\$2,128.82	\$2,128.82
26494 00	Surgery	23.39	23.39	\$1,926.98	\$1,926.98
26496 00	Surgery	24.94	24.94	\$2,054.68	\$2,054.68
26497 00	Surgery	25.28	25.28	\$2,082.69	\$2,082.69
26498 00	Surgery	33.27	33.27	\$2,740.94	\$2,740.94
26499 00	Surgery	24.27	24.27	\$1,999.48	\$1,999.48
26500 00	Surgery	18.26	18.26	\$1,504.35	\$1,504.35
26502 00	Surgery	20.86	20.86	\$1,718.55	\$1,718.55
26508 00	Surgery	18.61	18.61	\$1,533.18	\$1,533.18
26510 00	Surgery	17.65	17.65	\$1,454.09	\$1,454.09
26516 00	Surgery	20.59	20.59	\$1,696.30	\$1,696.30
26517 00	Surgery	24.13	24.13	\$1,987.94	\$1,987.94
26518 00	Surgery	24.45	24.45	\$2,014.31	\$2,014.31
26520 00	Surgery	18.94	18.94	\$1,560.37	\$1,560.37
26525 00	Surgery	18.99	18.99	\$1,564.49	\$1,564.49
26530 00	Surgery	15.52	15.52	\$1,278.61	\$1,278.61
26531 00	Surgery	18.07	18.07	\$1,488.69	\$1,488.69
26535 00	Surgery	12.48	12.48	\$1,028.16	\$1,028.16
26536 00	Surgery	20.83	20.83	\$1,716.07	\$1,716.07
26540 00	Surgery	19.32	19.32	\$1,591.67	\$1,591.67
26541 00	Surgery	23.36	23.36	\$1,924.51	\$1,924.51
26542 00	Surgery	19.93	19.93	\$1,641.93	\$1,641.93
26545 00	Surgery	20.78	20.78	\$1,711.96	\$1,711.96

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26546 00	Surgery	28.94	28.94	\$2,384.22	\$2,384.22
26548 00	Surgery	22.22	22.22	\$1,830.59	\$1,830.59
26550 00	Surgery	47.43	47.43	\$3,907.51	\$3,907.51
26551 00	Surgery	95.18	95.18	\$7,841.38	\$7,841.38
26553 00	Surgery	94.56	94.56	\$7,790.30	\$7,790.30
26554 00	Surgery	110.28	110.28	\$9,085.39	\$9,085.39
26555 00	Surgery	39.61	39.61	\$3,263.26	\$3,263.26
26556 00	Surgery	98.23	98.23	\$8,092.66	\$8,092.66
26560 00	Surgery	17.41	17.41	\$1,434.32	\$1,434.32
26561 00	Surgery	27.55	27.55	\$2,269.70	\$2,269.70
26562 00	Surgery	38.87	38.87	\$3,202.30	\$3,202.30
26565 00	Surgery	19.85	19.85	\$1,635.34	\$1,635.34
26567 00	Surgery	19.97	19.97	\$1,645.22	\$1,645.22
26568 00	Surgery	26.18	26.18	\$2,156.83	\$2,156.83
26580 00	Surgery	43.78	43.78	\$3,606.81	\$3,606.81
26587 00	Surgery	30.05	30.05	\$2,475.66	\$2,475.66
26590 00	Surgery	40.78	40.78	\$3,359.65	\$3,359.65
26591 00	Surgery	13.04	13.04	\$1,074.30	\$1,074.30
26593 00	Surgery	17.65	17.65	\$1,454.09	\$1,454.09
26596 00	Surgery	22.50	22.50	\$1,853.66	\$1,853.66
26600 00	Surgery	8.50	8.06	\$700.27	\$664.02
26605 00	Surgery	9.33	8.45	\$768.65	\$696.15
26607 00	Surgery	13.97	13.97	\$1,150.92	\$1,150.92
26608 00	Surgery	13.80	13.80	\$1,136.91	\$1,136.91
26615 00	Surgery	16.55	16.55	\$1,363.47	\$1,363.47
26641 00	Surgery	11.00	9.97	\$906.23	\$821.38
26645 00	Surgery	12.38	11.32	\$1,019.92	\$932.60
26650 00	Surgery	13.77	13.77	\$1,134.44	\$1,134.44
26665 00	Surgery	18.01	18.01	\$1,483.75	\$1,483.75
26670 00	Surgery	9.86	8.87	\$812.31	\$730.75
26675 00	Surgery	13.19	12.08	\$1,086.66	\$995.21
26676 00	Surgery	14.54	14.54	\$1,197.87	\$1,197.87
26685 00	Surgery	16.55	16.55	\$1,363.47	\$1,363.47
26686 00	Surgery	18.00	18.00	\$1,482.93	\$1,482.93
26700 00	Surgery	9.55	8.86	\$786.77	\$729.93
26705 00	Surgery	12.10	11.02	\$996.86	\$907.88
26706 00	Surgery	12.71	12.71	\$1,047.11	\$1,047.11
26715 00	Surgery	16.47	16.47	\$1,356.88	\$1,356.88
26720 00	Surgery	5.66	5.32	\$466.30	\$438.29
26725 00	Surgery	9.75	8.73	\$803.25	\$719.22

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
26727 00	Surgery	13.56	13.56	\$1,117.14	\$1,117.14
26735 00	Surgery	17.11	17.11	\$1,409.60	\$1,409.60
26740 00	Surgery	6.60	6.25	\$543.74	\$514.90
26742 00	Surgery	10.69	9.64	\$880.69	\$794.19
26746 00	Surgery	21.38	21.38	\$1,761.39	\$1,761.39
26750 00	Surgery	5.32	5.35	\$438.29	\$440.76
26755 00	Surgery	9.12	7.87	\$751.35	\$648.37
26756 00	Surgery	12.12	12.12	\$998.50	\$998.50
26765 00	Surgery	14.42	14.42	\$1,187.99	\$1,187.99
26770 00	Surgery	8.08	7.41	\$665.67	\$610.47
26775 00	Surgery	11.04	9.96	\$909.53	\$820.55
26776 00	Surgery	12.84	12.84	\$1,057.82	\$1,057.82
26785 00	Surgery	15.71	15.71	\$1,294.26	\$1,294.26
26820 00	Surgery	23.06	23.06	\$1,899.79	\$1,899.79
26841 00	Surgery	21.26	21.26	\$1,751.50	\$1,751.50
26842 00	Surgery	22.86	22.86	\$1,883.32	\$1,883.32
26843 00	Surgery	21.65	21.65	\$1,783.63	\$1,783.63
26844 00	Surgery	23.96	23.96	\$1,973.94	\$1,973.94
26850 00	Surgery	20.28	20.28	\$1,670.76	\$1,670.76
26852 00	Surgery	23.21	23.21	\$1,912.15	\$1,912.15
26860 00	Surgery	16.64	16.64	\$1,370.88	\$1,370.88
26861 00	Surgery	2.98	2.98	\$245.51	\$245.51
26862 00	Surgery	21.19	21.19	\$1,745.73	\$1,745.73
26863 00	Surgery	6.62	6.62	\$545.39	\$545.39
26910 00	Surgery	21.14	21.14	\$1,741.61	\$1,741.61
26951 00	Surgery	19.15	19.15	\$1,577.67	\$1,577.67
26952 00	Surgery	18.91	18.91	\$1,557.90	\$1,557.90
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	18.87	18.87	\$1,554.60	\$1,554.60
26991 00	Surgery	20.45	15.16	\$1,684.77	\$1,248.95
26992 00	Surgery	28.55	28.55	\$2,352.09	\$2,352.09
27000 00	Surgery	11.65	11.65	\$959.78	\$959.78
27001 00	Surgery	15.62	15.62	\$1,286.85	\$1,286.85
27003 00	Surgery	17.23	17.23	\$1,419.49	\$1,419.49
27005 00	Surgery	20.87	20.87	\$1,719.37	\$1,719.37
27006 00	Surgery	20.70	20.70	\$1,705.36	\$1,705.36
27025 00	Surgery	26.52	26.52	\$2,184.84	\$2,184.84
27027 00	Surgery	25.82	25.82	\$2,127.17	\$2,127.17
27030 00	Surgery	27.12	27.12	\$2,234.27	\$2,234.27
27033 00	Surgery	28.12	28.12	\$2,316.66	\$2,316.66

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27035 00	Surgery	33.02	33.02	\$2,720.35	\$2,720.35
27036 00	Surgery	29.22	29.22	\$2,407.28	\$2,407.28
27040 00	Surgery	9.89	5.72	\$814.79	\$471.24
27041 00	Surgery	20.16	20.16	\$1,660.88	\$1,660.88
27043 00	Surgery	13.57	13.57	\$1,117.96	\$1,117.96
27045 00	Surgery	21.37	21.37	\$1,760.56	\$1,760.56
27047 00	Surgery	13.90	10.40	\$1,145.15	\$856.80
27048 00	Surgery	17.62	17.62	\$1,451.62	\$1,451.62
27049 00	Surgery	38.68	38.68	\$3,186.64	\$3,186.64
27050 00	Surgery	11.58	11.58	\$954.02	\$954.02
27052 00	Surgery	16.65	16.65	\$1,371.71	\$1,371.71
27054 00	Surgery	19.81	19.81	\$1,632.04	\$1,632.04
27057 00	Surgery	29.28	29.28	\$2,412.23	\$2,412.23
27059 00	Surgery	52.45	52.45	\$4,321.08	\$4,321.08
27060 00	Surgery	13.40	13.40	\$1,103.96	\$1,103.96
27062 00	Surgery	13.09	13.09	\$1,078.42	\$1,078.42
27065 00	Surgery	15.00	15.00	\$1,235.77	\$1,235.77
27066 00	Surgery	23.39	23.39	\$1,926.98	\$1,926.98
27067 00	Surgery	29.89	29.89	\$2,462.48	\$2,462.48
27070 00	Surgery	25.32	25.32	\$2,085.98	\$2,085.98
27071 00	Surgery	27.28	27.28	\$2,247.46	\$2,247.46
27075 00	Surgery	60.55	60.55	\$4,988.40	\$4,988.40
27076 00	Surgery	73.30	73.30	\$6,038.80	\$6,038.80
27077 00	Surgery	81.80	81.80	\$6,739.07	\$6,739.07
27078 00	Surgery	59.68	59.68	\$4,916.72	\$4,916.72
27080 00	Surgery	14.79	14.79	\$1,218.47	\$1,218.47
27086 00	Surgery	8.78	4.82	\$723.34	\$397.09
27087 00	Surgery	17.79	17.79	\$1,465.63	\$1,465.63
27090 00	Surgery	24.01	24.01	\$1,978.06	\$1,978.06
27091 00	Surgery	46.17	46.17	\$3,803.70	\$3,803.70
27093 00	Surgery	6.22	2.00	\$512.43	\$173.57
27095 00	Surgery	8.36	2.43	\$688.74	\$284.86
27096 00	Surgery	4.61	2.39	\$379.79	\$266.20
27097 00	Surgery	19.70	19.70	\$1,622.98	\$1,622.98
27098 00	Surgery	20.04	20.04	\$1,650.99	\$1,650.99
27100 00	Surgery	23.90	23.90	\$1,969.00	\$1,969.00
27105 00	Surgery	25.06	25.06	\$2,064.56	\$2,064.56
27110 00	Surgery	28.03	28.03	\$2,309.25	\$2,309.25
27111 00	Surgery	26.03	26.03	\$2,144.48	\$2,144.48
27120 00	Surgery	37.56	37.56	\$3,094.37	\$3,094.37

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27122 00	Surgery	31.82	31.82	\$2,621.48	\$2,621.48
27125 00	Surgery	32.72	32.72	\$2,695.63	\$2,695.63
27130 00	Surgery	39.21	39.21	\$3,230.31	\$3,230.31
27132 00	Surgery	48.45	48.45	\$3,991.54	\$3,991.54
27134 00	Surgery	55.39	55.39	\$4,563.29	\$4,563.29
27137 00	Surgery	42.57	42.57	\$3,507.12	\$3,507.12
27138 00	Surgery	44.25	44.25	\$3,645.53	\$3,645.53
27140 00	Surgery	25.85	25.85	\$2,129.65	\$2,129.65
27146 00	Surgery	36.94	36.94	\$3,043.29	\$3,043.29
27147 00	Surgery	42.40	42.40	\$3,493.11	\$3,493.11
27151 00	Surgery	45.88	45.88	\$3,779.81	\$3,779.81
27156 00	Surgery	49.47	49.47	\$4,075.57	\$4,075.57
27158 00	Surgery	40.51	40.51	\$3,337.41	\$3,337.41
27161 00	Surgery	35.26	35.26	\$2,904.89	\$2,904.89
27165 00	Surgery	39.68	39.68	\$3,269.03	\$3,269.03
27170 00	Surgery	33.97	33.97	\$2,798.61	\$2,798.61
27175 00	Surgery	19.24	19.24	\$1,585.08	\$1,585.08
27176 00	Surgery	26.57	26.57	\$2,188.96	\$2,188.96
27177 00	Surgery	32.19	32.19	\$2,651.97	\$2,651.97
27178 00	Surgery	26.57	26.57	\$2,188.96	\$2,188.96
27179 00	Surgery	28.25	28.25	\$2,327.37	\$2,327.37
27181 00	Surgery	32.37	32.37	\$2,666.79	\$2,666.79
27185 00	Surgery	20.72	20.72	\$1,707.01	\$1,707.01
27187 00	Surgery	28.76	28.76	\$2,369.39	\$2,369.39
27197 00	Surgery	3.68	3.68	\$303.18	\$303.18
27198 00	Surgery	8.84	8.84	\$728.28	\$728.28
27200 00	Surgery	5.32	5.40	\$438.29	\$444.88
27202 00	Surgery	15.29	15.29	\$1,259.66	\$1,259.66
27215 00	Surgery	17.44	17.44	\$1,436.79	\$1,436.79
27216 00	Surgery	25.86	25.86	\$2,130.47	\$2,130.47
27217 00	Surgery	24.27	24.27	\$1,999.48	\$1,999.48
27218 00	Surgery	33.47	33.47	\$2,757.42	\$2,757.42
27220 00	Surgery	12.40	12.23	\$1,021.57	\$1,007.57
27222 00	Surgery	28.13	28.13	\$2,317.48	\$2,317.48
27226 00	Surgery	30.53	30.53	\$2,515.21	\$2,515.21
27227 00	Surgery	47.85	47.85	\$3,942.11	\$3,942.11
27228 00	Surgery	54.36	54.36	\$4,765.50	\$4,765.50
27230 00	Surgery	13.89	13.68	\$1,144.32	\$1,127.02
27232 00	Surgery	21.62	21.62	\$1,781.16	\$1,781.16
27235 00	Surgery	26.23	26.23	\$2,160.95	\$2,160.95

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27236 00	Surgery	34.53	34.53	\$2,844.75	\$2,844.75
27238 00	Surgery	13.38	13.38	\$1,102.31	\$1,102.31
27240 00	Surgery	27.54	27.54	\$2,268.88	\$2,268.88
27244 00	Surgery	35.54	35.54	\$2,927.95	\$2,927.95
27245 00	Surgery	35.50	35.50	\$2,924.66	\$2,924.66
27246 00	Surgery	11.19	11.12	\$921.89	\$916.12
27248 00	Surgery	21.57	21.57	\$1,777.04	\$1,777.04
27250 00	Surgery	5.33	5.33	\$439.11	\$439.11
27252 00	Surgery	21.82	21.82	\$1,797.64	\$1,797.64
27253 00	Surgery	27.22	27.22	\$2,242.51	\$2,242.51
27254 00	Surgery	36.81	36.81	\$3,032.58	\$3,032.58
27256 00	Surgery	8.77	6.90	\$722.51	\$568.45
27257 00	Surgery	10.44	10.44	\$860.10	\$860.10
27258 00	Surgery	32.10	32.10	\$2,644.55	\$2,644.55
27259 00	Surgery	44.74	44.74	\$3,685.89	\$3,685.89
27265 00	Surgery	11.66	11.66	\$960.61	\$960.61
27266 00	Surgery	16.80	16.80	\$1,384.06	\$1,384.06
27267 00	Surgery	12.59	12.59	\$1,037.22	\$1,037.22
27268 00	Surgery	15.62	15.62	\$1,286.85	\$1,286.85
27269 00	Surgery	35.99	35.99	\$2,965.03	\$2,965.03
27275 00	Surgery	5.26	5.26	\$433.34	\$433.34
27279 00	Surgery	25.34	25.34	\$2,087.63	\$2,087.63
27280 00	Surgery	39.22	39.22	\$3,231.13	\$3,231.13
27282 00	Surgery	24.75	24.75	\$2,039.02	\$2,039.02
27284 00	Surgery	46.62	46.62	\$3,840.78	\$3,840.78
27286 00	Surgery	47.67	47.67	\$3,927.28	\$3,927.28
27290 00	Surgery	46.99	46.99	\$3,871.26	\$3,871.26
27295 00	Surgery	36.43	36.43	\$3,001.28	\$3,001.28
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	19.43	14.55	\$1,600.74	\$1,198.70
27303 00	Surgery	18.51	18.51	\$1,524.94	\$1,524.94
27305 00	Surgery	13.87	13.87	\$1,142.68	\$1,142.68
27306 00	Surgery	9.87	9.87	\$813.14	\$813.14
27307 00	Surgery	13.84	13.84	\$1,140.21	\$1,140.21
27310 00	Surgery	21.11	21.11	\$1,739.14	\$1,739.14
27323 00	Surgery	7.91	5.08	\$651.66	\$418.51
27324 00	Surgery	11.65	11.65	\$959.78	\$959.78
27325 00	Surgery	16.18	16.18	\$1,332.99	\$1,332.99
27326 00	Surgery	14.93	14.93	\$1,230.00	\$1,230.00
27327 00	Surgery	13.94	9.01	\$1,148.44	\$742.29

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27328 00	Surgery	18.02	18.02	\$1,484.57	\$1,484.57
27329 00	Surgery	30.13	30.13	\$2,482.25	\$2,482.25
27330 00	Surgery	11.86	11.86	\$977.08	\$977.08
27331 00	Surgery	13.68	13.68	\$1,127.02	\$1,127.02
27332 00	Surgery	18.58	18.58	\$1,530.71	\$1,530.71
27333 00	Surgery	16.92	16.92	\$1,393.95	\$1,393.95
27334 00	Surgery	19.76	19.76	\$1,627.92	\$1,627.92
27335 00	Surgery	22.09	22.09	\$1,819.88	\$1,819.88
27337 00	Surgery	12.11	12.11	\$997.68	\$997.68
27339 00	Surgery	21.84	21.84	\$1,799.28	\$1,799.28
27340 00	Surgery	10.70	10.70	\$881.52	\$881.52
27345 00	Surgery	13.94	13.94	\$1,148.44	\$1,148.44
27347 00	Surgery	15.19	15.19	\$1,251.42	\$1,251.42
27350 00	Surgery	18.83	18.83	\$1,551.31	\$1,551.31
27355 00	Surgery	17.45	17.45	\$1,437.61	\$1,437.61
27356 00	Surgery	21.33	21.33	\$1,757.27	\$1,757.27
27357 00	Surgery	23.55	23.55	\$1,940.16	\$1,940.16
27358 00	Surgery	8.03	8.03	\$661.55	\$661.55
27360 00	Surgery	25.33	25.33	\$2,086.81	\$2,086.81
27364 00	Surgery	45.22	45.22	\$3,725.44	\$3,725.44
27365 00	Surgery	59.66	59.66	\$4,915.08	\$4,915.08
27369 00	Surgery	4.48	1.18	\$369.08	\$97.21
27372 00	Surgery	17.25	11.59	\$1,421.14	\$954.84
27380 00	Surgery	17.53	17.53	\$1,444.20	\$1,444.20
27381 00	Surgery	23.35	23.35	\$1,923.68	\$1,923.68
27385 00	Surgery	16.98	16.98	\$1,398.89	\$1,398.89
27386 00	Surgery	24.39	24.39	\$2,009.36	\$2,009.36
27390 00	Surgery	12.92	12.92	\$1,064.41	\$1,064.41
27391 00	Surgery	16.28	16.28	\$1,341.22	\$1,341.22
27392 00	Surgery	20.56	20.56	\$1,693.83	\$1,693.83
27393 00	Surgery	14.69	14.69	\$1,210.23	\$1,210.23
27394 00	Surgery	18.88	18.88	\$1,555.42	\$1,555.42
27395 00	Surgery	25.41	25.41	\$2,093.40	\$2,093.40
27396 00	Surgery	17.79	17.79	\$1,465.63	\$1,465.63
27397 00	Surgery	26.41	26.41	\$2,175.78	\$2,175.78
27400 00	Surgery	20.05	20.05	\$1,651.81	\$1,651.81
27403 00	Surgery	18.56	18.56	\$1,529.06	\$1,529.06
27405 00	Surgery	19.50	19.50	\$1,606.50	\$1,606.50
27407 00	Surgery	22.95	22.95	\$1,890.73	\$1,890.73
27409 00	Surgery	27.93	27.93	\$2,301.01	\$2,301.01

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27412 00	Surgery	47.70	47.70	\$3,929.75	\$3,929.75
27415 00	Surgery	39.67	39.67	\$3,268.20	\$3,268.20
27416 00	Surgery	28.33	28.33	\$2,333.96	\$2,333.96
27418 00	Surgery	23.92	23.92	\$1,970.64	\$1,970.64
27420 00	Surgery	21.47	21.47	\$1,768.80	\$1,768.80
27422 00	Surgery	21.48	21.48	\$1,769.62	\$1,769.62
27424 00	Surgery	21.59	21.59	\$1,778.69	\$1,778.69
27425 00	Surgery	12.96	12.96	\$1,067.71	\$1,067.71
27427 00	Surgery	20.53	20.53	\$1,691.36	\$1,691.36
27428 00	Surgery	32.20	32.20	\$2,652.79	\$2,652.79
27429 00	Surgery	36.22	36.22	\$2,983.98	\$2,983.98
27430 00	Surgery	21.41	21.41	\$1,763.86	\$1,763.86
27435 00	Surgery	23.36	23.36	\$1,924.51	\$1,924.51
27437 00	Surgery	19.02	19.02	\$1,566.96	\$1,566.96
27438 00	Surgery	24.31	24.31	\$2,002.77	\$2,002.77
27440 00	Surgery	23.04	23.04	\$1,898.15	\$1,898.15
27441 00	Surgery	23.80	23.80	\$1,960.76	\$1,960.76
27442 00	Surgery	25.20	25.20	\$2,076.10	\$2,076.10
27443 00	Surgery	23.47	23.47	\$1,933.57	\$1,933.57
27445 00	Surgery	36.29	36.29	\$2,989.74	\$2,989.74
27446 00	Surgery	33.49	33.49	\$2,759.07	\$2,759.07
27447 00	Surgery	39.16	39.16	\$3,226.19	\$3,226.19
27448 00	Surgery	23.72	23.72	\$1,954.17	\$1,954.17
27450 00	Surgery	29.33	29.33	\$2,416.35	\$2,416.35
27454 00	Surgery	37.46	37.46	\$3,086.13	\$3,086.13
27455 00	Surgery	27.50	27.50	\$2,265.58	\$2,265.58
27457 00	Surgery	27.80	27.80	\$2,290.30	\$2,290.30
27465 00	Surgery	36.17	36.17	\$2,979.86	\$2,979.86
27466 00	Surgery	34.23	34.23	\$2,820.03	\$2,820.03
27468 00	Surgery	38.80	38.80	\$3,196.53	\$3,196.53
27470 00	Surgery	34.04	34.04	\$2,804.38	\$2,804.38
27472 00	Surgery	36.52	36.52	\$3,008.69	\$3,008.69
27475 00	Surgery	19.12	19.12	\$1,575.20	\$1,575.20
27477 00	Surgery	21.16	21.16	\$1,743.26	\$1,743.26
27479 00	Surgery	26.55	26.55	\$2,187.32	\$2,187.32
27485 00	Surgery	19.37	19.37	\$1,595.79	\$1,595.79
27486 00	Surgery	40.68	40.68	\$3,351.41	\$3,351.41
27487 00	Surgery	50.88	50.88	\$4,191.74	\$4,191.74
27488 00	Surgery	34.70	34.70	\$2,858.75	\$2,858.75
27495 00	Surgery	32.60	32.60	\$2,685.74	\$2,685.74

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27496 00	Surgery	15.71	15.71	\$1,294.26	\$1,294.26
27497 00	Surgery	16.78	16.78	\$1,382.42	\$1,382.42
27498 00	Surgery	18.89	18.89	\$1,556.25	\$1,556.25
27499 00	Surgery	20.23	20.23	\$1,666.64	\$1,666.64
27500 00	Surgery	15.00	13.85	\$1,235.77	\$1,141.03
27501 00	Surgery	14.57	14.34	\$1,200.35	\$1,181.40
27502 00	Surgery	21.94	21.94	\$1,807.52	\$1,807.52
27503 00	Surgery	23.12	23.12	\$1,904.74	\$1,904.74
27506 00	Surgery	38.64	38.64	\$3,183.35	\$3,183.35
27507 00	Surgery	28.07	28.07	\$2,312.54	\$2,312.54
27508 00	Surgery	15.09	14.30	\$1,243.19	\$1,178.10
27509 00	Surgery	19.07	19.07	\$1,571.08	\$1,571.08
27510 00	Surgery	19.64	19.64	\$1,618.04	\$1,618.04
27511 00	Surgery	28.89	28.89	\$2,380.10	\$2,380.10
27513 00	Surgery	35.91	35.91	\$2,958.44	\$2,958.44
27514 00	Surgery	27.99	27.99	\$2,305.95	\$2,305.95
27516 00	Surgery	14.74	13.83	\$1,214.35	\$1,139.38
27517 00	Surgery	19.82	19.82	\$1,632.87	\$1,632.87
27519 00	Surgery	25.79	25.79	\$2,124.70	\$2,124.70
27520 00	Surgery	9.25	8.54	\$762.06	\$703.57
27524 00	Surgery	21.73	21.73	\$1,790.22	\$1,790.22
27530 00	Surgery	8.70	8.15	\$716.75	\$671.44
27532 00	Surgery	17.76	16.63	\$1,463.15	\$1,370.06
27535 00	Surgery	25.96	25.96	\$2,138.71	\$2,138.71
27536 00	Surgery	34.34	34.34	\$2,829.09	\$2,829.09
27538 00	Surgery	13.72	12.79	\$1,130.32	\$1,053.70
27540 00	Surgery	23.39	23.39	\$1,926.98	\$1,926.98
27550 00	Surgery	15.05	13.96	\$1,239.89	\$1,150.09
27552 00	Surgery	18.14	18.14	\$1,494.46	\$1,494.46
27556 00	Surgery	25.38	25.38	\$2,090.93	\$2,090.93
27557 00	Surgery	30.29	30.29	\$2,495.43	\$2,495.43
27558 00	Surgery	34.53	34.53	\$2,844.75	\$2,844.75
27560 00	Surgery	10.74	9.88	\$884.81	\$813.96
27562 00	Surgery	14.01	14.01	\$1,154.21	\$1,154.21
27566 00	Surgery	25.82	25.82	\$2,127.17	\$2,127.17
27570 00	Surgery	4.34	4.34	\$357.55	\$357.55
27580 00	Surgery	42.18	42.18	\$3,474.99	\$3,474.99
27590 00	Surgery	23.02	23.02	\$1,896.50	\$1,896.50
27591 00	Surgery	27.90	27.90	\$2,298.54	\$2,298.54
27592 00	Surgery	19.58	19.58	\$1,613.09	\$1,613.09

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27594 00	Surgery	14.79	14.79	\$1,218.47	\$1,218.47
27596 00	Surgery	20.69	20.69	\$1,704.54	\$1,704.54
27598 00	Surgery	20.60	20.60	\$1,697.13	\$1,697.13
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	11.71	11.71	\$964.73	\$964.73
27601 00	Surgery	12.88	12.88	\$1,061.12	\$1,061.12
27602 00	Surgery	14.03	14.03	\$1,155.86	\$1,155.86
27603 00	Surgery	15.33	11.23	\$1,262.96	\$925.18
27604 00	Surgery	13.66	9.61	\$1,125.38	\$791.72
27605 00	Surgery	9.83	5.34	\$809.84	\$439.93
27606 00	Surgery	7.99	7.99	\$658.25	\$658.25
27607 00	Surgery	17.46	17.46	\$1,438.44	\$1,438.44
27610 00	Surgery	18.71	18.71	\$1,541.42	\$1,541.42
27612 00	Surgery	16.08	16.08	\$1,324.75	\$1,324.75
27613 00	Surgery	7.22	4.60	\$594.82	\$378.97
27614 00	Surgery	16.64	11.70	\$1,370.88	\$963.90
27615 00	Surgery	29.65	29.65	\$2,442.71	\$2,442.71
27616 00	Surgery	36.83	36.83	\$3,034.23	\$3,034.23
27618 00	Surgery	13.55	8.78	\$1,116.31	\$723.34
27619 00	Surgery	13.31	13.31	\$1,096.54	\$1,096.54
27620 00	Surgery	12.90	12.90	\$1,062.76	\$1,062.76
27625 00	Surgery	16.64	16.64	\$1,370.88	\$1,370.88
27626 00	Surgery	17.44	17.44	\$1,436.79	\$1,436.79
27630 00	Surgery	15.81	10.36	\$1,302.50	\$853.51
27632 00	Surgery	11.94	11.94	\$983.67	\$983.67
27634 00	Surgery	19.73	19.73	\$1,625.45	\$1,625.45
27635 00	Surgery	16.77	16.77	\$1,381.59	\$1,381.59
27637 00	Surgery	21.59	21.59	\$1,778.69	\$1,778.69
27638 00	Surgery	22.10	22.10	\$1,820.70	\$1,820.70
27640 00	Surgery	23.99	23.99	\$1,976.41	\$1,976.41
27641 00	Surgery	19.09	19.09	\$1,572.73	\$1,572.73
27645 00	Surgery	51.29	51.29	\$4,225.51	\$4,225.51
27646 00	Surgery	44.51	44.51	\$3,666.95	\$3,666.95
27647 00	Surgery	29.33	29.33	\$2,416.35	\$2,416.35
27648 00	Surgery	5.73	1.52	\$472.06	\$152.12
27650 00	Surgery	18.95	18.95	\$1,561.19	\$1,561.19
27652 00	Surgery	19.16	19.16	\$1,578.49	\$1,578.49
27654 00	Surgery	20.54	20.54	\$1,692.18	\$1,692.18
27656 00	Surgery	18.25	11.42	\$1,503.52	\$940.83
27658 00	Surgery	10.63	10.63	\$875.75	\$875.75

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27659 00	Surgery	13.54	13.54	\$1,115.49	\$1,115.49
27664 00	Surgery	10.38	10.38	\$855.15	\$855.15
27665 00	Surgery	11.94	11.94	\$983.67	\$983.67
27675 00	Surgery	14.14	14.14	\$1,164.92	\$1,164.92
27676 00	Surgery	17.25	17.25	\$1,421.14	\$1,421.14
27680 00	Surgery	12.22	12.22	\$1,006.74	\$1,006.74
27681 00	Surgery	14.91	14.91	\$1,228.36	\$1,228.36
27685 00	Surgery	19.02	13.36	\$1,566.96	\$1,100.66
27686 00	Surgery	15.61	15.61	\$1,286.03	\$1,286.03
27687 00	Surgery	13.09	13.09	\$1,078.42	\$1,078.42
27690 00	Surgery	18.41	18.41	\$1,516.70	\$1,516.70
27691 00	Surgery	21.46	21.46	\$1,767.98	\$1,767.98
27692 00	Surgery	3.01	3.01	\$247.98	\$247.98
27695 00	Surgery	13.66	13.66	\$1,125.38	\$1,125.38
27696 00	Surgery	16.09	16.09	\$1,325.57	\$1,325.57
27698 00	Surgery	18.39	18.39	\$1,515.06	\$1,515.06
27700 00	Surgery	17.69	17.69	\$1,457.39	\$1,457.39
27702 00	Surgery	27.85	27.85	\$2,294.42	\$2,294.42
27703 00	Surgery	32.24	32.24	\$2,656.08	\$2,656.08
27704 00	Surgery	16.53	16.53	\$1,361.82	\$1,361.82
27705 00	Surgery	21.87	21.87	\$1,801.75	\$1,801.75
27707 00	Surgery	11.49	11.49	\$946.60	\$946.60
27709 00	Surgery	33.71	33.71	\$2,777.19	\$2,777.19
27712 00	Surgery	31.83	31.83	\$2,622.31	\$2,622.31
27715 00	Surgery	30.97	30.97	\$2,551.46	\$2,551.46
27720 00	Surgery	25.28	25.28	\$2,082.69	\$2,082.69
27722 00	Surgery	25.78	25.78	\$2,123.88	\$2,123.88
27724 00	Surgery	36.43	36.43	\$3,001.28	\$3,001.28
27725 00	Surgery	35.12	35.12	\$2,893.35	\$2,893.35
27726 00	Surgery	27.66	27.66	\$2,278.76	\$2,278.76
27727 00	Surgery	29.97	29.97	\$2,469.07	\$2,469.07
27730 00	Surgery	16.93	16.93	\$1,394.77	\$1,394.77
27732 00	Surgery	12.97	12.97	\$1,068.53	\$1,068.53
27734 00	Surgery	18.95	18.95	\$1,561.19	\$1,561.19
27740 00	Surgery	20.43	20.43	\$1,683.12	\$1,683.12
27742 00	Surgery	22.44	22.44	\$1,848.71	\$1,848.71
27745 00	Surgery	21.96	21.96	\$1,809.17	\$1,809.17
27750 00	Surgery	9.91	9.18	\$816.43	\$756.29
27752 00	Surgery	15.42	14.19	\$1,270.37	\$1,169.04
27756 00	Surgery	16.57	16.57	\$1,365.12	\$1,365.12

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27758 00	Surgery	25.83	25.83	\$2,128.00	\$2,128.00
27759 00	Surgery	28.85	28.85	\$2,376.80	\$2,376.80
27760 00	Surgery	9.56	8.81	\$787.60	\$725.81
27762 00	Surgery	13.76	12.49	\$1,133.61	\$1,028.99
27766 00	Surgery	17.41	17.41	\$1,434.32	\$1,434.32
27767 00	Surgery	8.24	8.20	\$678.85	\$675.56
27768 00	Surgery	12.76	12.76	\$1,051.23	\$1,051.23
27769 00	Surgery	21.05	21.05	\$1,734.20	\$1,734.20
27780 00	Surgery	8.80	8.08	\$724.99	\$665.67
27781 00	Surgery	12.43	11.47	\$1,024.04	\$944.95
27784 00	Surgery	20.51	20.51	\$1,689.71	\$1,689.71
27786 00	Surgery	9.01	8.25	\$742.29	\$679.67
27788 00	Surgery	12.21	11.10	\$1,005.92	\$914.47
27792 00	Surgery	18.66	18.66	\$1,537.30	\$1,537.30
27808 00	Surgery	9.57	8.70	\$788.42	\$716.75
27810 00	Surgery	13.48	12.20	\$1,110.55	\$1,005.09
27814 00	Surgery	22.13	22.13	\$1,823.17	\$1,823.17
27816 00	Surgery	9.36	8.36	\$771.12	\$688.74
27818 00	Surgery	13.99	12.54	\$1,152.56	\$1,033.10
27822 00	Surgery	24.98	24.98	\$2,057.97	\$2,057.97
27823 00	Surgery	28.26	28.26	\$2,328.19	\$2,328.19
27824 00	Surgery	9.11	8.75	\$750.53	\$720.87
27825 00	Surgery	15.72	14.25	\$1,295.09	\$1,173.98
27826 00	Surgery	24.55	24.55	\$2,022.55	\$2,022.55
27827 00	Surgery	32.05	32.05	\$2,640.43	\$2,640.43
27828 00	Surgery	38.10	38.10	\$3,138.86	\$3,138.86
27829 00	Surgery	20.20	20.20	\$1,664.17	\$1,664.17
27830 00	Surgery	11.11	10.28	\$915.29	\$846.92
27831 00	Surgery	11.63	11.63	\$958.13	\$958.13
27832 00	Surgery	21.82	21.82	\$1,797.64	\$1,797.64
27840 00	Surgery	10.84	10.84	\$893.05	\$893.05
27842 00	Surgery	14.20	14.20	\$1,169.86	\$1,169.86
27846 00	Surgery	20.61	20.61	\$1,697.95	\$1,697.95
27848 00	Surgery	23.07	23.07	\$1,900.62	\$1,900.62
27860 00	Surgery	4.91	4.91	\$404.51	\$404.51
27870 00	Surgery	29.51	29.51	\$2,431.17	\$2,431.17
27871 00	Surgery	19.88	19.88	\$1,637.81	\$1,637.81
27880 00	Surgery	26.35	26.35	\$2,170.84	\$2,170.84
27881 00	Surgery	24.84	24.84	\$2,046.44	\$2,046.44
27882 00	Surgery	17.31	17.31	\$1,426.08	\$1,426.08

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
27884 00	Surgery	16.57	16.57	\$1,365.12	\$1,365.12
27886 00	Surgery	18.96	18.96	\$1,562.02	\$1,562.02
27888 00	Surgery	18.95	18.95	\$1,561.19	\$1,561.19
27889 00	Surgery	18.61	18.61	\$1,533.18	\$1,533.18
27892 00	Surgery	15.89	15.89	\$1,309.09	\$1,309.09
27893 00	Surgery	17.62	17.62	\$1,451.62	\$1,451.62
27894 00	Surgery	24.32	24.32	\$2,003.60	\$2,003.60
27899 00	Surgery	0.00	0.00	BR	BR
28001 00	Surgery	8.06	4.94	\$664.02	\$406.98
28002 00	Surgery	12.76	9.21	\$1,051.23	\$758.76
28003 00	Surgery	20.18	16.14	\$1,662.52	\$1,329.69
28005 00	Surgery	16.64	16.64	\$1,370.88	\$1,370.88
28008 00	Surgery	12.50	8.49	\$1,029.81	\$699.45
28010 00	Surgery	6.69	5.99	\$551.15	\$493.48
28011 00	Surgery	9.09	8.10	\$748.88	\$667.32
28020 00	Surgery	15.50	10.36	\$1,276.96	\$853.51
28022 00	Surgery	14.06	9.36	\$1,158.33	\$771.12
28024 00	Surgery	13.18	8.71	\$1,085.83	\$717.57
28035 00	Surgery	15.18	10.21	\$1,250.60	\$841.15
28039 00	Surgery	14.30	9.94	\$1,178.10	\$818.90
28041 00	Surgery	13.07	13.07	\$1,076.77	\$1,076.77
28043 00	Surgery	11.33	7.52	\$933.42	\$619.53
28045 00	Surgery	14.05	9.97	\$1,157.51	\$821.38
28046 00	Surgery	20.67	20.67	\$1,702.89	\$1,702.89
28047 00	Surgery	30.07	30.07	\$2,477.31	\$2,477.31
28050 00	Surgery	12.18	8.03	\$1,003.45	\$661.55
28052 00	Surgery	12.85	8.18	\$1,058.64	\$673.91
28054 00	Surgery	10.76	6.75	\$886.46	\$556.10
28055 00	Surgery	11.14	11.14	\$917.77	\$917.77
28060 00	Surgery	15.07	10.36	\$1,241.54	\$853.51
28062 00	Surgery	16.79	11.70	\$1,383.24	\$963.90
28070 00	Surgery	15.26	10.19	\$1,257.19	\$839.50
28072 00	Surgery	14.06	9.23	\$1,158.33	\$760.41
28080 00	Surgery	15.18	10.62	\$1,250.60	\$874.93
28086 00	Surgery	15.48	10.21	\$1,275.32	\$841.15
28088 00	Surgery	12.50	7.92	\$1,029.81	\$652.49
28090 00	Surgery	13.48	8.83	\$1,110.55	\$727.46
28092 00	Surgery	12.21	7.75	\$1,005.92	\$638.48
28100 00	Surgery	17.62	11.98	\$1,451.62	\$986.97
28102 00	Surgery	17.54	17.54	\$1,445.03	\$1,445.03

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28103 00	Surgery	11.24	11.24	\$926.00	\$926.00
28104 00	Surgery	15.26	10.20	\$1,257.19	\$840.32
28106 00	Surgery	12.34	12.34	\$1,016.63	\$1,016.63
28107 00	Surgery	14.76	10.01	\$1,216.00	\$824.67
28108 00	Surgery	12.66	8.29	\$1,042.99	\$682.97
28110 00	Surgery	13.36	8.35	\$1,100.66	\$687.91
28111 00	Surgery	14.09	9.33	\$1,160.80	\$768.65
28112 00	Surgery	14.07	9.00	\$1,159.15	\$741.46
28113 00	Surgery	16.94	12.18	\$1,395.60	\$1,003.45
28114 00	Surgery	30.49	23.83	\$2,511.91	\$1,963.23
28116 00	Surgery	22.01	16.62	\$1,813.29	\$1,369.23
28118 00	Surgery	17.32	12.04	\$1,426.90	\$991.91
28119 00	Surgery	15.11	10.39	\$1,244.83	\$855.98
28120 00	Surgery	19.53	14.33	\$1,608.97	\$1,180.57
28122 00	Surgery	17.17	12.62	\$1,414.55	\$1,039.70
28124 00	Surgery	13.80	9.55	\$1,136.91	\$786.77
28126 00	Surgery	11.32	7.11	\$932.60	\$585.76
28130 00	Surgery	18.21	18.21	\$1,500.23	\$1,500.23
28140 00	Surgery	16.98	12.56	\$1,398.89	\$1,034.75
28150 00	Surgery	12.15	8.01	\$1,000.97	\$659.90
28153 00	Surgery	11.92	7.64	\$982.03	\$629.42
28160 00	Surgery	11.98	7.69	\$986.97	\$633.54
28171 00	Surgery	32.11	32.11	\$2,645.37	\$2,645.37
28173 00	Surgery	21.25	21.25	\$1,750.68	\$1,750.68
28175 00	Surgery	13.64	13.64	\$1,123.73	\$1,123.73
28190 00	Surgery	7.27	3.85	\$598.94	\$317.18
28192 00	Surgery	13.50	9.01	\$1,112.19	\$742.29
28193 00	Surgery	15.28	10.63	\$1,258.84	\$875.75
28200 00	Surgery	14.24	9.33	\$1,173.16	\$768.65
28202 00	Surgery	17.44	12.44	\$1,436.79	\$1,024.87
28208 00	Surgery	13.90	9.11	\$1,145.15	\$750.53
28210 00	Surgery	16.99	12.07	\$1,399.72	\$994.38
28220 00	Surgery	13.01	8.72	\$1,071.83	\$718.40
28222 00	Surgery	14.97	10.29	\$1,233.30	\$847.74
28225 00	Surgery	12.05	7.59	\$992.74	\$625.30
28226 00	Surgery	17.69	11.35	\$1,457.39	\$935.07
28230 00	Surgery	12.56	8.16	\$1,034.75	\$672.26
28232 00	Surgery	11.10	6.95	\$914.47	\$572.57
28234 00	Surgery	11.81	7.62	\$972.96	\$627.77
28238 00	Surgery	19.20	13.97	\$1,581.79	\$1,150.92

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28240 00	Surgery	12.93	8.46	\$1,065.24	\$696.98
28250 00	Surgery	16.75	11.66	\$1,379.94	\$960.61
28260 00	Surgery	20.20	14.97	\$1,664.17	\$1,233.30
28261 00	Surgery	34.64	27.07	\$2,853.81	\$2,230.16
28262 00	Surgery	40.41	32.64	\$3,329.17	\$2,689.04
28264 00	Surgery	29.17	22.22	\$2,403.16	\$1,830.59
28270 00	Surgery	14.21	9.64	\$1,170.69	\$794.19
28272 00	Surgery	11.25	7.25	\$926.83	\$597.29
28280 00	Surgery	14.83	10.03	\$1,221.77	\$826.32
28285 00	Surgery	15.48	10.94	\$1,275.32	\$901.29
28286 00	Surgery	12.89	8.56	\$1,061.94	\$705.21
28288 00	Surgery	17.57	12.46	\$1,447.50	\$1,026.51
28289 00	Surgery	20.59	13.22	\$1,696.30	\$1,089.13
28291 00	Surgery	21.06	14.11	\$1,735.02	\$1,162.45
28292 00	Surgery	20.89	13.93	\$1,721.02	\$1,147.62
28295 00	Surgery	28.53	16.16	\$2,350.44	\$1,331.34
28296 00	Surgery	26.18	14.81	\$2,156.83	\$1,220.12
28297 00	Surgery	30.28	17.40	\$2,494.61	\$1,433.49
28298 00	Surgery	24.31	14.34	\$2,002.77	\$1,181.40
28299 00	Surgery	29.10	16.80	\$2,397.40	\$1,384.06
28300 00	Surgery	18.78	18.78	\$1,547.19	\$1,547.19
28302 00	Surgery	20.66	20.66	\$1,702.07	\$1,702.07
28304 00	Surgery	23.61	17.40	\$1,945.10	\$1,433.49
28305 00	Surgery	19.30	19.30	\$1,590.03	\$1,590.03
28306 00	Surgery	17.49	11.55	\$1,440.91	\$951.54
28307 00	Surgery	17.90	11.97	\$1,474.69	\$986.15
28308 00	Surgery	16.43	10.97	\$1,353.58	\$903.76
28309 00	Surgery	25.48	25.48	\$2,099.16	\$2,099.16
28310 00	Surgery	15.78	10.35	\$1,300.03	\$852.68
28312 00	Surgery	14.49	9.12	\$1,193.76	\$751.35
28313 00	Surgery	15.13	10.23	\$1,246.48	\$842.80
28315 00	Surgery	13.90	9.38	\$1,145.15	\$772.77
28320 00	Surgery	17.66	17.66	\$1,454.92	\$1,454.92
28322 00	Surgery	22.57	16.56	\$1,859.42	\$1,364.29
28340 00	Surgery	16.57	11.86	\$1,365.12	\$977.08
28341 00	Surgery	19.20	14.13	\$1,581.79	\$1,164.10
28344 00	Surgery	12.26	8.04	\$1,010.04	\$662.37
28345 00	Surgery	14.99	10.50	\$1,234.95	\$865.04
28360 00	Surgery	31.53	31.53	\$2,597.59	\$2,597.59
28400 00	Surgery	7.09	6.55	\$584.11	\$539.62

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28405 00	Surgery	11.12	10.08	\$916.12	\$830.44
28406 00	Surgery	15.58	15.58	\$1,283.55	\$1,283.55
28415 00	Surgery	32.28	32.28	\$2,659.38	\$2,659.38
28420 00	Surgery	37.10	37.10	\$3,056.47	\$3,056.47
28430 00	Surgery	6.85	6.03	\$564.34	\$496.78
28435 00	Surgery	10.46	9.31	\$861.74	\$767.00
28436 00	Surgery	13.45	13.45	\$1,108.08	\$1,108.08
28445 00	Surgery	29.91	29.91	\$2,464.13	\$2,464.13
28446 00	Surgery	35.34	35.34	\$2,911.48	\$2,911.48
28450 00	Surgery	6.07	5.47	\$500.08	\$450.64
28455 00	Surgery	8.27	7.40	\$681.32	\$609.65
28456 00	Surgery	9.74	9.74	\$802.43	\$802.43
28465 00	Surgery	18.18	18.18	\$1,497.76	\$1,497.76
28470 00	Surgery	6.26	5.85	\$515.73	\$481.95
28475 00	Surgery	7.37	6.52	\$607.18	\$537.15
28476 00	Surgery	10.56	10.56	\$869.98	\$869.98
28485 00	Surgery	15.89	15.89	\$1,309.09	\$1,309.09
28490 00	Surgery	4.07	3.55	\$335.31	\$292.47
28495 00	Surgery	5.10	4.25	\$420.16	\$350.14
28496 00	Surgery	12.98	6.93	\$1,069.35	\$570.93
28505 00	Surgery	19.12	14.32	\$1,575.20	\$1,179.75
28510 00	Surgery	3.47	3.41	\$285.88	\$280.93
28515 00	Surgery	4.67	4.08	\$384.74	\$336.13
28525 00	Surgery	16.50	11.61	\$1,359.35	\$956.49
28530 00	Surgery	3.30	2.88	\$271.87	\$237.27
28531 00	Surgery	9.73	5.22	\$801.60	\$430.05
28540 00	Surgery	5.57	5.01	\$458.88	\$412.75
28545 00	Surgery	8.67	7.62	\$714.28	\$627.77
28546 00	Surgery	16.74	9.85	\$1,379.12	\$811.49
28555 00	Surgery	24.60	18.75	\$2,026.67	\$1,544.71
28570 00	Surgery	6.57	5.52	\$541.27	\$454.76
28575 00	Surgery	10.64	9.57	\$876.57	\$788.42
28576 00	Surgery	11.14	11.14	\$917.77	\$917.77
28585 00	Surgery	24.94	19.62	\$2,054.68	\$1,616.39
28600 00	Surgery	6.19	5.30	\$509.96	\$436.64
28605 00	Surgery	9.58	8.57	\$789.25	\$706.04
28606 00	Surgery	11.19	11.19	\$921.89	\$921.89
28615 00	Surgery	23.43	23.43	\$1,930.28	\$1,930.28
28630 00	Surgery	4.49	3.20	\$369.91	\$263.63
28635 00	Surgery	5.04	3.81	\$415.22	\$313.89

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
28636 00	Surgery	8.98	5.74	\$739.82	\$472.89
28645 00	Surgery	18.93	14.00	\$1,559.54	\$1,153.39
28660 00	Surgery	3.42	2.62	\$281.76	\$215.85
28665 00	Surgery	4.41	3.72	\$363.32	\$306.47
28666 00	Surgery	4.79	4.79	\$394.62	\$394.62
28675 00	Surgery	16.42	11.62	\$1,352.76	\$957.31
28705 00	Surgery	35.47	35.47	\$2,922.19	\$2,922.19
28715 00	Surgery	27.12	27.12	\$2,234.27	\$2,234.27
28725 00	Surgery	22.47	22.47	\$1,851.19	\$1,851.19
28730 00	Surgery	21.21	21.21	\$1,747.38	\$1,747.38
28735 00	Surgery	22.38	22.38	\$1,843.77	\$1,843.77
28737 00	Surgery	19.89	19.89	\$1,638.63	\$1,638.63
28740 00	Surgery	24.20	17.90	\$1,993.71	\$1,474.69
28750 00	Surgery	22.99	16.81	\$1,894.03	\$1,384.89
28755 00	Surgery	14.70	9.58	\$1,211.06	\$789.25
28760 00	Surgery	22.55	16.60	\$1,857.78	\$1,367.59
28800 00	Surgery	15.42	15.42	\$1,270.37	\$1,270.37
28805 00	Surgery	20.86	20.86	\$1,718.55	\$1,718.55
28810 00	Surgery	12.37	12.37	\$1,019.10	\$1,019.10
28820 00	Surgery	16.11	11.31	\$1,327.22	\$931.77
28825 00	Surgery	15.40	10.60	\$1,268.73	\$873.28
28890 00	Surgery	9.18	6.38	\$756.29	\$525.61
28899 00	Surgery	0.00	0.00	BR	BR
29000 00	Surgery	9.69	5.57	\$798.31	\$458.88
29010 00	Surgery	7.63	4.58	\$628.60	\$377.32
29015 00	Surgery	8.22	5.18	\$677.20	\$426.75
29035 00	Surgery	7.13	4.08	\$587.40	\$336.13
29040 00	Surgery	8.17	4.95	\$673.08	\$407.80
29044 00	Surgery	8.01	4.78	\$659.90	\$393.80
29046 00	Surgery	8.78	5.37	\$723.34	\$442.41
29049 00	Surgery	2.79	2.00	\$229.85	\$164.77
29055 00	Surgery	6.22	3.93	\$512.43	\$323.77
29058 00	Surgery	3.51	2.71	\$289.17	\$223.26
29065 00	Surgery	2.70	1.95	\$222.44	\$160.65
29075 00	Surgery	2.43	1.76	\$200.19	\$145.00
29085 00	Surgery	2.68	1.92	\$220.79	\$158.18
29086 00	Surgery	2.22	1.47	\$182.89	\$121.11
29105 00	Surgery	2.31	1.21	\$190.31	\$99.69
29125 00	Surgery	1.82	1.13	\$149.94	\$93.09
29126 00	Surgery	2.18	1.40	\$179.60	\$115.34

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29130 00	Surgery	1.18	0.85	\$97.21	\$70.03
29131 00	Surgery	1.48	0.98	\$121.93	\$80.74
29200 00	Surgery	0.93	0.54	\$76.62	\$44.49
29240 00	Surgery	0.88	0.54	\$72.50	\$56.94
29260 00	Surgery	0.86	0.56	\$70.85	\$46.14
29280 00	Surgery	0.88	0.60	\$72.50	\$49.43
29305 00	Surgery	6.93	4.53	\$570.93	\$373.20
29325 00	Surgery	7.68	5.09	\$632.72	\$419.34
29345 00	Surgery	3.85	2.87	\$317.18	\$236.44
29355 00	Surgery	4.03	3.07	\$332.01	\$252.92
29358 00	Surgery	4.51	2.96	\$371.56	\$243.86
29365 00	Surgery	3.47	2.50	\$285.88	\$205.96
29405 00	Surgery	2.26	1.69	\$186.19	\$139.23
29425 00	Surgery	2.17	1.59	\$178.77	\$130.99
29435 00	Surgery	3.25	2.35	\$267.75	\$193.60
29440 00	Surgery	1.23	0.83	\$101.33	\$68.38
29445 00	Surgery	3.72	2.94	\$306.47	\$242.21
29450 00	Surgery	4.11	3.26	\$338.60	\$268.57
29505 00	Surgery	2.41	1.45	\$198.55	\$119.46
29515 00	Surgery	2.01	1.42	\$165.59	\$116.99
29520 00	Surgery	1.00	0.55	\$82.38	\$47.58
29530 00	Surgery	0.87	0.54	\$71.67	\$44.49
29540 00	Surgery	0.81	0.51	\$66.73	\$42.02
29550 00	Surgery	0.54	0.33	\$44.49	\$30.62
29580 00	Surgery	1.80	0.79	\$148.29	\$65.08
29581 00	Surgery	2.54	0.80	\$209.26	\$81.64
29584 00	Surgery	2.37	0.47	\$195.25	\$86.25
29700 00	Surgery	1.78	0.96	\$146.64	\$79.09
29705 00	Surgery	1.82	1.31	\$149.94	\$107.92
29710 00	Surgery	3.48	2.41	\$286.70	\$198.55
29720 00	Surgery	2.38	1.26	\$196.08	\$103.80
29730 00	Surgery	1.76	1.25	\$145.00	\$102.98
29740 00	Surgery	2.82	2.02	\$232.33	\$166.42
29750 00	Surgery	3.06	2.26	\$252.10	\$186.19
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	15.23	15.23	\$1,254.72	\$1,254.72
29804 00	Surgery	17.76	17.76	\$1,463.15	\$1,463.15
29805 00	Surgery	13.55	13.55	\$1,116.31	\$1,116.31
29806 00	Surgery	30.54	30.54	\$2,516.03	\$2,516.03
29807 00	Surgery	29.87	29.87	\$2,460.83	\$2,460.83

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29819 00	Surgery	16.91	16.91	\$1,393.13	\$1,393.13
29820 00	Surgery	15.48	15.48	\$1,275.32	\$1,275.32
29821 00	Surgery	17.10	17.10	\$1,408.78	\$1,408.78
29822 00	Surgery	16.63	16.63	\$1,370.06	\$1,370.06
29823 00	Surgery	18.10	18.10	\$1,491.16	\$1,491.16
29824 00	Surgery	19.46	19.46	\$1,603.21	\$1,603.21
29825 00	Surgery	16.91	16.91	\$1,393.13	\$1,393.13
29826 00	Surgery	5.05	5.05	\$1,224.00	\$1,224.00
29827 00	Surgery	30.91	30.91	\$2,546.51	\$2,546.51
29828 00	Surgery	26.52	26.52	\$2,184.84	\$2,184.84
29830 00	Surgery	13.16	13.16	\$1,084.18	\$1,084.18
29834 00	Surgery	14.19	14.19	\$1,169.04	\$1,169.04
29835 00	Surgery	14.67	14.67	\$1,208.58	\$1,208.58
29836 00	Surgery	16.84	16.84	\$1,387.36	\$1,387.36
29837 00	Surgery	15.20	15.20	\$1,252.25	\$1,252.25
29838 00	Surgery	17.07	17.07	\$1,406.31	\$1,406.31
29840 00	Surgery	12.99	12.99	\$1,070.18	\$1,070.18
29843 00	Surgery	14.00	14.00	\$1,153.39	\$1,153.39
29844 00	Surgery	14.40	14.40	\$1,186.34	\$1,186.34
29845 00	Surgery	16.81	16.81	\$1,384.89	\$1,384.89
29846 00	Surgery	15.06	15.06	\$1,240.71	\$1,240.71
29847 00	Surgery	15.68	15.68	\$1,291.79	\$1,291.79
29848 00	Surgery	14.69	14.69	\$1,210.23	\$1,210.23
29850 00	Surgery	17.98	17.98	\$1,481.28	\$1,481.28
29851 00	Surgery	26.87	26.87	\$2,213.68	\$2,213.68
29855 00	Surgery	22.57	22.57	\$1,859.42	\$1,859.42
29856 00	Surgery	28.60	28.60	\$2,356.20	\$2,356.20
29860 00	Surgery	19.24	19.24	\$1,585.08	\$1,585.08
29861 00	Surgery	20.82	20.82	\$1,715.25	\$1,715.25
29862 00	Surgery	23.45	23.45	\$1,931.92	\$1,931.92
29863 00	Surgery	23.52	23.52	\$1,937.69	\$1,937.69
29866 00	Surgery	30.33	30.33	\$2,498.73	\$2,498.73
29867 00	Surgery	36.92	36.92	\$3,041.65	\$3,041.65
29868 00	Surgery	48.34	48.34	\$3,982.48	\$3,982.48
29870 00	Surgery	16.42	11.81	\$1,352.76	\$972.96
29871 00	Surgery	14.81	14.81	\$1,220.12	\$1,220.12
29873 00	Surgery	15.24	15.24	\$1,255.54	\$1,255.54
29874 00	Surgery	15.51	15.51	\$1,277.79	\$1,277.79
29875 00	Surgery	14.31	14.31	\$1,178.93	\$1,178.93
29876 00	Surgery	18.85	18.85	\$1,552.95	\$1,552.95

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
29877 00	Surgery	17.91	17.91	\$1,475.51	\$1,475.51
29879 00	Surgery	19.09	19.09	\$1,572.73	\$1,572.73
29880 00	Surgery	16.19	16.19	\$1,400.00	\$1,400.00
29881 00	Surgery	15.60	15.60	\$1,285.20	\$1,285.20
29882 00	Surgery	19.98	19.98	\$1,646.05	\$1,646.05
29883 00	Surgery	24.28	24.28	\$2,000.30	\$2,000.30
29884 00	Surgery	17.85	17.85	\$1,470.57	\$1,470.57
29885 00	Surgery	21.77	21.77	\$1,793.52	\$1,793.52
29886 00	Surgery	18.35	18.35	\$1,511.76	\$1,511.76
29887 00	Surgery	21.67	21.67	\$1,785.28	\$1,785.28
29888 00	Surgery	28.32	28.32	\$2,333.14	\$2,333.14
29889 00	Surgery	35.32	35.32	\$2,909.83	\$2,909.83
29891 00	Surgery	19.32	19.32	\$1,591.67	\$1,591.67
29892 00	Surgery	18.78	18.78	\$1,547.19	\$1,547.19
29893 00	Surgery	18.31	12.38	\$1,508.47	\$1,019.92
29894 00	Surgery	14.39	14.39	\$1,185.52	\$1,185.52
29895 00	Surgery	13.40	13.40	\$1,103.96	\$1,103.96
29897 00	Surgery	14.41	14.41	\$1,187.16	\$1,187.16
29898 00	Surgery	16.24	16.24	\$1,337.93	\$1,337.93
29899 00	Surgery	29.77	29.77	\$2,452.59	\$2,452.59
29900 00	Surgery	14.35	14.35	\$1,182.22	\$1,182.22
29901 00	Surgery	15.45	15.45	\$1,272.84	\$1,272.84
29902 00	Surgery	16.41	16.41	\$1,351.93	\$1,351.93
29904 00	Surgery	18.38	18.38	\$1,514.23	\$1,514.23
29905 00	Surgery	14.92	14.92	\$1,229.18	\$1,229.18
29906 00	Surgery	19.14	19.14	\$1,576.84	\$1,576.84
29907 00	Surgery	25.30	25.30	\$2,084.33	\$2,084.33
29914 00	Surgery	28.72	28.72	\$2,366.09	\$2,366.09
29915 00	Surgery	29.57	29.57	\$2,436.12	\$2,436.12
29916 00	Surgery	29.58	29.58	\$2,436.94	\$2,436.94
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.18	3.38	\$591.52	\$278.46
30020 00	Surgery	7.25	3.40	\$597.29	\$280.11
30100 00	Surgery	4.03	1.91	\$332.01	\$157.35
30110 00	Surgery	6.82	3.70	\$561.86	\$304.82
30115 00	Surgery	12.70	12.70	\$1,046.29	\$1,046.29
30117 00	Surgery	26.47	9.47	\$2,180.72	\$780.18
30118 00	Surgery	22.09	22.09	\$1,819.88	\$1,819.88
30120 00	Surgery	14.61	12.20	\$1,203.64	\$1,005.09
30124 00	Surgery	8.33	8.33	\$686.27	\$686.27

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
30125 00	Surgery	17.96	17.96	\$1,479.63	\$1,479.63
30130 00	Surgery	11.28	11.28	\$929.30	\$929.30
30140 00	Surgery	8.08	5.11	\$665.67	\$472.22
30150 00	Surgery	22.47	22.47	\$1,851.19	\$1,851.19
30160 00	Surgery	22.61	22.61	\$1,862.72	\$1,862.72
30200 00	Surgery	3.18	1.66	\$261.98	\$136.76
30210 00	Surgery	4.24	2.82	\$349.31	\$232.33
30220 00	Surgery	8.70	3.57	\$716.75	\$294.11
30300 00	Surgery	5.40	3.23	\$444.88	\$266.10
30310 00	Surgery	5.80	5.80	\$477.83	\$477.83
30320 00	Surgery	13.27	13.27	\$1,093.25	\$1,093.25
30400 00	Surgery	34.34	34.34	\$2,829.09	\$2,829.09
30410 00	Surgery	39.86	39.86	\$3,283.86	\$3,283.86
30420 00	Surgery	40.33	40.33	\$3,322.58	\$3,322.58
30430 00	Surgery	29.73	29.73	\$2,449.30	\$2,449.30
30435 00	Surgery	37.63	37.63	\$3,100.14	\$3,100.14
30450 00	Surgery	49.81	49.81	\$4,103.59	\$4,103.59
30460 00	Surgery	23.88	23.88	\$1,967.35	\$1,967.35
30462 00	Surgery	45.93	45.93	\$3,783.93	\$3,783.93
30465 00	Surgery	28.54	28.54	\$2,351.26	\$2,351.26
30520 00	Surgery	18.44	18.44	\$1,519.18	\$1,519.18
30540 00	Surgery	20.24	20.24	\$1,667.47	\$1,667.47
30545 00	Surgery	27.65	27.65	\$2,277.94	\$2,277.94
30560 00	Surgery	8.34	4.02	\$687.09	\$331.19
30580 00	Surgery	17.81	13.63	\$1,467.27	\$1,122.90
30600 00	Surgery	16.87	12.34	\$1,389.83	\$1,016.63
30620 00	Surgery	18.25	18.25	\$1,503.52	\$1,503.52
30630 00	Surgery	18.45	18.45	\$1,520.00	\$1,520.00
30801 00	Surgery	6.18	4.10	\$509.14	\$337.78
30802 00	Surgery	7.86	5.58	\$647.54	\$459.71
30901 00	Surgery	4.09	1.64	\$336.95	\$135.11
30903 00	Surgery	6.49	2.28	\$534.68	\$187.84
30905 00	Surgery	9.64	3.07	\$794.19	\$286.13
30906 00	Surgery	10.04	3.92	\$827.14	\$322.95
30915 00	Surgery	16.77	16.77	\$1,381.59	\$1,381.59
30920 00	Surgery	24.32	24.32	\$2,003.60	\$2,003.60
30930 00	Surgery	3.37	3.37	\$277.64	\$277.64
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.17	3.02	\$425.93	\$248.80
31002 00	Surgery	5.39	5.39	\$444.05	\$444.05

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31020 00	Surgery	13.52	10.60	\$1,113.84	\$873.28
31030 00	Surgery	18.46	14.70	\$1,520.82	\$1,211.06
31032 00	Surgery	16.53	16.53	\$1,361.82	\$1,361.82
31040 00	Surgery	22.46	22.46	\$1,850.36	\$1,850.36
31050 00	Surgery	14.18	14.18	\$1,168.22	\$1,168.22
31051 00	Surgery	19.00	19.00	\$1,565.31	\$1,565.31
31070 00	Surgery	12.92	12.92	\$1,064.41	\$1,064.41
31075 00	Surgery	22.84	22.84	\$1,881.67	\$1,881.67
31080 00	Surgery	30.09	30.09	\$2,478.96	\$2,478.96
31081 00	Surgery	32.37	32.37	\$2,666.79	\$2,666.79
31084 00	Surgery	33.53	33.53	\$2,762.36	\$2,762.36
31085 00	Surgery	34.63	34.63	\$2,852.98	\$2,852.98
31086 00	Surgery	32.64	32.64	\$2,689.04	\$2,689.04
31087 00	Surgery	31.26	31.26	\$2,575.35	\$2,575.35
31090 00	Surgery	30.34	30.34	\$2,499.55	\$2,499.55
31200 00	Surgery	17.05	17.05	\$1,404.66	\$1,404.66
31201 00	Surgery	21.99	21.99	\$1,811.64	\$1,811.64
31205 00	Surgery	26.34	26.34	\$2,170.01	\$2,170.01
31225 00	Surgery	52.16	52.16	\$4,297.19	\$4,297.19
31230 00	Surgery	57.89	57.89	\$4,769.25	\$4,769.25
31231 00	Surgery	5.48	1.82	\$451.47	\$194.39
31233 00	Surgery	7.45	3.84	\$613.77	\$316.36
31235 00	Surgery	8.49	4.54	\$699.45	\$374.03
31237 00	Surgery	7.21	4.54	\$593.99	\$374.03
31238 00	Surgery	7.11	4.77	\$585.76	\$392.98
31239 00	Surgery	17.41	17.41	\$1,434.32	\$1,434.32
31240 00	Surgery	4.52	4.52	\$372.38	\$372.38
31241 00	Surgery	12.77	12.77	\$1,052.05	\$1,052.05
31253 00	Surgery	14.40	14.40	\$1,186.34	\$1,186.34
31254 00	Surgery	11.99	6.98	\$987.79	\$575.05
31255 00	Surgery	9.31	9.31	\$767.00	\$767.00
31256 00	Surgery	5.17	5.17	\$440.00	\$440.00
31257 00	Surgery	12.82	12.82	\$1,056.17	\$1,056.17
31259 00	Surgery	13.57	13.57	\$1,117.96	\$1,117.96
31267 00	Surgery	7.61	7.61	\$626.95	\$626.95
31276 00	Surgery	10.86	10.86	\$894.70	\$894.70
31287 00	Surgery	5.78	5.78	\$476.18	\$476.18
31288 00	Surgery	6.71	6.71	\$552.80	\$552.80
31290 00	Surgery	32.71	32.71	\$2,694.81	\$2,694.81
31291 00	Surgery	34.95	34.95	\$2,879.35	\$2,879.35

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31292 00	Surgery	28.42	28.42	\$2,341.38	\$2,341.38
31293 00	Surgery	30.71	30.71	\$2,530.04	\$2,530.04
31294 00	Surgery	35.17	35.17	\$2,897.47	\$2,897.47
31295 00	Surgery	53.54	4.52	\$4,410.88	\$1,926.93
31296 00	Surgery	54.27	5.15	\$4,471.02	\$2,737.22
31297 00	Surgery	53.12	4.12	\$4,376.28	\$2,687.80
31298 00	Surgery	102.11	7.34	\$8,412.31	\$604.70
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	36.13	36.13	\$2,976.56	\$2,976.56
31360 00	Surgery	59.23	59.23	\$4,879.65	\$4,879.65
31365 00	Surgery	73.29	73.29	\$6,037.98	\$6,037.98
31367 00	Surgery	62.62	62.62	\$5,158.93	\$5,158.93
31368 00	Surgery	69.46	69.46	\$5,722.45	\$5,722.45
31370 00	Surgery	58.83	58.83	\$4,846.70	\$4,846.70
31375 00	Surgery	55.84	55.84	\$4,600.37	\$4,600.37
31380 00	Surgery	55.06	55.06	\$4,536.11	\$4,536.11
31382 00	Surgery	60.39	60.39	\$4,975.22	\$4,975.22
31390 00	Surgery	81.08	81.08	\$6,679.76	\$6,679.76
31395 00	Surgery	85.45	85.45	\$7,039.78	\$7,039.78
31400 00	Surgery	28.02	28.02	\$2,308.42	\$2,308.42
31420 00	Surgery	23.49	23.49	\$1,935.22	\$1,935.22
31500 00	Surgery	4.14	4.14	\$341.07	\$341.07
31502 00	Surgery	1.01	1.01	\$83.21	\$83.21
31505 00	Surgery	2.48	1.39	\$204.31	\$114.51
31510 00	Surgery	6.06	3.45	\$499.25	\$284.23
31511 00	Surgery	6.04	3.79	\$497.60	\$312.24
31512 00	Surgery	5.99	3.67	\$493.48	\$302.35
31513 00	Surgery	3.72	3.72	\$306.47	\$306.47
31515 00	Surgery	5.90	3.14	\$486.07	\$258.69
31520 00	Surgery	4.44	4.44	\$365.79	\$365.79
31525 00	Surgery	7.15	4.56	\$589.05	\$375.67
31526 00	Surgery	4.46	4.46	\$367.44	\$367.44
31527 00	Surgery	5.55	5.55	\$457.24	\$457.24
31528 00	Surgery	4.09	4.09	\$336.95	\$336.95
31529 00	Surgery	4.59	4.59	\$378.15	\$378.15
31530 00	Surgery	5.70	5.70	\$469.59	\$469.59
31531 00	Surgery	6.04	6.04	\$497.60	\$497.60
31535 00	Surgery	5.39	5.39	\$444.05	\$444.05
31536 00	Surgery	6.00	6.00	\$494.31	\$494.31
31540 00	Surgery	6.89	6.89	\$567.63	\$567.63

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31541 00	Surgery	7.52	7.52	\$619.53	\$619.53
31545 00	Surgery	10.33	10.33	\$851.03	\$851.03
31546 00	Surgery	15.70	15.70	\$1,293.44	\$1,293.44
31551 00	Surgery	43.59	43.59	\$3,591.15	\$3,591.15
31552 00	Surgery	42.05	42.05	\$3,464.28	\$3,464.28
31553 00	Surgery	47.86	47.86	\$3,942.94	\$3,942.94
31554 00	Surgery	47.87	47.87	\$3,943.76	\$3,943.76
31560 00	Surgery	8.93	8.93	\$735.70	\$735.70
31561 00	Surgery	9.74	9.74	\$931.50	\$931.50
31570 00	Surgery	9.68	6.53	\$797.48	\$537.97
31571 00	Surgery	7.10	7.10	\$584.93	\$584.93
31572 00	Surgery	14.76	5.15	\$1,216.00	\$424.28
31573 00	Surgery	7.82	4.22	\$644.25	\$347.66
31574 00	Surgery	28.53	4.22	\$2,350.44	\$347.66
31575 00	Surgery	3.49	1.90	\$287.52	\$156.53
31576 00	Surgery	7.63	3.38	\$628.60	\$278.46
31577 00	Surgery	7.93	3.82	\$653.31	\$314.71
31578 00	Surgery	8.60	4.21	\$708.51	\$346.84
31579 00	Surgery	5.46	3.41	\$449.82	\$280.93
31580 00	Surgery	36.27	36.27	\$2,988.10	\$2,988.10
31584 00	Surgery	40.16	40.16	\$3,308.57	\$3,308.57
31587 00	Surgery	33.84	33.84	\$2,787.90	\$2,787.90
31590 00	Surgery	24.95	24.95	\$2,055.50	\$2,055.50
31591 00	Surgery	30.76	30.76	\$2,534.16	\$2,534.16
31592 00	Surgery	49.08	49.08	\$4,043.44	\$4,043.44
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	8.89	8.89	\$732.40	\$732.40
31601 00	Surgery	12.92	12.92	\$1,064.41	\$1,064.41
31603 00	Surgery	9.30	9.30	\$766.18	\$766.18
31605 00	Surgery	9.70	9.70	\$799.13	\$799.13
31610 00	Surgery	27.28	27.28	\$2,247.46	\$2,247.46
31611 00	Surgery	15.12	15.12	\$1,245.66	\$1,245.66
31612 00	Surgery	2.46	1.37	\$202.67	\$112.87
31613 00	Surgery	12.45	12.45	\$1,025.69	\$1,025.69
31614 00	Surgery	20.74	20.74	\$1,708.66	\$1,708.66
31615 00	Surgery	4.88	3.28	\$402.04	\$270.22
31622 00	Surgery	6.89	3.79	\$567.63	\$312.24
31623 00	Surgery	7.66	3.82	\$631.07	\$314.71
31624 00	Surgery	7.16	3.87	\$589.87	\$318.83
31625 00	Surgery	9.80	4.50	\$807.37	\$370.73

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31626 00	Surgery	23.82	5.70	\$1,962.41	\$491.94
31627 00	Surgery	36.31	2.78	\$2,991.39	\$1,335.70
31628 00	Surgery	10.40	5.06	\$856.80	\$430.89
31629 00	Surgery	12.86	5.37	\$1,059.47	\$539.50
31630 00	Surgery	5.72	5.72	\$471.24	\$471.24
31631 00	Surgery	6.56	6.56	\$540.44	\$540.44
31632 00	Surgery	1.82	1.43	\$149.94	\$117.81
31633 00	Surgery	2.26	1.82	\$186.19	\$149.94
31634 00	Surgery	48.95	5.52	\$4,032.73	\$1,834.23
31635 00	Surgery	8.09	5.06	\$666.49	\$416.87
31636 00	Surgery	6.33	6.33	\$521.50	\$521.50
31637 00	Surgery	2.22	2.22	\$182.89	\$182.89
31638 00	Surgery	7.17	7.17	\$590.70	\$590.70
31640 00	Surgery	7.21	7.21	\$593.99	\$593.99
31641 00	Surgery	7.37	7.37	\$607.18	\$607.18
31643 00	Surgery	5.04	5.04	\$415.22	\$415.22
31645 00	Surgery	7.52	4.23	\$619.53	\$348.49
31646 00	Surgery	4.08	4.08	\$336.13	\$336.13
31647 00	Surgery	6.07	6.07	\$500.08	\$500.08
31648 00	Surgery	5.77	5.77	\$475.36	\$475.36
31649 00	Surgery	1.95	1.95	\$160.65	\$160.65
31651 00	Surgery	2.13	2.13	\$175.48	\$175.48
31652 00	Surgery	31.26	6.38	\$2,575.35	\$525.61
31653 00	Surgery	32.61	7.08	\$2,686.57	\$583.28
31654 00	Surgery	3.48	1.94	\$286.70	\$159.83
31660 00	Surgery	5.61	5.61	\$462.18	\$462.18
31661 00	Surgery	5.95	5.95	\$490.19	\$490.19
31717 00	Surgery	7.76	3.05	\$639.31	\$251.27
31720 00	Surgery	1.59	1.59	\$130.99	\$130.99
31725 00	Surgery	2.27	2.27	\$187.01	\$187.01
31730 00	Surgery	33.84	4.33	\$2,787.90	\$873.26
31750 00	Surgery	39.13	39.13	\$3,223.72	\$3,223.72
31755 00	Surgery	49.19	49.19	\$4,052.51	\$4,052.51
31760 00	Surgery	39.64	39.64	\$3,265.73	\$3,265.73
31766 00	Surgery	51.37	51.37	\$4,232.11	\$4,232.11
31770 00	Surgery	38.44	38.44	\$3,166.87	\$3,166.87
31775 00	Surgery	40.38	40.38	\$3,326.70	\$3,326.70
31780 00	Surgery	34.23	34.23	\$2,820.03	\$2,820.03
31781 00	Surgery	40.05	40.05	\$3,299.51	\$3,299.51
31785 00	Surgery	30.83	30.83	\$2,539.92	\$2,539.92

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
31786 00	Surgery	41.65	41.65	\$3,431.33	\$3,431.33
31800 00	Surgery	20.36	20.36	\$1,677.35	\$1,677.35
31805 00	Surgery	23.56	23.56	\$1,940.99	\$1,940.99
31820 00	Surgery	12.42	9.34	\$1,023.22	\$769.47
31825 00	Surgery	17.15	13.68	\$1,412.90	\$1,127.02
31830 00	Surgery	13.26	10.09	\$1,092.42	\$831.26
31899 00	Surgery	0.00	0.00	BR	BR
32035 00	Surgery	21.00	21.00	\$1,730.08	\$1,730.08
32036 00	Surgery	22.50	22.50	\$1,853.66	\$1,853.66
32096 00	Surgery	23.15	23.15	\$1,907.21	\$1,907.21
32097 00	Surgery	23.17	23.17	\$1,908.86	\$1,908.86
32098 00	Surgery	21.96	21.96	\$1,809.17	\$1,809.17
32100 00	Surgery	23.39	23.39	\$1,926.98	\$1,926.98
32110 00	Surgery	42.40	42.40	\$3,493.11	\$3,493.11
32120 00	Surgery	25.20	25.20	\$2,076.10	\$2,076.10
32124 00	Surgery	26.75	26.75	\$2,203.79	\$2,203.79
32140 00	Surgery	28.59	28.59	\$2,355.38	\$2,355.38
32141 00	Surgery	44.04	44.04	\$3,628.23	\$3,628.23
32150 00	Surgery	28.98	28.98	\$2,387.51	\$2,387.51
32151 00	Surgery	29.01	29.01	\$2,389.98	\$2,389.98
32160 00	Surgery	22.97	22.97	\$1,892.38	\$1,892.38
32200 00	Surgery	32.79	32.79	\$2,701.40	\$2,701.40
32215 00	Surgery	23.02	23.02	\$1,896.50	\$1,896.50
32220 00	Surgery	45.90	45.90	\$3,781.46	\$3,781.46
32225 00	Surgery	28.72	28.72	\$2,366.09	\$2,366.09
32310 00	Surgery	26.34	26.34	\$2,170.01	\$2,170.01
32320 00	Surgery	46.15	46.15	\$3,802.06	\$3,802.06
32400 00	Surgery	4.56	2.48	\$375.67	\$204.31
32405 00	Surgery	11.32	2.59	\$932.60	\$382.06
32440 00	Surgery	45.25	45.25	\$3,727.91	\$3,727.91
32442 00	Surgery	88.62	88.62	\$7,300.94	\$7,300.94
32445 00	Surgery	102.28	102.28	\$8,426.31	\$8,426.31
32480 00	Surgery	42.74	42.74	\$3,521.12	\$3,521.12
32482 00	Surgery	45.81	45.81	\$3,774.05	\$3,774.05
32484 00	Surgery	41.43	41.43	\$3,413.20	\$3,413.20
32486 00	Surgery	68.09	68.09	\$5,609.58	\$5,609.58
32488 00	Surgery	69.19	69.19	\$5,700.20	\$5,700.20
32491 00	Surgery	42.48	42.48	\$3,499.70	\$3,499.70
32501 00	Surgery	7.04	7.04	\$579.99	\$579.99
32503 00	Surgery	51.91	51.91	\$4,276.59	\$4,276.59

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
32504 00	Surgery	59.16	59.16	\$4,873.88	\$4,873.88
32505 00	Surgery	26.90	26.90	\$2,216.15	\$2,216.15
32506 00	Surgery	4.52	4.52	\$372.38	\$372.38
32507 00	Surgery	4.52	4.52	\$372.38	\$372.38
32540 00	Surgery	50.10	50.10	\$4,127.48	\$4,127.48
32550 00	Surgery	22.45	5.97	\$1,849.54	\$723.38
32551 00	Surgery	4.56	4.56	\$375.67	\$375.67
32552 00	Surgery	5.28	4.55	\$434.99	\$374.85
32553 00	Surgery	15.10	5.17	\$1,244.01	\$534.84
32554 00	Surgery	6.33	2.59	\$521.50	\$264.21
32555 00	Surgery	8.85	3.22	\$729.11	\$379.68
32556 00	Surgery	19.05	3.56	\$1,569.43	\$557.53
32557 00	Surgery	17.55	4.40	\$1,445.85	\$670.22
32560 00	Surgery	7.38	2.25	\$608.00	\$249.56
32561 00	Surgery	2.66	1.95	\$219.14	\$160.65
32562 00	Surgery	2.40	1.75	\$197.72	\$144.17
32601 00	Surgery	8.93	8.93	\$735.70	\$735.70
32604 00	Surgery	13.87	13.87	\$1,142.68	\$1,142.68
32606 00	Surgery	13.38	13.38	\$1,102.31	\$1,102.31
32607 00	Surgery	8.92	8.92	\$734.87	\$734.87
32608 00	Surgery	10.96	10.96	\$902.94	\$902.94
32609 00	Surgery	7.43	7.43	\$612.12	\$612.12
32650 00	Surgery	19.21	19.21	\$1,582.61	\$1,582.61
32651 00	Surgery	31.63	31.63	\$2,605.83	\$2,605.83
32652 00	Surgery	48.00	48.00	\$3,954.47	\$3,954.47
32653 00	Surgery	30.67	30.67	\$2,526.74	\$2,526.74
32654 00	Surgery	33.56	33.56	\$2,764.83	\$2,764.83
32655 00	Surgery	27.59	27.59	\$2,273.00	\$2,273.00
32656 00	Surgery	23.15	23.15	\$1,907.21	\$1,907.21
32658 00	Surgery	20.60	20.60	\$1,697.13	\$1,697.13
32659 00	Surgery	21.11	21.11	\$1,739.14	\$1,739.14
32661 00	Surgery	23.03	23.03	\$1,897.32	\$1,897.32
32662 00	Surgery	25.75	25.75	\$2,121.41	\$2,121.41
32663 00	Surgery	40.43	40.43	\$3,330.82	\$3,330.82
32664 00	Surgery	24.46	24.46	\$2,015.13	\$2,015.13
32665 00	Surgery	35.59	35.59	\$2,932.07	\$2,932.07
32666 00	Surgery	25.08	25.08	\$2,066.21	\$2,066.21
32667 00	Surgery	4.53	4.53	\$373.20	\$373.20
32668 00	Surgery	4.53	4.53	\$373.20	\$373.20
32669 00	Surgery	38.83	38.83	\$3,199.00	\$3,199.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
32670 00	Surgery	46.37	46.37	\$3,820.18	\$3,820.18
32671 00	Surgery	51.34	51.34	\$4,229.63	\$4,229.63
32672 00	Surgery	44.02	44.02	\$3,626.58	\$3,626.58
32673 00	Surgery	35.17	35.17	\$2,897.47	\$2,897.47
32674 00	Surgery	6.23	6.23	\$513.26	\$513.26
32701 00	Surgery	6.19	6.19	\$509.96	\$509.96
32800 00	Surgery	27.28	27.28	\$2,247.46	\$2,247.46
32810 00	Surgery	25.98	25.98	\$2,140.36	\$2,140.36
32815 00	Surgery	80.91	80.91	\$6,665.75	\$6,665.75
32820 00	Surgery	38.39	38.39	\$3,162.75	\$3,162.75
32850 00	Surgery	0.00	0.00	BR	BR
32851 00	Surgery	94.85	94.85	\$7,814.20	\$7,814.20
32852 00	Surgery	103.04	103.04	\$8,488.93	\$8,488.93
32853 00	Surgery	132.95	132.95	\$10,953.05	\$10,953.05
32854 00	Surgery	141.20	141.20	\$11,632.73	\$11,632.73
32855 00	Surgery	7.92	7.92	\$652.49	\$652.49
32856 00	Surgery	9.73	9.73	\$801.60	\$801.60
32900 00	Surgery	41.04	41.04	\$3,381.07	\$3,381.07
32905 00	Surgery	38.56	38.56	\$3,176.76	\$3,176.76
32906 00	Surgery	47.66	47.66	\$3,926.46	\$3,926.46
32940 00	Surgery	35.61	35.61	\$2,933.72	\$2,933.72
32960 00	Surgery	3.61	2.62	\$297.41	\$215.85
32994 00	Surgery	155.77	12.80	\$12,833.08	\$1,054.53
32997 00	Surgery	9.84	9.84	\$810.67	\$810.67
32998 00	Surgery	99.57	12.77	\$8,203.05	\$2,622.53
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.85	6.85	\$564.34	\$564.34
33017 00	Surgery	7.10	7.10	\$584.93	\$584.93
33018 00	Surgery	8.09	8.09	\$666.49	\$666.49
33019 00	Surgery	6.57	6.57	\$541.27	\$541.27
33020 00	Surgery	23.89	23.89	\$1,968.17	\$1,968.17
33025 00	Surgery	22.26	22.26	\$1,833.88	\$1,833.88
33030 00	Surgery	57.87	57.87	\$4,767.61	\$4,767.61
33031 00	Surgery	71.70	71.70	\$5,906.99	\$5,906.99
33050 00	Surgery	29.01	29.01	\$2,389.98	\$2,389.98
33120 00	Surgery	60.68	60.68	\$4,999.11	\$4,999.11
33130 00	Surgery	39.54	39.54	\$3,257.49	\$3,257.49
33140 00	Surgery	45.14	45.14	\$3,718.85	\$3,718.85
33141 00	Surgery	3.82	3.82	\$783.50	\$783.50
33202 00	Surgery	22.28	22.28	\$1,835.53	\$1,835.53

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33203 00	Surgery	23.32	23.32	\$1,921.21	\$1,921.21
33206 00	Surgery	13.18	13.18	\$1,085.83	\$1,085.83
33207 00	Surgery	13.92	13.92	\$1,146.80	\$1,146.80
33208 00	Surgery	15.13	15.13	\$1,246.48	\$1,246.48
33210 00	Surgery	4.74	4.74	\$390.50	\$390.50
33211 00	Surgery	4.90	4.90	\$403.69	\$403.69
33212 00	Surgery	9.32	9.32	\$767.83	\$767.83
33213 00	Surgery	9.73	9.73	\$801.60	\$801.60
33214 00	Surgery	13.89	13.89	\$1,144.32	\$1,144.32
33215 00	Surgery	9.01	9.01	\$742.29	\$742.29
33216 00	Surgery	10.79	10.79	\$888.93	\$888.93
33217 00	Surgery	10.63	10.63	\$875.75	\$875.75
33218 00	Surgery	11.20	11.20	\$922.71	\$922.71
33220 00	Surgery	10.91	10.91	\$898.82	\$898.82
33221 00	Surgery	10.49	10.49	\$864.22	\$864.22
33222 00	Surgery	9.84	9.84	\$810.67	\$810.67
33223 00	Surgery	11.88	11.88	\$978.73	\$978.73
33224 00	Surgery	14.98	14.98	\$1,234.12	\$1,234.12
33225 00	Surgery	13.65	13.65	\$1,124.55	\$1,124.55
33226 00	Surgery	14.40	14.40	\$1,186.34	\$1,186.34
33227 00	Surgery	9.82	9.82	\$809.02	\$809.02
33228 00	Surgery	10.28	10.28	\$846.92	\$846.92
33229 00	Surgery	10.87	10.87	\$895.52	\$895.52
33230 00	Surgery	11.09	11.09	\$913.65	\$913.65
33231 00	Surgery	11.66	11.66	\$960.61	\$960.61
33233 00	Surgery	6.68	6.68	\$550.33	\$550.33
33234 00	Surgery	14.09	14.09	\$1,160.80	\$1,160.80
33235 00	Surgery	18.50	18.50	\$1,524.12	\$1,524.12
33236 00	Surgery	22.55	22.55	\$1,857.78	\$1,857.78
33237 00	Surgery	24.19	24.19	\$1,992.89	\$1,992.89
33238 00	Surgery	27.16	27.16	\$2,237.57	\$2,237.57
33240 00	Surgery	10.59	10.59	\$872.45	\$872.45
33241 00	Surgery	6.20	6.20	\$510.79	\$510.79
33243 00	Surgery	39.63	39.63	\$3,264.91	\$3,264.91
33244 00	Surgery	25.11	25.11	\$2,068.68	\$2,068.68
33249 00	Surgery	26.62	26.62	\$2,193.08	\$2,193.08
33250 00	Surgery	42.12	42.12	\$3,470.05	\$3,470.05
33251 00	Surgery	47.07	47.07	\$3,877.85	\$3,877.85
33254 00	Surgery	39.09	39.09	\$3,220.42	\$3,220.42
33255 00	Surgery	47.08	47.08	\$3,878.67	\$3,878.67

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33256 00	Surgery	56.08	56.08	\$4,620.14	\$4,620.14
33257 00	Surgery	16.80	16.80	\$1,384.06	\$1,384.06
33258 00	Surgery	18.78	18.78	\$1,547.19	\$1,547.19
33259 00	Surgery	24.38	24.38	\$2,008.54	\$2,008.54
33261 00	Surgery	46.65	46.65	\$3,843.25	\$3,843.25
33262 00	Surgery	10.83	10.83	\$892.23	\$892.23
33263 00	Surgery	11.26	11.26	\$927.65	\$927.65
33264 00	Surgery	11.77	11.77	\$969.67	\$969.67
33265 00	Surgery	39.30	39.30	\$3,237.72	\$3,237.72
33266 00	Surgery	53.43	53.43	\$4,401.82	\$4,401.82
33270 00	Surgery	16.43	16.43	\$1,353.58	\$1,353.58
33271 00	Surgery	13.17	13.17	\$1,085.01	\$1,085.01
33272 00	Surgery	10.07	10.07	\$829.61	\$829.61
33273 00	Surgery	11.59	11.59	\$954.84	\$954.84
33274 00	Surgery	14.12	14.12	\$1,163.27	\$1,163.27
33275 00	Surgery	15.45	15.45	\$1,272.84	\$1,272.84
33285 00	Surgery	142.96	2.57	\$11,777.73	\$211.73
33286 00	Surgery	3.81	2.53	\$313.89	\$208.43
33289 00	Surgery	9.55	9.55	\$786.77	\$786.77
33300 00	Surgery	71.06	71.06	\$5,854.26	\$5,854.26
33305 00	Surgery	118.96	118.96	\$9,800.49	\$9,800.49
33310 00	Surgery	33.79	33.79	\$2,783.78	\$2,783.78
33315 00	Surgery	55.41	55.41	\$4,564.94	\$4,564.94
33320 00	Surgery	30.45	30.45	\$2,508.62	\$2,508.62
33321 00	Surgery	34.34	34.34	\$2,829.09	\$2,829.09
33322 00	Surgery	40.21	40.21	\$3,312.69	\$3,312.69
33330 00	Surgery	41.21	41.21	\$3,395.08	\$3,395.08
33335 00	Surgery	54.14	54.14	\$4,460.31	\$4,460.31
33340 00	Surgery	22.93	22.93	\$1,889.08	\$1,889.08
33361 00	Surgery	35.16	35.16	\$2,896.65	\$2,896.65
33362 00	Surgery	38.31	38.31	\$3,156.16	\$3,156.16
33363 00	Surgery	39.72	39.72	\$3,272.32	\$3,272.32
33364 00	Surgery	39.73	39.73	\$3,273.15	\$3,273.15
33365 00	Surgery	41.98	41.98	\$3,458.51	\$3,458.51
33366 00	Surgery	45.72	45.72	\$3,766.63	\$3,766.63
33367 00	Surgery	18.29	18.29	\$1,506.82	\$1,506.82
33368 00	Surgery	21.57	21.57	\$1,777.04	\$1,777.04
33369 00	Surgery	28.47	28.47	\$2,345.49	\$2,345.49
33390 00	Surgery	55.91	55.91	\$4,606.13	\$4,606.13
33391 00	Surgery	66.44	66.44	\$5,473.64	\$5,473.64

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33404 00	Surgery	50.62	50.62	\$4,170.32	\$4,170.32
33405 00	Surgery	65.76	65.76	\$5,417.62	\$5,417.62
33406 00	Surgery	83.46	83.46	\$6,875.83	\$6,875.83
33410 00	Surgery	73.69	73.69	\$6,070.93	\$6,070.93
33411 00	Surgery	97.40	97.40	\$8,024.28	\$8,024.28
33412 00	Surgery	91.47	91.47	\$7,535.73	\$7,535.73
33413 00	Surgery	93.62	93.62	\$7,712.86	\$7,712.86
33414 00	Surgery	62.24	62.24	\$5,127.63	\$5,127.63
33415 00	Surgery	58.83	58.83	\$4,846.70	\$4,846.70
33416 00	Surgery	58.54	58.54	\$4,822.80	\$4,822.80
33417 00	Surgery	48.23	48.23	\$3,973.42	\$3,973.42
33418 00	Surgery	52.16	52.16	\$4,297.19	\$4,297.19
33419 00	Surgery	12.32	12.32	\$1,014.98	\$1,014.98
33420 00	Surgery	41.97	41.97	\$3,457.69	\$3,457.69
33422 00	Surgery	48.17	48.17	\$3,968.47	\$3,968.47
33425 00	Surgery	79.16	79.16	\$6,521.58	\$6,521.58
33426 00	Surgery	69.00	69.00	\$5,684.55	\$5,684.55
33427 00	Surgery	70.77	70.77	\$5,830.37	\$5,830.37
33430 00	Surgery	81.15	81.15	\$6,685.52	\$6,685.52
33440 00	Surgery	99.44	99.44	\$8,192.34	\$8,192.34
33460 00	Surgery	69.69	69.69	\$5,741.39	\$5,741.39
33463 00	Surgery	89.47	89.47	\$7,370.97	\$7,370.97
33464 00	Surgery	70.72	70.72	\$5,826.25	\$5,826.25
33465 00	Surgery	79.89	79.89	\$6,581.72	\$6,581.72
33468 00	Surgery	71.04	71.04	\$5,852.61	\$5,852.61
33470 00	Surgery	35.81	35.81	\$2,950.20	\$2,950.20
33471 00	Surgery	38.29	38.29	\$3,154.51	\$3,154.51
33474 00	Surgery	63.07	63.07	\$5,196.01	\$5,196.01
33475 00	Surgery	67.56	67.56	\$5,565.91	\$5,565.91
33476 00	Surgery	44.02	44.02	\$3,626.58	\$3,626.58
33477 00	Surgery	39.42	39.42	\$3,247.61	\$3,247.61
33478 00	Surgery	45.49	45.49	\$3,747.68	\$3,747.68
33496 00	Surgery	48.19	48.19	\$3,970.12	\$3,970.12
33500 00	Surgery	45.20	45.20	\$3,723.79	\$3,723.79
33501 00	Surgery	32.28	32.28	\$2,659.38	\$2,659.38
33502 00	Surgery	36.90	36.90	\$3,040.00	\$3,040.00
33503 00	Surgery	38.33	38.33	\$3,157.81	\$3,157.81
33504 00	Surgery	42.38	42.38	\$3,491.47	\$3,491.47
33505 00	Surgery	59.80	59.80	\$4,926.61	\$4,926.61
33506 00	Surgery	59.51	59.51	\$4,902.72	\$4,902.72

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33507 00	Surgery	49.89	49.89	\$4,110.18	\$4,110.18
33508 00	Surgery	0.48	0.48	\$39.54	\$39.54
33510 00	Surgery	56.04	56.04	\$4,616.84	\$4,616.84
33511 00	Surgery	61.51	61.51	\$5,067.49	\$5,067.49
33512 00	Surgery	70.06	70.06	\$5,771.88	\$5,771.88
33513 00	Surgery	71.91	71.91	\$5,924.29	\$5,924.29
33514 00	Surgery	75.67	75.67	\$6,234.06	\$6,234.06
33516 00	Surgery	78.41	78.41	\$6,459.79	\$6,459.79
33517 00	Surgery	5.44	5.44	\$448.17	\$448.17
33518 00	Surgery	11.95	11.95	\$984.50	\$984.50
33519 00	Surgery	15.80	15.80	\$1,301.68	\$1,301.68
33521 00	Surgery	18.97	18.97	\$1,562.84	\$1,562.84
33522 00	Surgery	21.26	21.26	\$1,751.50	\$1,751.50
33523 00	Surgery	24.16	24.16	\$1,990.42	\$1,990.42
33530 00	Surgery	15.26	15.26	\$1,257.19	\$1,257.19
33533 00	Surgery	54.19	54.19	\$4,464.43	\$4,464.43
33534 00	Surgery	63.68	63.68	\$5,246.26	\$5,246.26
33535 00	Surgery	71.02	71.02	\$5,850.97	\$5,850.97
33536 00	Surgery	76.53	76.53	\$6,304.91	\$6,304.91
33542 00	Surgery	76.15	76.15	\$6,273.60	\$6,273.60
33545 00	Surgery	89.09	89.09	\$7,339.66	\$7,339.66
33548 00	Surgery	85.80	85.80	\$7,068.61	\$7,068.61
33572 00	Surgery	6.68	6.68	\$550.33	\$550.33
33600 00	Surgery	49.70	49.70	\$4,094.52	\$4,094.52
33602 00	Surgery	48.25	48.25	\$3,975.07	\$3,975.07
33606 00	Surgery	51.45	51.45	\$4,238.70	\$4,238.70
33608 00	Surgery	52.10	52.10	\$4,292.25	\$4,292.25
33610 00	Surgery	51.36	51.36	\$4,231.28	\$4,231.28
33611 00	Surgery	56.51	56.51	\$4,655.56	\$4,655.56
33612 00	Surgery	58.01	58.01	\$4,779.14	\$4,779.14
33615 00	Surgery	57.81	57.81	\$4,762.66	\$4,762.66
33617 00	Surgery	62.65	62.65	\$5,161.41	\$5,161.41
33619 00	Surgery	79.28	79.28	\$6,531.46	\$6,531.46
33620 00	Surgery	47.77	47.77	\$3,935.52	\$3,935.52
33621 00	Surgery	26.91	26.91	\$2,216.97	\$2,216.97
33622 00	Surgery	99.63	99.63	\$8,207.99	\$8,207.99
33641 00	Surgery	47.46	47.46	\$3,909.98	\$3,909.98
33645 00	Surgery	50.13	50.13	\$4,129.95	\$4,129.95
33647 00	Surgery	52.62	52.62	\$4,335.09	\$4,335.09
33660 00	Surgery	50.87	50.87	\$4,190.91	\$4,190.91

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33665 00	Surgery	55.42	55.42	\$4,565.76	\$4,565.76
33670 00	Surgery	57.18	57.18	\$4,710.76	\$4,710.76
33675 00	Surgery	57.10	57.10	\$4,704.17	\$4,704.17
33676 00	Surgery	58.60	58.60	\$4,827.75	\$4,827.75
33677 00	Surgery	60.90	60.90	\$5,017.23	\$5,017.23
33681 00	Surgery	53.27	53.27	\$4,388.64	\$4,388.64
33684 00	Surgery	54.70	54.70	\$4,506.45	\$4,506.45
33688 00	Surgery	54.60	54.60	\$4,498.21	\$4,498.21
33690 00	Surgery	34.69	34.69	\$2,857.93	\$2,857.93
33692 00	Surgery	56.69	56.69	\$4,670.39	\$4,670.39
33694 00	Surgery	56.51	56.51	\$4,655.56	\$4,655.56
33697 00	Surgery	59.53	59.53	\$4,904.37	\$4,904.37
33702 00	Surgery	44.74	44.74	\$3,685.89	\$3,685.89
33710 00	Surgery	59.40	59.40	\$4,893.66	\$4,893.66
33720 00	Surgery	44.77	44.77	\$3,688.37	\$3,688.37
33722 00	Surgery	47.11	47.11	\$3,881.15	\$3,881.15
33724 00	Surgery	44.54	44.54	\$3,669.42	\$3,669.42
33726 00	Surgery	58.86	58.86	\$4,849.17	\$4,849.17
33730 00	Surgery	58.06	58.06	\$4,783.26	\$4,783.26
33732 00	Surgery	47.69	47.69	\$3,928.93	\$3,928.93
33735 00	Surgery	37.46	37.46	\$3,086.13	\$3,086.13
33736 00	Surgery	40.67	40.67	\$3,350.59	\$3,350.59
33737 00	Surgery	37.53	37.53	\$3,091.90	\$3,091.90
33750 00	Surgery	36.55	36.55	\$3,011.16	\$3,011.16
33755 00	Surgery	38.07	38.07	\$3,136.39	\$3,136.39
33762 00	Surgery	37.12	37.12	\$3,058.12	\$3,058.12
33764 00	Surgery	38.07	38.07	\$3,136.39	\$3,136.39
33766 00	Surgery	38.61	38.61	\$3,180.88	\$3,180.88
33767 00	Surgery	41.17	41.17	\$3,391.78	\$3,391.78
33768 00	Surgery	12.08	12.08	\$995.21	\$995.21
33770 00	Surgery	61.36	61.36	\$5,055.13	\$5,055.13
33771 00	Surgery	63.16	63.16	\$5,203.42	\$5,203.42
33774 00	Surgery	52.06	52.06	\$4,288.95	\$4,288.95
33775 00	Surgery	53.64	53.64	\$4,419.12	\$4,419.12
33776 00	Surgery	56.71	56.71	\$4,672.04	\$4,672.04
33777 00	Surgery	54.80	54.80	\$4,514.69	\$4,514.69
33778 00	Surgery	68.06	68.06	\$5,607.11	\$5,607.11
33779 00	Surgery	67.41	67.41	\$5,553.56	\$5,553.56
33780 00	Surgery	68.63	68.63	\$5,654.07	\$5,654.07
33781 00	Surgery	67.06	67.06	\$5,524.72	\$5,524.72

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33782 00	Surgery	93.66	93.66	\$7,716.16	\$7,716.16
33783 00	Surgery	101.28	101.28	\$8,343.93	\$8,343.93
33786 00	Surgery	66.00	66.00	\$5,437.39	\$5,437.39
33788 00	Surgery	44.39	44.39	\$3,657.06	\$3,657.06
33800 00	Surgery	28.55	28.55	\$2,352.09	\$2,352.09
33802 00	Surgery	31.34	31.34	\$2,581.94	\$2,581.94
33803 00	Surgery	33.33	33.33	\$2,745.88	\$2,745.88
33813 00	Surgery	35.86	35.86	\$2,954.32	\$2,954.32
33814 00	Surgery	44.06	44.06	\$3,629.87	\$3,629.87
33820 00	Surgery	27.99	27.99	\$2,305.95	\$2,305.95
33822 00	Surgery	29.51	29.51	\$2,431.17	\$2,431.17
33824 00	Surgery	34.14	34.14	\$2,812.62	\$2,812.62
33840 00	Surgery	35.82	35.82	\$2,951.02	\$2,951.02
33845 00	Surgery	38.56	38.56	\$3,176.76	\$3,176.76
33851 00	Surgery	36.80	36.80	\$3,031.76	\$3,031.76
33852 00	Surgery	40.47	40.47	\$3,334.11	\$3,334.11
33853 00	Surgery	53.04	53.04	\$4,369.69	\$4,369.69
33858 00	Surgery	98.54	98.54	\$8,118.20	\$8,118.20
33859 00	Surgery	70.74	70.74	\$5,827.90	\$5,827.90
33863 00	Surgery	91.41	91.41	\$7,530.79	\$7,530.79
33864 00	Surgery	93.39	93.39	\$7,693.91	\$7,693.91
33866 00	Surgery	26.79	26.79	\$2,207.09	\$2,207.09
33871 00	Surgery	94.74	94.74	\$7,805.13	\$7,805.13
33875 00	Surgery	79.51	79.51	\$6,550.41	\$6,550.41
33877 00	Surgery	105.15	105.15	\$8,662.76	\$8,662.76
33880 00	Surgery	52.06	52.06	\$4,288.95	\$4,288.95
33881 00	Surgery	44.69	44.69	\$3,681.78	\$3,681.78
33883 00	Surgery	32.35	32.35	\$2,665.15	\$2,665.15
33884 00	Surgery	11.50	11.50	\$947.42	\$947.42
33886 00	Surgery	27.75	27.75	\$2,286.18	\$2,286.18
33889 00	Surgery	22.95	22.95	\$1,890.73	\$1,890.73
33891 00	Surgery	28.07	28.07	\$2,312.54	\$2,312.54
33910 00	Surgery	77.18	77.18	\$6,358.46	\$6,358.46
33915 00	Surgery	39.88	39.88	\$3,285.50	\$3,285.50
33916 00	Surgery	122.44	122.44	\$10,087.19	\$10,087.19
33917 00	Surgery	42.12	42.12	\$3,470.05	\$3,470.05
33920 00	Surgery	52.45	52.45	\$4,321.08	\$4,321.08
33922 00	Surgery	40.19	40.19	\$3,311.04	\$3,311.04
33924 00	Surgery	8.29	8.29	\$682.97	\$682.97
33925 00	Surgery	49.74	49.74	\$4,097.82	\$4,097.82

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33926 00	Surgery	70.04	70.04	\$5,770.23	\$5,770.23
33927 00	Surgery	74.06	74.06	\$6,101.42	\$6,101.42
33928 00	Surgery	72.67	72.67	\$5,986.90	\$5,986.90
33929 00	Surgery	46.78	46.78	\$3,853.96	\$3,853.96
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	11.22	11.22	\$924.36	\$924.36
33935 00	Surgery	143.67	143.67	\$11,836.22	\$11,836.22
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	9.12	9.12	\$751.35	\$751.35
33945 00	Surgery	141.12	141.12	\$11,626.14	\$11,626.14
33946 00	Surgery	8.95	8.95	\$737.34	\$737.34
33947 00	Surgery	9.95	9.95	\$819.73	\$819.73
33948 00	Surgery	6.93	6.93	\$570.93	\$570.93
33949 00	Surgery	6.73	6.73	\$554.45	\$554.45
33951 00	Surgery	12.31	12.31	\$1,014.16	\$1,014.16
33952 00	Surgery	12.42	12.42	\$1,023.22	\$1,023.22
33953 00	Surgery	13.72	13.72	\$1,130.32	\$1,130.32
33954 00	Surgery	13.82	13.82	\$1,138.56	\$1,138.56
33955 00	Surgery	24.07	24.07	\$1,983.00	\$1,983.00
33956 00	Surgery	24.23	24.23	\$1,996.18	\$1,996.18
33957 00	Surgery	5.36	5.36	\$441.58	\$441.58
33958 00	Surgery	5.36	5.36	\$441.58	\$441.58
33959 00	Surgery	6.79	6.79	\$559.39	\$559.39
33962 00	Surgery	6.79	6.79	\$559.39	\$559.39
33963 00	Surgery	13.57	13.57	\$1,117.96	\$1,117.96
33964 00	Surgery	14.32	14.32	\$1,179.75	\$1,179.75
33965 00	Surgery	5.36	5.36	\$441.58	\$441.58
33966 00	Surgery	6.87	6.87	\$565.98	\$565.98
33967 00	Surgery	7.51	7.51	\$618.71	\$618.71
33968 00	Surgery	0.98	0.98	\$129.50	\$129.50
33969 00	Surgery	7.91	7.91	\$651.66	\$651.66
33970 00	Surgery	10.27	10.27	\$846.09	\$846.09
33971 00	Surgery	20.37	20.37	\$1,678.18	\$1,678.18
33973 00	Surgery	14.87	14.87	\$1,225.06	\$1,225.06
33974 00	Surgery	25.70	25.70	\$2,117.29	\$2,117.29
33975 00	Surgery	37.88	37.88	\$3,120.74	\$3,120.74
33976 00	Surgery	46.06	46.06	\$3,794.64	\$3,794.64
33977 00	Surgery	32.62	32.62	\$2,687.39	\$2,687.39
33978 00	Surgery	38.56	38.56	\$3,176.76	\$3,176.76
33979 00	Surgery	56.50	56.50	\$4,654.74	\$4,654.74

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
33980 00	Surgery	51.56	51.56	\$4,247.76	\$4,247.76
33981 00	Surgery	24.14	24.14	\$1,988.77	\$1,988.77
33982 00	Surgery	56.72	56.72	\$4,672.86	\$4,672.86
33983 00	Surgery	67.05	67.05	\$5,523.90	\$5,523.90
33984 00	Surgery	8.25	8.25	\$679.67	\$679.67
33985 00	Surgery	14.90	14.90	\$1,227.53	\$1,227.53
33986 00	Surgery	15.19	15.19	\$1,251.42	\$1,251.42
33987 00	Surgery	6.04	6.04	\$497.60	\$497.60
33988 00	Surgery	22.56	22.56	\$1,858.60	\$1,858.60
33989 00	Surgery	14.32	14.32	\$1,179.75	\$1,179.75
33990 00	Surgery	12.32	12.32	\$1,014.98	\$1,014.98
33991 00	Surgery	18.08	18.08	\$1,489.52	\$1,489.52
33992 00	Surgery	5.78	5.78	\$476.18	\$476.18
33993 00	Surgery	5.04	5.04	\$415.22	\$415.22
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	26.56	26.56	\$2,188.14	\$2,188.14
34051 00	Surgery	28.66	28.66	\$2,361.15	\$2,361.15
34101 00	Surgery	17.38	17.38	\$1,431.85	\$1,431.85
34111 00	Surgery	17.47	17.47	\$1,439.26	\$1,439.26
34151 00	Surgery	40.42	40.42	\$3,329.99	\$3,329.99
34201 00	Surgery	29.82	29.82	\$2,456.71	\$2,456.71
34203 00	Surgery	27.62	27.62	\$2,275.47	\$2,275.47
34401 00	Surgery	42.20	42.20	\$3,476.64	\$3,476.64
34421 00	Surgery	21.56	21.56	\$1,776.22	\$1,776.22
34451 00	Surgery	41.71	41.71	\$3,436.27	\$3,436.27
34471 00	Surgery	31.31	31.31	\$2,579.47	\$2,579.47
34490 00	Surgery	18.51	18.51	\$1,524.94	\$1,524.94
34501 00	Surgery	25.86	25.86	\$2,130.47	\$2,130.47
34502 00	Surgery	44.76	44.76	\$3,687.54	\$3,687.54
34510 00	Surgery	29.64	29.64	\$2,441.88	\$2,441.88
34520 00	Surgery	28.71	28.71	\$2,365.27	\$2,365.27
34530 00	Surgery	27.25	27.25	\$2,244.98	\$2,244.98
34701 00	Surgery	36.16	36.16	\$2,979.03	\$2,979.03
34702 00	Surgery	53.97	53.97	\$4,446.31	\$4,446.31
34703 00	Surgery	39.88	39.88	\$3,285.50	\$3,285.50
34704 00	Surgery	66.44	66.44	\$5,473.64	\$5,473.64
34705 00	Surgery	44.53	44.53	\$3,668.59	\$3,668.59
34706 00	Surgery	67.14	67.14	\$5,531.31	\$5,531.31
34707 00	Surgery	33.75	33.75	\$2,780.49	\$2,780.49
34708 00	Surgery	53.87	53.87	\$4,438.07	\$4,438.07

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
34709 00	Surgery	9.42	9.42	\$776.06	\$776.06
34710 00	Surgery	23.31	23.31	\$1,920.39	\$1,920.39
34711 00	Surgery	8.68	8.68	\$715.10	\$715.10
34712 00	Surgery	19.20	19.20	\$1,581.79	\$1,581.79
34713 00	Surgery	3.63	3.63	\$299.06	\$299.06
34714 00	Surgery	7.87	7.87	\$648.37	\$648.37
34715 00	Surgery	8.72	8.72	\$718.40	\$718.40
34716 00	Surgery	10.80	10.80	\$889.76	\$889.76
34717 00	Surgery	12.94	12.94	\$1,066.06	\$1,066.06
34718 00	Surgery	36.08	36.08	\$2,972.44	\$2,972.44
34808 00	Surgery	5.81	5.81	\$478.66	\$478.66
34812 00	Surgery	6.01	6.01	\$495.13	\$495.13
34813 00	Surgery	6.90	6.90	\$568.45	\$568.45
34820 00	Surgery	10.18	10.18	\$838.68	\$838.68
34830 00	Surgery	51.21	51.21	\$4,218.92	\$4,218.92
34831 00	Surgery	56.04	56.04	\$4,616.84	\$4,616.84
34832 00	Surgery	55.08	55.08	\$4,537.75	\$4,537.75
34833 00	Surgery	11.74	11.74	\$967.20	\$967.20
34834 00	Surgery	3.77	3.77	\$361.00	\$361.00
34839 00	Surgery	0.00	0.00	BundledCode	BundledCode
34841 00	Surgery	43.01	43.01	\$3,543.37	\$3,543.37
34842 00	Surgery	47.18	47.18	\$3,886.91	\$3,886.91
34843 00	Surgery	51.78	51.78	\$4,265.88	\$4,265.88
34844 00	Surgery	57.30	57.30	\$4,720.65	\$4,720.65
34845 00	Surgery	49.18	49.18	\$4,051.68	\$4,051.68
34846 00	Surgery	53.80	53.80	\$4,432.30	\$4,432.30
34847 00	Surgery	57.10	57.10	\$4,704.17	\$4,704.17
34848 00	Surgery	61.19	61.19	\$5,041.12	\$5,041.12
35001 00	Surgery	32.60	32.60	\$2,685.74	\$2,685.74
35002 00	Surgery	33.00	33.00	\$2,718.70	\$2,718.70
35005 00	Surgery	28.88	28.88	\$2,379.27	\$2,379.27
35011 00	Surgery	29.14	29.14	\$2,400.69	\$2,400.69
35013 00	Surgery	36.66	36.66	\$3,020.23	\$3,020.23
35021 00	Surgery	36.44	36.44	\$3,002.10	\$3,002.10
35022 00	Surgery	41.70	41.70	\$3,435.44	\$3,435.44
35045 00	Surgery	28.44	28.44	\$2,343.02	\$2,343.02
35081 00	Surgery	50.33	50.33	\$4,146.43	\$4,146.43
35082 00	Surgery	63.49	63.49	\$5,230.61	\$5,230.61
35091 00	Surgery	52.02	52.02	\$4,285.66	\$4,285.66
35092 00	Surgery	75.76	75.76	\$6,241.47	\$6,241.47

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35102 00	Surgery	54.64	54.64	\$4,501.50	\$4,501.50
35103 00	Surgery	65.04	65.04	\$5,358.31	\$5,358.31
35111 00	Surgery	38.59	38.59	\$3,179.23	\$3,179.23
35112 00	Surgery	47.49	47.49	\$3,912.45	\$3,912.45
35121 00	Surgery	45.94	45.94	\$3,784.76	\$3,784.76
35122 00	Surgery	54.95	54.95	\$4,527.04	\$4,527.04
35131 00	Surgery	40.03	40.03	\$3,297.86	\$3,297.86
35132 00	Surgery	47.49	47.49	\$3,912.45	\$3,912.45
35141 00	Surgery	32.04	32.04	\$2,639.61	\$2,639.61
35142 00	Surgery	38.65	38.65	\$3,184.17	\$3,184.17
35151 00	Surgery	35.97	35.97	\$2,963.38	\$2,963.38
35152 00	Surgery	40.59	40.59	\$3,344.00	\$3,344.00
35180 00	Surgery	25.43	25.43	\$2,095.04	\$2,095.04
35182 00	Surgery	51.79	51.79	\$4,266.71	\$4,266.71
35184 00	Surgery	27.99	27.99	\$2,305.95	\$2,305.95
35188 00	Surgery	36.98	36.98	\$3,046.59	\$3,046.59
35189 00	Surgery	43.85	43.85	\$3,612.57	\$3,612.57
35190 00	Surgery	22.14	22.14	\$1,824.00	\$1,824.00
35201 00	Surgery	27.34	27.34	\$2,252.40	\$2,252.40
35206 00	Surgery	22.68	22.68	\$1,868.49	\$1,868.49
35207 00	Surgery	21.76	21.76	\$1,792.69	\$1,792.69
35211 00	Surgery	40.24	40.24	\$3,315.16	\$3,315.16
35216 00	Surgery	60.09	60.09	\$4,950.50	\$4,950.50
35221 00	Surgery	42.64	42.64	\$3,512.89	\$3,512.89
35226 00	Surgery	24.17	24.17	\$1,991.24	\$1,991.24
35231 00	Surgery	36.39	36.39	\$2,997.98	\$2,997.98
35236 00	Surgery	29.18	29.18	\$2,403.99	\$2,403.99
35241 00	Surgery	41.52	41.52	\$3,420.62	\$3,420.62
35246 00	Surgery	45.29	45.29	\$3,731.21	\$3,731.21
35251 00	Surgery	50.71	50.71	\$4,177.73	\$4,177.73
35256 00	Surgery	29.78	29.78	\$2,453.42	\$2,453.42
35261 00	Surgery	28.43	28.43	\$2,342.20	\$2,342.20
35266 00	Surgery	25.12	25.12	\$2,069.51	\$2,069.51
35271 00	Surgery	39.96	39.96	\$3,292.10	\$3,292.10
35276 00	Surgery	42.15	42.15	\$3,472.52	\$3,472.52
35281 00	Surgery	47.31	47.31	\$3,897.62	\$3,897.62
35286 00	Surgery	27.16	27.16	\$2,237.57	\$2,237.57
35301 00	Surgery	32.90	32.90	\$2,710.46	\$2,710.46
35302 00	Surgery	32.60	32.60	\$2,685.74	\$2,685.74
35303 00	Surgery	36.00	36.00	\$2,965.85	\$2,965.85

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35304 00	Surgery	37.07	37.07	\$3,054.00	\$3,054.00
35305 00	Surgery	35.61	35.61	\$2,933.72	\$2,933.72
35306 00	Surgery	12.96	12.96	\$1,067.71	\$1,067.71
35311 00	Surgery	45.13	45.13	\$3,718.02	\$3,718.02
35321 00	Surgery	25.94	25.94	\$2,137.06	\$2,137.06
35331 00	Surgery	42.23	42.23	\$3,479.11	\$3,479.11
35341 00	Surgery	39.98	39.98	\$3,293.74	\$3,293.74
35351 00	Surgery	37.31	37.31	\$3,073.78	\$3,073.78
35355 00	Surgery	29.99	29.99	\$2,470.72	\$2,470.72
35361 00	Surgery	44.23	44.23	\$3,643.88	\$3,643.88
35363 00	Surgery	47.19	47.19	\$3,887.74	\$3,887.74
35371 00	Surgery	23.75	23.75	\$1,956.64	\$1,956.64
35372 00	Surgery	28.45	28.45	\$2,343.85	\$2,343.85
35390 00	Surgery	4.65	4.65	\$383.09	\$383.09
35400 00	Surgery	4.32	4.32	\$355.90	\$355.90
35500 00	Surgery	9.29	9.29	\$765.35	\$765.35
35501 00	Surgery	42.43	42.43	\$3,495.59	\$3,495.59
35506 00	Surgery	37.01	37.01	\$3,049.06	\$3,049.06
35508 00	Surgery	38.53	38.53	\$3,174.29	\$3,174.29
35509 00	Surgery	41.06	41.06	\$3,382.72	\$3,382.72
35510 00	Surgery	35.70	35.70	\$2,941.14	\$2,941.14
35511 00	Surgery	32.55	32.55	\$2,681.62	\$2,681.62
35512 00	Surgery	35.02	35.02	\$2,885.11	\$2,885.11
35515 00	Surgery	38.53	38.53	\$3,174.29	\$3,174.29
35516 00	Surgery	35.43	35.43	\$2,918.89	\$2,918.89
35518 00	Surgery	33.18	33.18	\$2,733.53	\$2,733.53
35521 00	Surgery	35.62	35.62	\$2,934.55	\$2,934.55
35522 00	Surgery	35.38	35.38	\$2,914.77	\$2,914.77
35523 00	Surgery	37.25	37.25	\$3,068.83	\$3,068.83
35525 00	Surgery	33.01	33.01	\$2,719.52	\$2,719.52
35526 00	Surgery	50.15	50.15	\$4,131.60	\$4,131.60
35531 00	Surgery	56.64	56.64	\$4,666.27	\$4,666.27
35533 00	Surgery	43.77	43.77	\$3,605.98	\$3,605.98
35535 00	Surgery	55.33	55.33	\$4,558.35	\$4,558.35
35536 00	Surgery	49.12	49.12	\$4,046.74	\$4,046.74
35537 00	Surgery	60.62	60.62	\$4,994.16	\$4,994.16
35538 00	Surgery	67.94	67.94	\$5,597.22	\$5,597.22
35539 00	Surgery	63.76	63.76	\$5,252.85	\$5,252.85
35540 00	Surgery	71.09	71.09	\$5,856.73	\$5,856.73
35556 00	Surgery	40.73	40.73	\$3,355.53	\$3,355.53

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35558 00	Surgery	35.75	35.75	\$2,945.26	\$2,945.26
35560 00	Surgery	49.53	49.53	\$4,080.52	\$4,080.52
35563 00	Surgery	38.42	38.42	\$3,165.22	\$3,165.22
35565 00	Surgery	38.05	38.05	\$3,134.74	\$3,134.74
35566 00	Surgery	48.60	48.60	\$4,003.90	\$4,003.90
35570 00	Surgery	42.80	42.80	\$3,526.07	\$3,526.07
35571 00	Surgery	38.55	38.55	\$3,175.93	\$3,175.93
35572 00	Surgery	10.04	10.04	\$827.14	\$827.14
35583 00	Surgery	42.00	42.00	\$3,460.16	\$3,460.16
35585 00	Surgery	48.69	48.69	\$4,011.31	\$4,011.31
35587 00	Surgery	39.65	39.65	\$3,266.56	\$3,266.56
35600 00	Surgery	7.44	7.44	\$612.94	\$612.94
35601 00	Surgery	40.66	40.66	\$3,349.76	\$3,349.76
35606 00	Surgery	34.09	34.09	\$2,808.50	\$2,808.50
35612 00	Surgery	30.30	30.30	\$2,496.26	\$2,496.26
35616 00	Surgery	32.02	32.02	\$2,637.96	\$2,637.96
35621 00	Surgery	31.89	31.89	\$2,627.25	\$2,627.25
35623 00	Surgery	38.14	38.14	\$3,142.16	\$3,142.16
35626 00	Surgery	46.12	46.12	\$3,799.59	\$3,799.59
35631 00	Surgery	53.84	53.84	\$4,435.60	\$4,435.60
35632 00	Surgery	52.52	52.52	\$4,326.85	\$4,326.85
35633 00	Surgery	57.66	57.66	\$4,750.31	\$4,750.31
35634 00	Surgery	51.40	51.40	\$4,234.58	\$4,234.58
35636 00	Surgery	46.33	46.33	\$3,816.89	\$3,816.89
35637 00	Surgery	48.22	48.22	\$3,972.59	\$3,972.59
35638 00	Surgery	50.70	50.70	\$4,176.91	\$4,176.91
35642 00	Surgery	28.61	28.61	\$2,357.03	\$2,357.03
35645 00	Surgery	27.48	27.48	\$2,263.93	\$2,263.93
35646 00	Surgery	49.90	49.90	\$4,111.00	\$4,111.00
35647 00	Surgery	44.99	44.99	\$3,706.49	\$3,706.49
35650 00	Surgery	29.67	29.67	\$2,444.36	\$2,444.36
35654 00	Surgery	39.83	39.83	\$3,281.39	\$3,281.39
35656 00	Surgery	31.41	31.41	\$2,587.71	\$2,587.71
35661 00	Surgery	31.51	31.51	\$2,595.94	\$2,595.94
35663 00	Surgery	35.34	35.34	\$2,911.48	\$2,911.48
35665 00	Surgery	34.13	34.13	\$2,811.79	\$2,811.79
35666 00	Surgery	37.02	37.02	\$3,049.88	\$3,049.88
35671 00	Surgery	32.65	32.65	\$2,689.86	\$2,689.86
35681 00	Surgery	2.36	2.36	\$605.50	\$605.50
35682 00	Surgery	10.29	10.29	\$847.74	\$847.74

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
35683 00	Surgery	11.89	11.89	\$979.55	\$979.55
35685 00	Surgery	5.78	5.78	\$476.18	\$476.18
35686 00	Surgery	4.68	4.68	\$385.56	\$385.56
35691 00	Surgery	27.45	27.45	\$2,261.46	\$2,261.46
35693 00	Surgery	24.19	24.19	\$1,992.89	\$1,992.89
35694 00	Surgery	28.68	28.68	\$2,362.80	\$2,362.80
35695 00	Surgery	29.77	29.77	\$2,452.59	\$2,452.59
35697 00	Surgery	4.29	4.29	\$353.43	\$353.43
35700 00	Surgery	4.44	4.44	\$365.79	\$365.79
35701 00	Surgery	12.66	12.66	\$1,042.99	\$1,042.99
35702 00	Surgery	11.90	11.90	\$980.38	\$980.38
35703 00	Surgery	12.08	12.08	\$995.21	\$995.21
35800 00	Surgery	20.82	20.82	\$1,715.25	\$1,715.25
35820 00	Surgery	58.28	58.28	\$4,801.38	\$4,801.38
35840 00	Surgery	34.86	34.86	\$2,871.93	\$2,871.93
35860 00	Surgery	24.31	24.31	\$2,002.77	\$2,002.77
35870 00	Surgery	36.17	36.17	\$2,979.86	\$2,979.86
35875 00	Surgery	17.30	17.30	\$1,425.26	\$1,425.26
35876 00	Surgery	27.52	27.52	\$2,267.23	\$2,267.23
35879 00	Surgery	26.90	26.90	\$2,216.15	\$2,216.15
35881 00	Surgery	29.68	29.68	\$2,445.18	\$2,445.18
35883 00	Surgery	34.94	34.94	\$2,878.52	\$2,878.52
35884 00	Surgery	36.02	36.02	\$2,967.50	\$2,967.50
35901 00	Surgery	13.66	13.66	\$1,125.38	\$1,125.38
35903 00	Surgery	16.41	16.41	\$1,351.93	\$1,351.93
35905 00	Surgery	51.46	51.46	\$4,239.52	\$4,239.52
35907 00	Surgery	55.34	55.34	\$4,559.17	\$4,559.17
36000 00	Surgery	0.00	0.00	BundledCode	BundledCode
36002 00	Surgery	4.43	3.04	\$364.96	\$250.45
36005 00	Surgery	8.44	1.38	\$695.33	\$301.29
36010 00	Surgery	15.04	3.19	\$1,239.07	\$453.66
36011 00	Surgery	24.67	4.57	\$2,032.43	\$761.07
36012 00	Surgery	25.06	5.04	\$2,064.56	\$773.44
36013 00	Surgery	22.78	3.53	\$1,876.73	\$700.60
36014 00	Surgery	23.74	4.41	\$1,955.81	\$753.35
36015 00	Surgery	25.72	5.00	\$2,118.94	\$774.28
36100 00	Surgery	14.86	4.43	\$1,224.24	\$454.15
36140 00	Surgery	13.66	2.60	\$1,125.38	\$401.88
36160 00	Surgery	15.58	3.61	\$1,283.55	\$457.14
36200 00	Surgery	16.85	4.06	\$1,388.18	\$575.72

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36215 00	Surgery	30.72	6.13	\$2,530.86	\$1,041.88
36216 00	Surgery	32.57	7.90	\$2,683.27	\$1,097.34
36217 00	Surgery	53.94	9.52	\$4,443.83	\$1,810.35
36218 00	Surgery	6.54	1.50	\$538.80	\$178.98
36221 00	Surgery	30.04	5.83	\$2,474.84	\$1,085.00
36222 00	Surgery	35.55	8.19	\$2,928.78	\$1,344.54
36223 00	Surgery	45.63	9.18	\$3,759.22	\$1,470.95
36224 00	Surgery	58.93	10.43	\$4,854.93	\$1,715.50
36225 00	Surgery	43.75	9.15	\$3,604.33	\$1,460.30
36226 00	Surgery	55.71	10.28	\$4,589.66	\$1,709.12
36227 00	Surgery	7.11	3.41	\$585.76	\$298.05
36228 00	Surgery	37.67	6.98	\$3,103.43	\$1,173.54
36245 00	Surgery	38.19	6.89	\$3,146.27	\$1,203.13
36246 00	Surgery	24.55	7.35	\$2,022.55	\$860.42
36247 00	Surgery	43.23	8.75	\$3,561.49	\$1,459.51
36248 00	Surgery	3.92	1.41	\$322.95	\$155.83
36251 00	Surgery	39.76	7.51	\$3,275.62	\$1,368.65
36252 00	Surgery	42.81	10.43	\$3,526.89	\$1,502.64
36253 00	Surgery	62.96	10.35	\$5,186.95	\$2,102.21
36254 00	Surgery	61.63	12.02	\$5,077.37	\$2,178.35
36260 00	Surgery	18.93	18.93	\$1,559.54	\$1,559.54
36261 00	Surgery	11.75	11.75	\$968.02	\$968.02
36262 00	Surgery	8.96	8.96	\$738.17	\$738.17
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.76	0.54	\$62.61	\$44.49
36405 00	Surgery	0.66	0.44	\$54.37	\$36.25
36406 00	Surgery	0.47	0.25	\$38.72	\$32.48
36410 00	Surgery	0.49	0.27	\$40.37	\$22.24
36415 00	Surgery	0.08	0.08	\$9.00	\$9.00
36416 00	Surgery	0.00	0.00	BundledCode	BundledCode
36420 00	Surgery	1.39	1.39	\$114.51	\$114.51
36425 00	Surgery	1.15	1.15	\$94.74	\$94.74
36430 00	Surgery	0.99	0.99	\$81.56	\$81.56
36440 00	Surgery	1.47	1.47	\$121.11	\$121.11
36450 00	Surgery	4.93	4.93	\$406.16	\$406.16
36455 00	Surgery	3.68	3.68	\$432.00	\$432.00
36456 00	Surgery	2.93	2.93	\$241.39	\$241.39
36460 00	Surgery	10.10	10.10	\$832.09	\$832.09
36465 00	Surgery	42.95	3.48	\$3,538.43	\$286.70
36466 00	Surgery	47.65	4.46	\$3,925.63	\$367.44

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36468 00	Surgery	0.00	0.00	BR	BR
36470 00	Surgery	3.10	1.10	\$255.39	\$107.47
36471 00	Surgery	5.59	2.22	\$460.53	\$182.89
36473 00	Surgery	40.41	5.18	\$3,329.17	\$426.75
36474 00	Surgery	8.23	2.60	\$678.03	\$214.20
36475 00	Surgery	38.93	8.09	\$3,207.24	\$1,838.72
36476 00	Surgery	8.81	3.92	\$725.81	\$380.37
36478 00	Surgery	30.26	8.06	\$2,492.96	\$1,522.62
36479 00	Surgery	9.28	3.96	\$764.53	\$389.55
36481 00	Surgery	54.65	9.56	\$4,502.33	\$1,472.81
36482 00	Surgery	54.03	5.20	\$4,451.25	\$428.40
36483 00	Surgery	4.45	2.61	\$366.61	\$215.02
36500 00	Surgery	5.29	5.29	\$435.82	\$435.82
36510 00	Surgery	2.36	1.55	\$194.43	\$127.70
36511 00	Surgery	3.15	3.15	\$259.51	\$259.51
36512 00	Surgery	3.12	3.12	\$257.04	\$257.04
36513 00	Surgery	3.15	3.15	\$259.51	\$259.51
36514 00	Surgery	19.17	2.75	\$1,579.32	\$459.65
36516 00	Surgery	55.44	2.44	\$4,567.41	\$1,930.73
36522 00	Surgery	54.60	2.82	\$4,498.21	\$890.53
36555 00	Surgery	5.35	2.44	\$440.76	\$201.02
36556 00	Surgery	6.08	2.46	\$500.90	\$303.87
36557 00	Surgery	31.36	9.25	\$2,583.59	\$762.06
36558 00	Surgery	23.17	7.55	\$1,908.86	\$722.44
36560 00	Surgery	37.43	11.08	\$3,083.66	\$912.82
36561 00	Surgery	30.61	9.74	\$2,521.80	\$1,150.18
36563 00	Surgery	33.92	10.60	\$2,794.49	\$1,375.46
36565 00	Surgery	25.02	9.71	\$2,061.27	\$939.47
36566 00	Surgery	132.23	10.45	\$10,893.74	\$3,933.47
36568 00	Surgery	2.68	2.68	\$220.79	\$220.79
36569 00	Surgery	2.73	2.73	\$269.58	\$269.58
36570 00	Surgery	42.32	9.61	\$3,486.52	\$791.72
36571 00	Surgery	37.05	9.03	\$3,052.36	\$1,308.69
36572 00	Surgery	12.34	2.62	\$1,016.63	\$215.85
36573 00	Surgery	11.38	2.45	\$937.54	\$201.84
36575 00	Surgery	4.57	1.01	\$376.50	\$154.05
36576 00	Surgery	9.72	5.35	\$800.78	\$440.76
36578 00	Surgery	13.42	5.89	\$1,105.60	\$487.32
36580 00	Surgery	6.22	1.91	\$512.43	\$236.11
36581 00	Surgery	22.91	5.30	\$1,887.44	\$711.09

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36582 00	Surgery	28.25	8.40	\$2,327.37	\$1,062.28
36583 00	Surgery	36.06	9.51	\$2,970.79	\$1,247.78
36584 00	Surgery	9.92	1.73	\$817.26	\$226.39
36585 00	Surgery	31.42	7.86	\$2,588.53	\$1,233.32
36589 00	Surgery	4.76	3.97	\$392.15	\$327.07
36590 00	Surgery	6.40	5.51	\$527.26	\$453.94
36591 00	Surgery	0.70	0.70	\$57.67	\$57.67
36592 00	Surgery	0.79	0.79	\$65.08	\$65.08
36593 00	Surgery	0.89	0.89	\$73.32	\$73.32
36595 00	Surgery	17.89	5.27	\$1,473.86	\$619.57
36596 00	Surgery	3.47	1.26	\$285.88	\$145.23
36597 00	Surgery	3.79	1.75	\$312.24	\$144.17
36598 00	Surgery	3.44	1.07	\$283.40	\$161.00
36600 00	Surgery	0.86	0.45	\$70.85	\$37.07
36620 00	Surgery	1.28	1.28	\$105.45	\$105.45
36625 00	Surgery	3.06	3.06	\$252.10	\$252.10
36640 00	Surgery	3.31	3.31	\$272.69	\$272.69
36660 00	Surgery	1.97	1.97	\$162.30	\$162.30
36680 00	Surgery	1.74	1.74	\$143.35	\$143.35
36800 00	Surgery	3.55	3.55	\$292.47	\$292.47
36810 00	Surgery	6.11	6.11	\$503.37	\$503.37
36815 00	Surgery	3.92	3.92	\$322.95	\$322.95
36818 00	Surgery	20.11	20.11	\$1,656.76	\$1,656.76
36819 00	Surgery	21.27	21.27	\$1,752.32	\$1,752.32
36820 00	Surgery	21.20	21.20	\$1,746.56	\$1,746.56
36821 00	Surgery	19.31	19.31	\$1,590.85	\$1,590.85
36823 00	Surgery	40.71	40.71	\$3,353.88	\$3,353.88
36825 00	Surgery	23.11	23.11	\$1,903.91	\$1,903.91
36830 00	Surgery	19.41	19.41	\$1,599.09	\$1,599.09
36831 00	Surgery	17.90	17.90	\$1,474.69	\$1,474.69
36832 00	Surgery	21.97	21.97	\$1,809.99	\$1,809.99
36833 00	Surgery	23.56	23.56	\$1,940.99	\$1,940.99
36835 00	Surgery	13.86	13.86	\$1,141.85	\$1,141.85
36838 00	Surgery	33.30	33.30	\$2,743.41	\$2,743.41
36860 00	Surgery	7.05	3.23	\$580.81	\$266.10
36861 00	Surgery	4.05	4.05	\$333.66	\$333.66
36901 00	Surgery	19.73	4.90	\$1,625.45	\$403.69
36902 00	Surgery	36.98	6.94	\$3,046.59	\$571.75
36903 00	Surgery	146.33	9.20	\$12,055.36	\$757.94
36904 00	Surgery	54.75	10.74	\$4,510.57	\$884.81

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
36905 00	Surgery	68.75	12.88	\$5,663.95	\$1,061.12
36906 00	Surgery	181.66	14.87	\$14,966.02	\$1,225.06
36907 00	Surgery	19.66	4.25	\$1,619.68	\$350.14
36908 00	Surgery	59.63	6.02	\$4,912.60	\$495.96
36909 00	Surgery	56.82	5.83	\$4,681.10	\$480.30
37140 00	Surgery	67.70	67.70	\$5,577.45	\$5,577.45
37145 00	Surgery	62.77	62.77	\$5,171.29	\$5,171.29
37160 00	Surgery	64.48	64.48	\$5,312.17	\$5,312.17
37180 00	Surgery	61.99	61.99	\$5,107.03	\$5,107.03
37181 00	Surgery	67.70	67.70	\$5,577.45	\$5,577.45
37182 00	Surgery	23.74	23.74	\$1,955.81	\$1,955.81
37183 00	Surgery	176.09	10.81	\$14,507.13	\$4,203.84
37184 00	Surgery	56.01	12.64	\$4,614.37	\$2,442.11
37185 00	Surgery	16.92	4.77	\$1,393.95	\$790.96
37186 00	Surgery	37.60	7.09	\$3,097.67	\$1,550.63
37187 00	Surgery	55.05	11.41	\$4,535.28	\$2,286.93
37188 00	Surgery	46.32	8.10	\$3,816.06	\$1,941.43
37191 00	Surgery	68.05	6.48	\$5,606.28	\$2,488.14
37192 00	Surgery	38.29	10.02	\$3,154.51	\$1,671.03
37193 00	Surgery	45.09	10.13	\$3,714.73	\$1,595.03
37195 00	Surgery	27.42	27.42	\$2,258.99	\$2,258.99
37197 00	Surgery	45.66	8.74	\$3,761.69	\$1,479.49
37200 00	Surgery	6.30	6.30	\$519.02	\$519.02
37211 00	Surgery	11.22	11.22	\$924.36	\$924.36
37212 00	Surgery	9.81	9.81	\$808.19	\$808.19
37213 00	Surgery	6.76	6.76	\$556.92	\$556.92
37214 00	Surgery	3.57	3.57	\$294.11	\$294.11
37215 00	Surgery	29.04	29.04	\$2,392.45	\$2,392.45
37216 00	Surgery	28.27	28.27	\$2,329.02	\$2,329.02
37217 00	Surgery	31.37	31.37	\$2,584.41	\$2,584.41
37218 00	Surgery	23.76	23.76	\$1,957.46	\$1,957.46
37220 00	Surgery	82.10	11.66	\$6,763.79	\$2,966.77
37221 00	Surgery	111.17	14.39	\$9,158.71	\$4,410.43
37222 00	Surgery	21.25	5.42	\$1,750.68	\$851.40
37223 00	Surgery	54.46	6.19	\$4,486.67	\$2,452.27
37224 00	Surgery	97.65	12.95	\$8,044.87	\$3,567.72
37225 00	Surgery	320.92	17.54	\$26,438.92	\$10,266.39
37226 00	Surgery	285.00	15.14	\$23,479.66	\$8,508.02
37227 00	Surgery	412.62	21.10	\$33,993.60	\$13,868.49
37228 00	Surgery	140.55	15.79	\$11,579.18	\$5,090.30

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
37229 00	Surgery	322.15	20.45	\$26,540.25	\$10,116.35
37230 00	Surgery	289.75	20.33	\$23,870.99	\$7,899.51
37231 00	Surgery	401.11	22.04	\$33,045.35	\$12,696.85
37232 00	Surgery	29.07	5.83	\$2,394.93	\$1,150.44
37233 00	Surgery	35.70	9.48	\$2,941.14	\$1,391.76
37234 00	Surgery	110.43	8.30	\$9,097.75	\$3,667.58
37235 00	Surgery	116.35	11.70	\$9,585.47	\$3,900.82
37236 00	Surgery	95.88	12.93	\$7,899.05	\$3,438.67
37237 00	Surgery	53.20	6.18	\$4,382.87	\$2,221.36
37238 00	Surgery	90.33	8.88	\$7,441.82	\$4,013.62
37239 00	Surgery	41.85	4.43	\$3,447.80	\$1,994.57
37241 00	Surgery	140.19	12.70	\$11,549.52	\$4,450.12
37242 00	Surgery	216.78	13.85	\$17,859.37	\$7,486.54
37243 00	Surgery	273.58	16.30	\$22,538.82	\$9,449.60
37244 00	Surgery	200.77	19.30	\$16,540.39	\$6,626.31
37246 00	Surgery	58.35	10.12	\$4,807.15	\$833.73
37247 00	Surgery	20.53	4.97	\$1,691.36	\$409.45
37248 00	Surgery	42.93	8.64	\$3,536.78	\$711.80
37249 00	Surgery	15.67	4.24	\$1,290.97	\$349.31
37252 00	Surgery	33.29	2.63	\$2,742.59	\$216.67
37253 00	Surgery	5.38	2.11	\$443.23	\$173.83
37500 00	Surgery	18.37	18.37	\$1,513.41	\$1,513.41
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	20.93	20.93	\$1,724.31	\$1,724.31
37600 00	Surgery	21.22	21.22	\$1,748.20	\$1,748.20
37605 00	Surgery	21.43	21.43	\$1,765.51	\$1,765.51
37606 00	Surgery	20.70	20.70	\$1,705.36	\$1,705.36
37607 00	Surgery	10.86	10.86	\$894.70	\$894.70
37609 00	Surgery	8.94	5.94	\$736.52	\$489.37
37615 00	Surgery	15.32	15.32	\$1,262.13	\$1,262.13
37616 00	Surgery	32.02	32.02	\$2,637.96	\$2,637.96
37617 00	Surgery	38.62	38.62	\$3,181.70	\$3,181.70
37618 00	Surgery	11.23	11.23	\$925.18	\$925.18
37619 00	Surgery	50.38	50.38	\$4,150.54	\$4,150.54
37650 00	Surgery	13.29	13.29	\$1,094.89	\$1,094.89
37660 00	Surgery	38.33	38.33	\$3,157.81	\$3,157.81
37700 00	Surgery	7.08	7.08	\$583.28	\$583.28
37718 00	Surgery	12.20	12.20	\$1,005.09	\$1,005.09
37722 00	Surgery	13.69	13.69	\$1,127.85	\$1,127.85
37735 00	Surgery	16.85	16.85	\$1,388.18	\$1,388.18

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
37760 00	Surgery	18.10	18.10	\$1,491.16	\$1,491.16
37761 00	Surgery	15.71	15.71	\$1,294.26	\$1,294.26
37765 00	Surgery	12.68	7.88	\$1,044.64	\$649.19
37766 00	Surgery	14.82	9.65	\$1,220.94	\$795.01
37780 00	Surgery	6.77	6.77	\$557.74	\$557.74
37785 00	Surgery	10.20	7.46	\$840.32	\$614.59
37788 00	Surgery	36.52	36.52	\$3,008.69	\$3,008.69
37790 00	Surgery	14.03	14.03	\$1,155.86	\$1,155.86
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	33.59	33.59	\$2,767.30	\$2,767.30
38101 00	Surgery	33.96	33.96	\$2,797.79	\$2,797.79
38102 00	Surgery	7.63	7.63	\$628.60	\$628.60
38115 00	Surgery	37.18	37.18	\$3,063.07	\$3,063.07
38120 00	Surgery	30.67	30.67	\$2,526.74	\$2,526.74
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.85	3.85	\$317.18	\$317.18
38204 00	Surgery	2.93	2.93	\$241.39	\$241.39
38205 00	Surgery	2.44	2.44	\$201.02	\$201.02
38206 00	Surgery	2.43	2.43	\$200.19	\$200.19
38207 00	Surgery	1.31	1.31	\$107.92	\$107.92
38208 00	Surgery	0.83	0.83	\$68.38	\$68.38
38209 00	Surgery	0.35	0.35	\$35.50	\$35.50
38210 00	Surgery	2.29	2.29	\$188.66	\$188.66
38211 00	Surgery	2.08	2.08	\$171.36	\$171.36
38212 00	Surgery	1.39	1.39	\$114.51	\$114.51
38213 00	Surgery	0.35	0.35	\$35.50	\$35.50
38214 00	Surgery	1.20	1.20	\$98.86	\$98.86
38215 00	Surgery	1.39	1.39	\$114.51	\$114.51
38220 00	Surgery	4.77	2.01	\$392.98	\$170.56
38221 00	Surgery	4.47	2.00	\$368.26	\$176.40
38222 00	Surgery	4.94	2.24	\$406.98	\$184.54
38230 00	Surgery	5.92	5.92	\$487.72	\$487.72
38232 00	Surgery	5.76	5.76	\$474.54	\$474.54
38240 00	Surgery	6.78	6.78	\$558.57	\$558.57
38241 00	Surgery	5.02	5.02	\$413.57	\$413.57
38242 00	Surgery	3.63	3.63	\$299.06	\$299.06
38243 00	Surgery	3.49	3.49	\$287.52	\$287.52
38300 00	Surgery	9.40	5.91	\$774.42	\$486.89
38305 00	Surgery	14.13	14.13	\$1,164.10	\$1,164.10
38308 00	Surgery	13.17	13.17	\$1,085.01	\$1,085.01

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
38380 00	Surgery	16.36	16.36	\$1,347.81	\$1,347.81
38381 00	Surgery	23.23	23.23	\$1,913.80	\$1,913.80
38382 00	Surgery	19.63	19.63	\$1,617.21	\$1,617.21
38500 00	Surgery	9.68	7.38	\$797.48	\$608.00
38505 00	Surgery	3.55	2.02	\$292.47	\$166.42
38510 00	Surgery	15.10	12.09	\$1,244.01	\$996.03
38520 00	Surgery	13.44	13.44	\$1,107.25	\$1,107.25
38525 00	Surgery	12.70	12.70	\$1,046.29	\$1,046.29
38530 00	Surgery	16.34	16.34	\$1,346.17	\$1,346.17
38531 00	Surgery	12.52	12.52	\$1,031.46	\$1,031.46
38542 00	Surgery	14.87	14.87	\$1,225.06	\$1,225.06
38550 00	Surgery	14.91	14.91	\$1,228.36	\$1,228.36
38555 00	Surgery	29.55	29.55	\$2,434.47	\$2,434.47
38562 00	Surgery	20.41	20.41	\$1,681.47	\$1,681.47
38564 00	Surgery	20.43	20.43	\$1,683.12	\$1,683.12
38570 00	Surgery	14.79	14.79	\$1,218.47	\$1,218.47
38571 00	Surgery	19.17	19.17	\$1,579.32	\$1,579.32
38572 00	Surgery	26.32	26.32	\$2,168.37	\$2,168.37
38573 00	Surgery	33.52	33.52	\$2,761.54	\$2,761.54
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	23.08	23.08	\$1,901.44	\$1,901.44
38720 00	Surgery	38.53	38.53	\$3,174.29	\$3,174.29
38724 00	Surgery	41.55	41.55	\$3,423.09	\$3,423.09
38740 00	Surgery	20.29	20.29	\$1,671.59	\$1,671.59
38745 00	Surgery	25.55	25.55	\$2,104.93	\$2,104.93
38746 00	Surgery	6.22	6.22	\$512.43	\$512.43
38747 00	Surgery	7.78	7.78	\$640.95	\$640.95
38760 00	Surgery	24.29	24.29	\$2,001.13	\$2,001.13
38765 00	Surgery	37.72	37.72	\$3,107.55	\$3,107.55
38770 00	Surgery	23.22	23.22	\$1,912.97	\$1,912.97
38780 00	Surgery	29.92	29.92	\$2,464.95	\$2,464.95
38790 00	Surgery	2.36	2.36	\$194.43	\$194.43
38792 00	Surgery	2.37	0.97	\$195.25	\$87.74
38794 00	Surgery	8.52	8.52	\$701.92	\$701.92
38900 00	Surgery	4.03	4.03	\$332.01	\$332.01
38999 00	Surgery	0.00	0.00	BR	BR
39000 00	Surgery	14.34	14.34	\$1,181.40	\$1,181.40
39010 00	Surgery	22.75	22.75	\$1,874.25	\$1,874.25
39200 00	Surgery	25.21	25.21	\$2,076.92	\$2,076.92
39220 00	Surgery	32.80	32.80	\$2,702.22	\$2,702.22

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
39401 00	Surgery	8.93	8.93	\$735.70	\$735.70
39402 00	Surgery	11.68	11.68	\$962.25	\$962.25
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	24.78	24.78	\$2,041.49	\$2,041.49
39503 00	Surgery	173.20	173.20	\$14,269.04	\$14,269.04
39540 00	Surgery	25.31	25.31	\$2,085.16	\$2,085.16
39541 00	Surgery	27.33	27.33	\$2,251.58	\$2,251.58
39545 00	Surgery	25.85	25.85	\$2,129.65	\$2,129.65
39560 00	Surgery	23.15	23.15	\$1,907.21	\$1,907.21
39561 00	Surgery	35.87	35.87	\$2,955.14	\$2,955.14
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.55	2.03	\$292.47	\$167.24
40500 00	Surgery	14.71	10.40	\$1,211.88	\$856.80
40510 00	Surgery	13.97	10.05	\$1,150.92	\$827.97
40520 00	Surgery	14.22	10.20	\$1,171.51	\$840.32
40525 00	Surgery	15.88	15.88	\$1,308.27	\$1,308.27
40527 00	Surgery	17.73	17.73	\$1,460.68	\$1,460.68
40530 00	Surgery	15.61	11.49	\$1,286.03	\$946.60
40650 00	Surgery	13.27	8.79	\$1,093.25	\$724.16
40652 00	Surgery	14.54	10.22	\$1,197.87	\$841.97
40654 00	Surgery	16.53	12.16	\$1,361.82	\$1,001.80
40700 00	Surgery	29.23	29.23	\$2,408.11	\$2,408.11
40701 00	Surgery	34.62	34.62	\$2,852.16	\$2,852.16
40702 00	Surgery	29.05	29.05	\$2,393.28	\$2,393.28
40720 00	Surgery	29.83	29.83	\$2,457.54	\$2,457.54
40761 00	Surgery	31.46	31.46	\$2,591.82	\$2,591.82
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	5.96	3.56	\$491.01	\$293.29
40801 00	Surgery	8.59	5.96	\$707.69	\$491.01
40804 00	Surgery	5.63	3.39	\$463.83	\$279.28
40805 00	Surgery	8.49	6.00	\$699.45	\$494.31
40806 00	Surgery	2.84	0.87	\$233.97	\$134.76
40808 00	Surgery	4.54	2.47	\$374.03	\$203.49
40810 00	Surgery	6.01	3.54	\$495.13	\$291.64
40812 00	Surgery	8.19	5.45	\$674.73	\$449.00
40814 00	Surgery	10.88	8.41	\$896.35	\$692.86
40816 00	Surgery	11.45	8.81	\$943.31	\$725.81
40818 00	Surgery	10.48	7.78	\$863.39	\$640.95
40819 00	Surgery	8.06	6.07	\$664.02	\$500.08
40820 00	Surgery	7.42	4.78	\$611.29	\$393.80

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
40830 00	Surgery	7.98	4.84	\$657.43	\$398.74
40831 00	Surgery	10.18	6.64	\$838.68	\$547.03
40840 00	Surgery	23.93	18.02	\$1,971.47	\$1,484.57
40842 00	Surgery	26.20	19.58	\$2,158.48	\$1,613.09
40843 00	Surgery	34.17	25.40	\$2,815.09	\$2,092.57
40844 00	Surgery	42.94	34.20	\$3,537.60	\$2,817.56
40845 00	Surgery	42.10	34.84	\$3,468.40	\$2,870.29
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.54	3.13	\$374.03	\$257.86
41005 00	Surgery	6.20	3.30	\$510.79	\$271.87
41006 00	Surgery	9.81	6.85	\$808.19	\$564.34
41007 00	Surgery	9.63	6.64	\$793.37	\$547.03
41008 00	Surgery	10.99	7.45	\$905.41	\$613.77
41009 00	Surgery	11.81	8.19	\$972.96	\$674.73
41010 00	Surgery	5.97	3.09	\$491.84	\$254.57
41015 00	Surgery	11.60	8.92	\$955.66	\$734.87
41016 00	Surgery	13.01	9.92	\$1,071.83	\$817.26
41017 00	Surgery	12.96	9.86	\$1,067.71	\$812.31
41018 00	Surgery	14.58	11.46	\$1,201.17	\$944.13
41019 00	Surgery	13.90	13.90	\$1,145.15	\$1,145.15
41100 00	Surgery	5.00	3.02	\$411.92	\$248.80
41105 00	Surgery	5.05	3.11	\$416.04	\$256.22
41108 00	Surgery	4.43	2.52	\$364.96	\$207.61
41110 00	Surgery	6.29	3.73	\$518.20	\$307.30
41112 00	Surgery	9.57	7.03	\$788.42	\$579.16
41113 00	Surgery	10.40	7.76	\$856.80	\$639.31
41114 00	Surgery	17.74	17.74	\$1,461.51	\$1,461.51
41115 00	Surgery	7.25	4.16	\$597.29	\$342.72
41116 00	Surgery	9.50	6.18	\$782.66	\$509.14
41120 00	Surgery	30.39	30.39	\$2,503.67	\$2,503.67
41130 00	Surgery	37.58	37.58	\$3,096.02	\$3,096.02
41135 00	Surgery	62.07	62.07	\$5,113.62	\$5,113.62
41140 00	Surgery	62.38	62.38	\$5,139.16	\$5,139.16
41145 00	Surgery	78.94	78.94	\$6,503.45	\$6,503.45
41150 00	Surgery	62.82	62.82	\$5,175.41	\$5,175.41
41153 00	Surgery	68.42	68.42	\$5,636.77	\$5,636.77
41155 00	Surgery	86.18	86.18	\$7,099.92	\$7,099.92
41250 00	Surgery	7.98	4.43	\$657.43	\$364.96
41251 00	Surgery	8.83	5.27	\$727.46	\$434.17
41252 00	Surgery	9.18	6.01	\$756.29	\$495.13

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
41510 00	Surgery	12.77	12.77	\$1,052.05	\$1,052.05
41512 00	Surgery	18.82	18.82	\$1,550.48	\$1,550.48
41520 00	Surgery	10.16	7.08	\$837.03	\$583.28
41530 00	Surgery	27.12	10.67	\$2,844.47	\$2,844.47
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	8.38	4.37	\$690.38	\$360.02
41805 00	Surgery	8.45	5.42	\$696.15	\$446.53
41806 00	Surgery	11.45	7.86	\$943.31	\$647.54
41820 00	Surgery	7.01	7.01	\$577.52	\$577.52
41821 00	Surgery	1.59	1.59	\$130.99	\$130.99
41822 00	Surgery	9.88	5.71	\$813.96	\$470.42
41823 00	Surgery	14.54	10.27	\$1,197.87	\$846.09
41825 00	Surgery	6.19	3.43	\$509.96	\$282.58
41826 00	Surgery	8.96	5.88	\$738.17	\$484.42
41827 00	Surgery	12.76	8.59	\$1,051.23	\$707.69
41828 00	Surgery	9.95	6.43	\$819.73	\$529.73
41830 00	Surgery	13.07	8.91	\$1,076.77	\$734.05
41850 00	Surgery	3.51	3.51	\$289.17	\$289.17
41870 00	Surgery	8.77	8.77	\$722.51	\$722.51
41872 00	Surgery	12.82	8.54	\$1,056.17	\$703.57
41874 00	Surgery	11.20	7.21	\$922.71	\$593.99
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.49	2.98	\$369.91	\$245.51
42100 00	Surgery	4.22	3.08	\$347.66	\$253.75
42104 00	Surgery	6.20	3.90	\$510.79	\$321.30
42106 00	Surgery	7.62	4.86	\$627.77	\$400.39
42107 00	Surgery	13.27	9.73	\$1,093.25	\$801.60
42120 00	Surgery	28.74	28.74	\$2,367.74	\$2,367.74
42140 00	Surgery	8.04	4.46	\$662.37	\$367.44
42145 00	Surgery	19.80	19.80	\$1,631.22	\$1,631.22
42160 00	Surgery	6.71	4.15	\$552.80	\$341.90
42180 00	Surgery	7.17	5.28	\$590.70	\$434.99
42182 00	Surgery	9.34	7.34	\$769.47	\$604.70
42200 00	Surgery	27.26	27.26	\$2,245.81	\$2,245.81
42205 00	Surgery	28.42	28.42	\$2,341.38	\$2,341.38
42210 00	Surgery	31.70	31.70	\$2,611.60	\$2,611.60
42215 00	Surgery	20.66	20.66	\$1,702.07	\$1,702.07
42220 00	Surgery	16.99	16.99	\$1,399.72	\$1,399.72
42225 00	Surgery	28.24	28.24	\$2,326.55	\$2,326.55
42226 00	Surgery	25.29	25.29	\$2,083.51	\$2,083.51

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
42227 00	Surgery	23.65	23.65	\$1,948.40	\$1,948.40
42235 00	Surgery	20.70	20.70	\$1,705.36	\$1,705.36
42260 00	Surgery	23.80	18.98	\$1,960.76	\$1,563.66
42280 00	Surgery	5.08	3.12	\$418.51	\$257.04
42281 00	Surgery	6.51	4.64	\$536.32	\$382.27
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.10	4.39	\$502.55	\$361.67
42305 00	Surgery	12.25	12.25	\$1,009.21	\$1,009.21
42310 00	Surgery	4.99	3.81	\$411.10	\$313.89
42320 00	Surgery	7.31	5.03	\$602.23	\$414.40
42330 00	Surgery	6.63	4.69	\$546.21	\$386.38
42335 00	Surgery	11.55	7.37	\$951.54	\$607.18
42340 00	Surgery	14.19	9.65	\$1,169.04	\$795.01
42400 00	Surgery	2.95	1.54	\$243.04	\$126.87
42405 00	Surgery	8.61	6.48	\$709.33	\$533.85
42408 00	Surgery	15.03	10.02	\$1,238.24	\$825.50
42409 00	Surgery	10.40	6.42	\$856.80	\$528.91
42410 00	Surgery	17.91	17.91	\$1,475.51	\$1,475.51
42415 00	Surgery	30.25	30.25	\$2,492.14	\$2,492.14
42420 00	Surgery	33.99	33.99	\$2,800.26	\$2,800.26
42425 00	Surgery	23.97	23.97	\$1,974.76	\$1,974.76
42426 00	Surgery	38.77	38.77	\$3,194.06	\$3,194.06
42440 00	Surgery	11.80	11.80	\$972.14	\$972.14
42450 00	Surgery	13.19	10.30	\$1,086.66	\$848.56
42500 00	Surgery	12.48	9.71	\$1,028.16	\$799.96
42505 00	Surgery	16.01	12.92	\$1,318.98	\$1,064.41
42507 00	Surgery	14.26	14.26	\$1,174.81	\$1,174.81
42509 00	Surgery	23.68	23.68	\$1,950.87	\$1,950.87
42510 00	Surgery	17.55	17.55	\$1,445.85	\$1,445.85
42550 00	Surgery	4.39	1.83	\$361.67	\$150.76
42600 00	Surgery	14.57	9.99	\$1,200.35	\$823.02
42650 00	Surgery	2.25	1.65	\$185.37	\$135.93
42660 00	Surgery	3.52	2.52	\$289.99	\$207.61
42665 00	Surgery	9.82	5.97	\$809.02	\$491.84
42699 00	Surgery	0.00	0.00	BR	BR
42700 00	Surgery	5.46	3.86	\$449.82	\$318.01
42720 00	Surgery	12.95	11.15	\$1,066.88	\$918.59
42725 00	Surgery	23.06	23.06	\$1,899.79	\$1,899.79
42800 00	Surgery	4.49	3.22	\$369.91	\$265.28
42804 00	Surgery	5.65	3.27	\$465.47	\$269.40

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
42806 00	Surgery	6.33	3.81	\$521.50	\$313.89
42808 00	Surgery	6.53	4.66	\$537.97	\$383.91
42809 00	Surgery	5.76	3.56	\$474.54	\$293.29
42810 00	Surgery	11.00	8.10	\$906.23	\$667.32
42815 00	Surgery	15.62	15.62	\$1,286.85	\$1,286.85
42820 00	Surgery	8.26	8.26	\$680.50	\$680.50
42821 00	Surgery	8.62	8.62	\$710.16	\$710.16
42825 00	Surgery	7.52	7.52	\$619.53	\$619.53
42826 00	Surgery	7.20	7.20	\$593.17	\$593.17
42830 00	Surgery	5.95	5.95	\$490.19	\$490.19
42831 00	Surgery	6.44	6.44	\$530.56	\$530.56
42835 00	Surgery	5.51	5.51	\$453.94	\$453.94
42836 00	Surgery	6.89	6.89	\$567.63	\$567.63
42842 00	Surgery	28.78	28.78	\$2,371.03	\$2,371.03
42844 00	Surgery	39.67	39.67	\$3,268.20	\$3,268.20
42845 00	Surgery	63.90	63.90	\$5,264.39	\$5,264.39
42860 00	Surgery	5.40	5.40	\$444.88	\$444.88
42870 00	Surgery	16.78	16.78	\$1,382.42	\$1,382.42
42890 00	Surgery	40.78	40.78	\$3,359.65	\$3,359.65
42892 00	Surgery	53.60	53.60	\$4,415.82	\$4,415.82
42894 00	Surgery	67.74	67.74	\$5,580.74	\$5,580.74
42900 00	Surgery	9.56	9.56	\$787.60	\$787.60
42950 00	Surgery	22.86	22.86	\$1,883.32	\$1,883.32
42953 00	Surgery	27.36	27.36	\$2,254.05	\$2,254.05
42955 00	Surgery	21.70	21.70	\$1,787.75	\$1,787.75
42960 00	Surgery	4.73	4.73	\$389.68	\$389.68
42961 00	Surgery	11.92	11.92	\$982.03	\$982.03
42962 00	Surgery	14.70	14.70	\$1,211.06	\$1,211.06
42970 00	Surgery	11.73	11.73	\$966.37	\$966.37
42971 00	Surgery	12.95	12.95	\$1,066.88	\$1,066.88
42972 00	Surgery	14.51	14.51	\$1,195.40	\$1,195.40
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	16.27	16.27	\$1,340.40	\$1,340.40
43030 00	Surgery	14.89	14.89	\$1,226.71	\$1,226.71
43045 00	Surgery	37.64	37.64	\$3,100.96	\$3,100.96
43100 00	Surgery	18.01	18.01	\$1,483.75	\$1,483.75
43101 00	Surgery	29.10	29.10	\$2,397.40	\$2,397.40
43107 00	Surgery	86.57	86.57	\$7,132.05	\$7,132.05
43108 00	Surgery	129.57	129.57	\$10,674.59	\$10,674.59
43112 00	Surgery	101.27	101.27	\$8,343.11	\$8,343.11

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43113 00	Surgery	126.47	126.47	\$10,419.20	\$10,419.20
43116 00	Surgery	145.06	145.06	\$11,950.73	\$11,950.73
43117 00	Surgery	94.36	94.36	\$7,773.83	\$7,773.83
43118 00	Surgery	105.42	105.42	\$8,685.00	\$8,685.00
43121 00	Surgery	82.81	82.81	\$6,822.28	\$6,822.28
43122 00	Surgery	74.37	74.37	\$6,126.96	\$6,126.96
43123 00	Surgery	131.17	131.17	\$10,806.41	\$10,806.41
43124 00	Surgery	110.54	110.54	\$9,106.81	\$9,106.81
43130 00	Surgery	22.66	22.66	\$1,866.84	\$1,866.84
43135 00	Surgery	42.61	42.61	\$3,510.41	\$3,510.41
43180 00	Surgery	15.68	15.68	\$1,291.79	\$1,291.79
43191 00	Surgery	4.43	4.43	\$364.96	\$364.96
43192 00	Surgery	4.86	4.86	\$400.39	\$400.39
43193 00	Surgery	4.85	4.85	\$399.57	\$399.57
43194 00	Surgery	5.55	5.55	\$457.24	\$457.24
43195 00	Surgery	5.28	5.28	\$434.99	\$434.99
43196 00	Surgery	5.63	5.63	\$463.83	\$463.83
43197 00	Surgery	5.52	2.40	\$454.76	\$201.15
43198 00	Surgery	6.08	2.86	\$500.90	\$238.64
43200 00	Surgery	6.89	2.52	\$567.63	\$295.51
43201 00	Surgery	6.89	2.98	\$567.63	\$319.80
43202 00	Surgery	9.64	2.97	\$794.19	\$366.50
43204 00	Surgery	3.90	3.90	\$321.30	\$321.30
43205 00	Surgery	4.07	4.07	\$335.31	\$335.31
43206 00	Surgery	8.14	3.83	\$670.61	\$315.53
43210 00	Surgery	12.51	12.51	\$1,030.63	\$1,030.63
43211 00	Surgery	6.77	6.77	\$557.74	\$557.74
43212 00	Surgery	5.48	5.48	\$451.47	\$451.47
43213 00	Surgery	34.99	7.48	\$2,882.64	\$1,206.21
43214 00	Surgery	5.56	5.56	\$458.06	\$458.06
43215 00	Surgery	10.95	4.08	\$902.11	\$360.78
43216 00	Surgery	11.19	3.86	\$921.89	\$354.31
43217 00	Surgery	11.43	4.62	\$941.66	\$468.37
43220 00	Surgery	28.79	3.40	\$2,371.86	\$812.82
43226 00	Surgery	10.19	3.75	\$839.50	\$335.89
43227 00	Surgery	17.69	4.75	\$1,457.39	\$395.40
43229 00	Surgery	19.82	5.70	\$1,632.87	\$686.02
43231 00	Surgery	4.59	4.59	\$378.15	\$378.15
43232 00	Surgery	5.75	5.75	\$489.90	\$489.90
43233 00	Surgery	6.62	6.62	\$545.39	\$545.39

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43235 00	Surgery	7.98	3.54	\$657.43	\$362.12
43236 00	Surgery	10.65	3.99	\$877.40	\$421.90
43237 00	Surgery	5.64	5.64	\$464.65	\$464.65
43238 00	Surgery	6.70	6.70	\$551.98	\$551.98
43239 00	Surgery	10.63	3.99	\$875.75	\$426.66
43240 00	Surgery	11.33	11.33	\$933.42	\$933.42
43241 00	Surgery	4.09	4.09	\$336.95	\$336.95
43242 00	Surgery	7.58	7.58	\$624.48	\$624.48
43243 00	Surgery	6.85	6.85	\$564.34	\$564.34
43244 00	Surgery	7.08	7.08	\$583.28	\$583.28
43245 00	Surgery	16.79	5.08	\$1,383.24	\$547.32
43246 00	Surgery	5.80	5.80	\$477.83	\$477.83
43247 00	Surgery	10.57	5.11	\$870.81	\$420.99
43248 00	Surgery	11.07	4.78	\$912.00	\$393.80
43249 00	Surgery	31.05	4.42	\$2,558.05	\$777.27
43250 00	Surgery	12.35	4.94	\$1,017.45	\$410.65
43251 00	Surgery	13.58	5.66	\$1,118.79	\$466.30
43252 00	Surgery	9.25	4.88	\$762.06	\$554.32
43253 00	Surgery	7.60	7.60	\$626.12	\$626.12
43254 00	Surgery	7.80	7.80	\$642.60	\$642.60
43255 00	Surgery	18.69	5.79	\$1,539.77	\$477.01
43257 00	Surgery	6.74	6.74	\$555.27	\$555.27
43259 00	Surgery	6.53	6.53	\$537.97	\$537.97
43260 00	Surgery	9.31	9.31	\$767.00	\$767.00
43261 00	Surgery	9.76	9.76	\$804.08	\$804.08
43262 00	Surgery	10.30	10.30	\$848.56	\$848.56
43263 00	Surgery	10.30	10.30	\$848.56	\$848.56
43264 00	Surgery	10.49	10.49	\$864.22	\$864.22
43265 00	Surgery	12.51	12.51	\$1,030.63	\$1,030.63
43266 00	Surgery	6.29	6.29	\$518.20	\$518.20
43270 00	Surgery	20.35	6.48	\$1,676.53	\$754.68
43273 00	Surgery	3.47	3.47	\$285.88	\$285.88
43274 00	Surgery	13.36	13.36	\$1,100.66	\$1,100.66
43275 00	Surgery	10.86	10.86	\$894.70	\$894.70
43276 00	Surgery	13.90	13.90	\$1,145.15	\$1,145.15
43277 00	Surgery	10.92	10.92	\$899.64	\$899.64
43278 00	Surgery	12.51	12.51	\$1,030.63	\$1,030.63
43279 00	Surgery	37.55	37.55	\$3,093.55	\$3,093.55
43280 00	Surgery	31.48	31.48	\$2,593.47	\$2,593.47
43281 00	Surgery	45.02	45.02	\$3,708.96	\$3,708.96

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43282 00	Surgery	50.62	50.62	\$4,170.32	\$4,170.32
43283 00	Surgery	4.60	4.60	\$378.97	\$378.97
43284 00	Surgery	18.94	18.94	\$1,560.37	\$1,560.37
43285 00	Surgery	19.51	19.51	\$1,607.33	\$1,607.33
43286 00	Surgery	92.29	92.29	\$7,603.29	\$7,603.29
43287 00	Surgery	104.46	104.46	\$8,605.91	\$8,605.91
43288 00	Surgery	109.81	109.81	\$9,046.67	\$9,046.67
43289 00	Surgery	0.00	0.00	BR	BR
43300 00	Surgery	17.69	17.69	\$1,457.39	\$1,457.39
43305 00	Surgery	31.28	31.28	\$2,577.00	\$2,577.00
43310 00	Surgery	42.92	42.92	\$3,535.95	\$3,535.95
43312 00	Surgery	46.17	46.17	\$3,803.70	\$3,803.70
43313 00	Surgery	79.14	79.14	\$6,519.93	\$6,519.93
43314 00	Surgery	85.29	85.29	\$7,026.60	\$7,026.60
43320 00	Surgery	40.75	40.75	\$3,357.18	\$3,357.18
43325 00	Surgery	39.62	39.62	\$3,264.08	\$3,264.08
43327 00	Surgery	23.90	23.90	\$1,969.00	\$1,969.00
43328 00	Surgery	32.60	32.60	\$2,685.74	\$2,685.74
43330 00	Surgery	38.96	38.96	\$3,209.71	\$3,209.71
43331 00	Surgery	38.76	38.76	\$3,193.23	\$3,193.23
43332 00	Surgery	33.71	33.71	\$2,777.19	\$2,777.19
43333 00	Surgery	36.82	36.82	\$3,033.41	\$3,033.41
43334 00	Surgery	36.22	36.22	\$2,983.98	\$2,983.98
43335 00	Surgery	38.75	38.75	\$3,192.41	\$3,192.41
43336 00	Surgery	42.03	42.03	\$3,462.63	\$3,462.63
43337 00	Surgery	44.85	44.85	\$3,694.96	\$3,694.96
43338 00	Surgery	3.37	3.37	\$277.64	\$277.64
43340 00	Surgery	40.23	40.23	\$3,314.34	\$3,314.34
43341 00	Surgery	40.53	40.53	\$3,339.05	\$3,339.05
43351 00	Surgery	38.07	38.07	\$3,136.39	\$3,136.39
43352 00	Surgery	30.82	30.82	\$2,539.10	\$2,539.10
43360 00	Surgery	65.21	65.21	\$5,372.31	\$5,372.31
43361 00	Surgery	78.62	78.62	\$6,477.09	\$6,477.09
43400 00	Surgery	44.41	44.41	\$3,658.71	\$3,658.71
43405 00	Surgery	42.11	42.11	\$3,469.22	\$3,469.22
43410 00	Surgery	29.37	29.37	\$2,419.64	\$2,419.64
43415 00	Surgery	74.54	74.54	\$6,140.96	\$6,140.96
43420 00	Surgery	29.10	29.10	\$2,397.40	\$2,397.40
43425 00	Surgery	41.74	41.74	\$3,438.74	\$3,438.74
43450 00	Surgery	4.87	2.27	\$401.21	\$200.60

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43453 00	Surgery	25.07	2.47	\$2,065.39	\$698.18
43460 00	Surgery	6.13	6.13	\$505.02	\$505.02
43496 00	Surgery	57.14	57.14	\$4,707.47	\$4,707.47
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	22.83	22.83	\$1,880.84	\$1,880.84
43501 00	Surgery	39.28	39.28	\$3,236.07	\$3,236.07
43502 00	Surgery	44.51	44.51	\$3,666.95	\$3,666.95
43510 00	Surgery	27.64	27.64	\$2,277.11	\$2,277.11
43520 00	Surgery	19.93	19.93	\$1,641.93	\$1,641.93
43605 00	Surgery	24.45	24.45	\$2,014.31	\$2,014.31
43610 00	Surgery	28.58	28.58	\$2,354.56	\$2,354.56
43611 00	Surgery	35.63	35.63	\$2,935.37	\$2,935.37
43620 00	Surgery	57.89	57.89	\$4,769.25	\$4,769.25
43621 00	Surgery	66.22	66.22	\$5,455.52	\$5,455.52
43622 00	Surgery	67.53	67.53	\$5,563.44	\$5,563.44
43631 00	Surgery	42.30	42.30	\$3,484.88	\$3,484.88
43632 00	Surgery	59.35	59.35	\$4,889.54	\$4,889.54
43633 00	Surgery	56.13	56.13	\$4,624.26	\$4,624.26
43634 00	Surgery	62.09	62.09	\$5,115.27	\$5,115.27
43635 00	Surgery	3.29	3.29	\$271.05	\$271.05
43640 00	Surgery	34.35	34.35	\$2,829.92	\$2,829.92
43641 00	Surgery	35.11	35.11	\$2,892.53	\$2,892.53
43644 00	Surgery	50.67	50.67	\$4,174.44	\$4,174.44
43645 00	Surgery	53.95	53.95	\$4,444.66	\$4,444.66
43647 00	Surgery	17.06	17.06	\$1,405.48	\$1,405.48
43648 00	Surgery	15.97	15.97	\$1,315.68	\$1,315.68
43651 00	Surgery	19.08	19.08	\$1,571.90	\$1,571.90
43652 00	Surgery	22.29	22.29	\$1,836.36	\$1,836.36
43653 00	Surgery	16.72	16.72	\$1,377.47	\$1,377.47
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.18	1.18	\$97.21	\$97.21
43753 00	Surgery	0.65	0.65	\$53.55	\$53.55
43754 00	Surgery	5.18	1.03	\$426.75	\$109.53
43755 00	Surgery	4.89	1.70	\$402.86	\$155.68
43756 00	Surgery	7.11	1.46	\$585.76	\$191.24
43757 00	Surgery	9.76	2.20	\$804.08	\$277.16
43761 00	Surgery	3.50	3.01	\$288.35	\$247.98
43762 00	Surgery	6.45	1.10	\$531.38	\$90.62
43763 00	Surgery	9.64	2.44	\$794.19	\$201.02
43770 00	Surgery	32.81	32.81	\$2,703.04	\$2,703.04

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
43771 00	Surgery	37.28	37.28	\$3,071.30	\$3,071.30
43772 00	Surgery	27.75	27.75	\$2,286.18	\$2,286.18
43773 00	Surgery	37.28	37.28	\$3,071.30	\$3,071.30
43774 00	Surgery	28.01	28.01	\$2,307.60	\$2,307.60
43775 00	Surgery	32.57	32.57	\$2,683.27	\$2,683.27
43800 00	Surgery	27.20	27.20	\$2,240.87	\$2,240.87
43810 00	Surgery	29.70	29.70	\$2,446.83	\$2,446.83
43820 00	Surgery	39.18	39.18	\$3,227.84	\$3,227.84
43825 00	Surgery	38.23	38.23	\$3,149.57	\$3,149.57
43830 00	Surgery	20.44	20.44	\$1,683.94	\$1,683.94
43831 00	Surgery	17.52	17.52	\$1,443.38	\$1,443.38
43832 00	Surgery	30.33	30.33	\$2,498.73	\$2,498.73
43840 00	Surgery	39.67	39.67	\$3,268.20	\$3,268.20
43842 00	Surgery	33.41	33.41	\$2,752.48	\$2,752.48
43843 00	Surgery	37.42	37.42	\$3,082.84	\$3,082.84
43845 00	Surgery	56.80	56.80	\$4,679.45	\$4,679.45
43846 00	Surgery	47.39	47.39	\$3,904.21	\$3,904.21
43847 00	Surgery	52.70	52.70	\$4,341.68	\$4,341.68
43848 00	Surgery	56.49	56.49	\$4,653.92	\$4,653.92
43850 00	Surgery	47.56	47.56	\$3,918.22	\$3,918.22
43855 00	Surgery	49.34	49.34	\$4,064.86	\$4,064.86
43860 00	Surgery	47.72	47.72	\$3,931.40	\$3,931.40
43865 00	Surgery	49.92	49.92	\$4,112.65	\$4,112.65
43870 00	Surgery	20.68	20.68	\$1,703.72	\$1,703.72
43880 00	Surgery	46.41	46.41	\$3,823.48	\$3,823.48
43881 00	Surgery	19.50	19.50	\$1,606.50	\$1,606.50
43882 00	Surgery	22.01	22.01	\$1,813.29	\$1,813.29
43886 00	Surgery	10.58	10.58	\$871.63	\$871.63
43887 00	Surgery	9.52	9.52	\$784.30	\$784.30
43888 00	Surgery	13.46	13.46	\$1,108.90	\$1,108.90
43999 00	Surgery	0.00	0.00	BR	BR
44005 00	Surgery	31.85	31.85	\$2,623.95	\$2,623.95
44010 00	Surgery	24.89	24.89	\$2,050.56	\$2,050.56
44015 00	Surgery	4.15	4.15	\$341.90	\$341.90
44020 00	Surgery	28.38	28.38	\$2,338.08	\$2,338.08
44021 00	Surgery	28.38	28.38	\$2,338.08	\$2,338.08
44025 00	Surgery	28.61	28.61	\$2,357.03	\$2,357.03
44050 00	Surgery	27.25	27.25	\$2,244.98	\$2,244.98
44055 00	Surgery	43.43	43.43	\$3,577.97	\$3,577.97
44100 00	Surgery	3.11	3.11	\$256.22	\$256.22

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44110 00	Surgery	24.54	24.54	\$2,021.72	\$2,021.72
44111 00	Surgery	28.45	28.45	\$2,343.85	\$2,343.85
44120 00	Surgery	35.63	35.63	\$2,935.37	\$2,935.37
44121 00	Surgery	7.04	7.04	\$579.99	\$579.99
44125 00	Surgery	34.33	34.33	\$2,828.27	\$2,828.27
44126 00	Surgery	72.08	72.08	\$5,938.29	\$5,938.29
44127 00	Surgery	83.35	83.35	\$6,866.77	\$6,866.77
44128 00	Surgery	7.11	7.11	\$585.76	\$585.76
44130 00	Surgery	38.28	38.28	\$3,153.69	\$3,153.69
44132 00	Surgery	0.00	0.00	\$-	\$-
44133 00	Surgery	0.00	0.00	\$-	\$-
44135 00	Surgery	0.00	0.00	\$-	\$-
44136 00	Surgery	0.00	0.00	\$-	\$-
44137 00	Surgery	32.35	32.35	\$2,665.15	\$2,665.15
44139 00	Surgery	3.52	3.52	\$289.99	\$289.99
44140 00	Surgery	39.07	39.07	\$3,218.77	\$3,218.77
44141 00	Surgery	53.04	53.04	\$4,369.69	\$4,369.69
44143 00	Surgery	48.41	48.41	\$3,988.25	\$3,988.25
44144 00	Surgery	51.43	51.43	\$4,237.05	\$4,237.05
44145 00	Surgery	48.06	48.06	\$3,959.41	\$3,959.41
44146 00	Surgery	61.27	61.27	\$5,047.71	\$5,047.71
44147 00	Surgery	56.40	56.40	\$4,646.50	\$4,646.50
44150 00	Surgery	54.16	54.16	\$4,461.96	\$4,461.96
44151 00	Surgery	62.95	62.95	\$5,186.12	\$5,186.12
44155 00	Surgery	60.07	60.07	\$4,948.85	\$4,948.85
44156 00	Surgery	67.40	67.40	\$5,552.73	\$5,552.73
44157 00	Surgery	63.92	63.92	\$5,266.03	\$5,266.03
44158 00	Surgery	65.52	65.52	\$5,397.85	\$5,397.85
44160 00	Surgery	36.14	36.14	\$2,977.39	\$2,977.39
44180 00	Surgery	26.79	26.79	\$2,207.09	\$2,207.09
44186 00	Surgery	18.98	18.98	\$1,563.66	\$1,563.66
44187 00	Surgery	31.81	31.81	\$2,620.66	\$2,620.66
44188 00	Surgery	35.44	35.44	\$2,919.72	\$2,919.72
44202 00	Surgery	40.34	40.34	\$3,323.40	\$3,323.40
44203 00	Surgery	7.00	7.00	\$576.69	\$576.69
44204 00	Surgery	44.70	44.70	\$3,682.60	\$3,682.60
44205 00	Surgery	38.82	38.82	\$3,198.18	\$3,198.18
44206 00	Surgery	50.79	50.79	\$4,184.32	\$4,184.32
44207 00	Surgery	52.69	52.69	\$4,340.85	\$4,340.85
44208 00	Surgery	57.38	57.38	\$4,727.24	\$4,727.24

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44210 00	Surgery	51.34	51.34	\$4,229.63	\$4,229.63
44211 00	Surgery	61.22	61.22	\$5,043.60	\$5,043.60
44212 00	Surgery	59.02	59.02	\$4,862.35	\$4,862.35
44213 00	Surgery	5.43	5.43	\$447.35	\$447.35
44227 00	Surgery	48.40	48.40	\$3,987.42	\$3,987.42
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	24.54	24.54	\$2,021.72	\$2,021.72
44310 00	Surgery	30.26	30.26	\$2,492.96	\$2,492.96
44312 00	Surgery	17.22	17.22	\$1,418.67	\$1,418.67
44314 00	Surgery	29.18	29.18	\$2,403.99	\$2,403.99
44316 00	Surgery	41.26	41.26	\$3,399.20	\$3,399.20
44320 00	Surgery	34.91	34.91	\$2,876.05	\$2,876.05
44322 00	Surgery	29.24	29.24	\$2,408.93	\$2,408.93
44340 00	Surgery	18.06	18.06	\$1,487.87	\$1,487.87
44345 00	Surgery	30.48	30.48	\$2,511.09	\$2,511.09
44346 00	Surgery	34.36	34.36	\$2,830.74	\$2,830.74
44360 00	Surgery	4.14	4.14	\$341.07	\$341.07
44361 00	Surgery	4.57	4.57	\$376.50	\$376.50
44363 00	Surgery	5.54	5.54	\$456.41	\$456.41
44364 00	Surgery	5.90	5.90	\$486.07	\$486.07
44365 00	Surgery	5.24	5.24	\$431.70	\$431.70
44366 00	Surgery	6.93	6.93	\$570.93	\$570.93
44369 00	Surgery	7.10	7.10	\$584.93	\$584.93
44370 00	Surgery	7.69	7.69	\$633.54	\$633.54
44372 00	Surgery	6.93	6.93	\$570.93	\$570.93
44373 00	Surgery	5.55	5.55	\$457.24	\$457.24
44376 00	Surgery	8.20	8.20	\$675.56	\$675.56
44377 00	Surgery	8.63	8.63	\$710.98	\$710.98
44378 00	Surgery	11.10	11.10	\$914.47	\$914.47
44379 00	Surgery	11.80	11.80	\$972.14	\$972.14
44380 00	Surgery	5.20	1.61	\$428.40	\$169.04
44381 00	Surgery	27.88	2.40	\$2,296.89	\$667.67
44382 00	Surgery	8.14	2.10	\$670.61	\$205.68
44384 00	Surgery	4.44	4.44	\$399.32	\$399.32
44385 00	Surgery	5.71	2.08	\$470.42	\$307.15
44386 00	Surgery	8.54	2.57	\$703.57	\$386.17
44388 00	Surgery	8.69	4.52	\$715.92	\$408.86
44389 00	Surgery	11.44	4.97	\$942.48	\$475.54
44390 00	Surgery	11.22	6.07	\$924.36	\$537.01
44391 00	Surgery	19.27	6.65	\$1,587.55	\$682.26

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44392 00	Surgery	10.58	5.78	\$871.63	\$509.38
44394 00	Surgery	12.11	6.52	\$997.68	\$567.04
44401 00	Surgery	80.23	7.00	\$6,609.73	\$1,850.80
44402 00	Surgery	7.56	7.56	\$622.83	\$622.83
44403 00	Surgery	8.77	8.77	\$722.51	\$722.51
44404 00	Surgery	11.38	4.97	\$937.54	\$409.45
44405 00	Surgery	15.91	5.28	\$1,310.74	\$516.25
44406 00	Surgery	6.62	6.62	\$545.39	\$545.39
44407 00	Surgery	7.95	7.95	\$654.96	\$654.96
44408 00	Surgery	6.68	6.68	\$550.33	\$550.33
44500 00	Surgery	0.56	0.56	\$48.85	\$48.85
44602 00	Surgery	41.09	41.09	\$3,385.19	\$3,385.19
44603 00	Surgery	47.15	47.15	\$3,884.44	\$3,884.44
44604 00	Surgery	30.78	30.78	\$2,535.80	\$2,535.80
44605 00	Surgery	37.93	37.93	\$3,124.85	\$3,124.85
44615 00	Surgery	31.36	31.36	\$2,583.59	\$2,583.59
44620 00	Surgery	25.16	25.16	\$2,072.80	\$2,072.80
44625 00	Surgery	29.38	29.38	\$2,420.46	\$2,420.46
44626 00	Surgery	46.53	46.53	\$3,833.36	\$3,833.36
44640 00	Surgery	40.69	40.69	\$3,352.24	\$3,352.24
44650 00	Surgery	42.06	42.06	\$3,465.10	\$3,465.10
44660 00	Surgery	38.72	38.72	\$3,189.94	\$3,189.94
44661 00	Surgery	45.07	45.07	\$3,713.08	\$3,713.08
44680 00	Surgery	30.87	30.87	\$2,543.22	\$2,543.22
44700 00	Surgery	29.06	29.06	\$2,394.10	\$2,394.10
44701 00	Surgery	4.97	4.97	\$409.45	\$409.45
44705 00	Surgery	3.16	2.08	\$260.34	\$171.36
44715 00	Surgery	10.02	10.02	\$825.50	\$825.50
44720 00	Surgery	8.02	8.02	\$660.73	\$660.73
44721 00	Surgery	11.21	11.21	\$923.53	\$923.53
44799 00	Surgery	0.00	0.00	BR	BR
44800 00	Surgery	22.37	22.37	\$1,842.95	\$1,842.95
44820 00	Surgery	24.30	24.30	\$2,001.95	\$2,001.95
44850 00	Surgery	21.68	21.68	\$1,786.10	\$1,786.10
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	22.83	22.83	\$1,880.84	\$1,880.84
44950 00	Surgery	18.73	18.73	\$1,543.07	\$1,543.07
44955 00	Surgery	2.43	2.43	\$200.19	\$200.19
44960 00	Surgery	25.56	25.56	\$2,105.75	\$2,105.75
44970 00	Surgery	17.49	17.49	\$1,440.91	\$1,440.91

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
44979 00	Surgery	0.00	0.00	BR	BR
45000 00	Surgery	12.35	12.35	\$1,017.45	\$1,017.45
45005 00	Surgery	8.38	4.69	\$690.38	\$386.38
45020 00	Surgery	16.58	16.58	\$1,365.94	\$1,365.94
45100 00	Surgery	8.65	8.65	\$712.63	\$712.63
45108 00	Surgery	10.77	10.77	\$887.28	\$887.28
45110 00	Surgery	53.13	53.13	\$4,377.10	\$4,377.10
45111 00	Surgery	31.50	31.50	\$2,595.12	\$2,595.12
45112 00	Surgery	53.95	53.95	\$4,444.66	\$4,444.66
45113 00	Surgery	54.21	54.21	\$4,466.08	\$4,466.08
45114 00	Surgery	53.03	53.03	\$4,368.86	\$4,368.86
45116 00	Surgery	44.69	44.69	\$3,681.78	\$3,681.78
45119 00	Surgery	55.75	55.75	\$4,592.95	\$4,592.95
45120 00	Surgery	46.55	46.55	\$3,835.01	\$3,835.01
45121 00	Surgery	50.86	50.86	\$4,190.09	\$4,190.09
45123 00	Surgery	32.24	32.24	\$2,656.08	\$2,656.08
45126 00	Surgery	80.16	80.16	\$6,603.96	\$6,603.96
45130 00	Surgery	31.38	31.38	\$2,585.23	\$2,585.23
45135 00	Surgery	37.39	37.39	\$3,080.37	\$3,080.37
45136 00	Surgery	51.82	51.82	\$4,269.18	\$4,269.18
45150 00	Surgery	12.15	12.15	\$1,000.97	\$1,000.97
45160 00	Surgery	29.84	29.84	\$2,458.36	\$2,458.36
45171 00	Surgery	17.50	17.50	\$1,441.73	\$1,441.73
45172 00	Surgery	23.51	23.51	\$1,936.87	\$1,936.87
45190 00	Surgery	20.22	20.22	\$1,665.82	\$1,665.82
45300 00	Surgery	3.52	1.38	\$289.99	\$113.80
45303 00	Surgery	27.25	2.45	\$2,244.98	\$862.50
45305 00	Surgery	4.63	2.10	\$381.44	\$179.99
45307 00	Surgery	5.33	2.81	\$439.11	\$249.69
45308 00	Surgery	5.25	2.44	\$432.52	\$224.47
45309 00	Surgery	5.43	2.60	\$447.35	\$255.46
45315 00	Surgery	5.93	3.08	\$488.54	\$262.15
45317 00	Surgery	5.78	3.21	\$476.18	\$277.82
45320 00	Surgery	5.78	3.05	\$476.18	\$279.90
45321 00	Surgery	3.01	3.01	\$247.98	\$247.98
45327 00	Surgery	3.41	3.41	\$280.93	\$280.93
45330 00	Surgery	4.98	1.61	\$410.28	\$151.55
45331 00	Surgery	7.83	2.06	\$645.07	\$205.64
45332 00	Surgery	7.54	3.04	\$621.18	\$278.19
45333 00	Surgery	8.92	2.71	\$734.87	\$297.58

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
45334 00	Surgery	15.03	3.38	\$1,238.24	\$278.46
45335 00	Surgery	7.58	1.91	\$624.48	\$260.60
45337 00	Surgery	3.34	3.34	\$275.17	\$275.17
45338 00	Surgery	8.07	3.47	\$664.85	\$304.13
45340 00	Surgery	12.92	2.24	\$1,064.41	\$452.31
45341 00	Surgery	3.57	3.57	\$294.11	\$294.11
45342 00	Surgery	4.89	4.89	\$402.86	\$402.86
45346 00	Surgery	78.26	4.62	\$6,447.43	\$1,772.80
45347 00	Surgery	4.44	4.44	\$365.79	\$365.79
45349 00	Surgery	5.73	5.73	\$472.06	\$472.06
45350 00	Surgery	17.81	2.92	\$1,467.27	\$447.70
45378 00	Surgery	9.42	5.35	\$776.06	\$440.76
45379 00	Surgery	12.15	6.91	\$1,000.97	\$575.07
45380 00	Surgery	12.13	5.79	\$999.33	\$530.35
45381 00	Surgery	12.04	5.79	\$991.91	\$566.62
45382 00	Surgery	20.02	7.48	\$1,649.34	\$778.34
45384 00	Surgery	13.53	6.60	\$1,114.67	\$553.84
45385 00	Surgery	12.67	7.35	\$1,043.82	\$605.53
45386 00	Surgery	17.41	6.11	\$1,434.32	\$802.67
45388 00	Surgery	82.90	7.83	\$6,829.70	\$1,862.00
45389 00	Surgery	8.37	8.37	\$689.56	\$689.56
45390 00	Surgery	9.59	9.59	\$790.07	\$790.07
45391 00	Surgery	7.43	7.43	\$612.12	\$612.12
45392 00	Surgery	8.78	8.78	\$723.34	\$723.34
45393 00	Surgery	7.31	7.31	\$602.23	\$602.23
45395 00	Surgery	56.88	56.88	\$4,686.05	\$4,686.05
45397 00	Surgery	61.86	61.86	\$5,096.32	\$5,096.32
45398 00	Surgery	22.37	6.83	\$1,842.95	\$562.69
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	32.87	32.87	\$2,707.99	\$2,707.99
45402 00	Surgery	43.88	43.88	\$3,615.04	\$3,615.04
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	16.37	16.37	\$1,348.64	\$1,348.64
45505 00	Surgery	17.24	17.24	\$1,420.31	\$1,420.31
45520 00	Surgery	4.45	1.15	\$366.61	\$140.88
45540 00	Surgery	30.66	30.66	\$2,525.92	\$2,525.92
45541 00	Surgery	27.35	27.35	\$2,253.22	\$2,253.22
45550 00	Surgery	42.38	42.38	\$3,491.47	\$3,491.47
45560 00	Surgery	20.02	20.02	\$1,649.34	\$1,649.34
45562 00	Surgery	32.72	32.72	\$2,695.63	\$2,695.63

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
45563 00	Surgery	48.30	48.30	\$3,979.18	\$3,979.18
45800 00	Surgery	36.95	36.95	\$3,044.12	\$3,044.12
45805 00	Surgery	42.81	42.81	\$3,526.89	\$3,526.89
45820 00	Surgery	37.05	37.05	\$3,052.36	\$3,052.36
45825 00	Surgery	44.74	44.74	\$3,685.89	\$3,685.89
45900 00	Surgery	6.14	6.14	\$505.84	\$505.84
45905 00	Surgery	4.86	4.86	\$400.39	\$400.39
45910 00	Surgery	5.54	5.54	\$456.41	\$456.41
45915 00	Surgery	9.90	6.65	\$815.61	\$547.86
45990 00	Surgery	3.07	3.07	\$252.92	\$252.92
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	8.10	6.82	\$667.32	\$561.86
46030 00	Surgery	4.13	2.59	\$340.25	\$213.38
46040 00	Surgery	15.73	12.16	\$1,295.91	\$1,001.80
46045 00	Surgery	12.66	12.66	\$1,042.99	\$1,042.99
46050 00	Surgery	6.27	2.85	\$516.55	\$234.80
46060 00	Surgery	13.91	13.91	\$1,145.97	\$1,145.97
46070 00	Surgery	7.65	7.65	\$630.24	\$630.24
46080 00	Surgery	7.74	4.60	\$637.66	\$378.97
46083 00	Surgery	5.52	3.13	\$454.76	\$257.86
46200 00	Surgery	13.25	9.54	\$1,091.60	\$785.95
46220 00	Surgery	6.54	3.43	\$538.80	\$282.58
46221 00	Surgery	7.84	5.52	\$645.90	\$454.76
46230 00	Surgery	8.43	5.00	\$694.50	\$411.92
46250 00	Surgery	13.62	9.19	\$1,122.08	\$757.12
46255 00	Surgery	14.88	10.30	\$1,225.89	\$848.56
46257 00	Surgery	12.35	12.35	\$1,017.45	\$1,017.45
46258 00	Surgery	13.72	13.72	\$1,130.32	\$1,130.32
46260 00	Surgery	13.87	13.87	\$1,142.68	\$1,142.68
46261 00	Surgery	15.16	15.16	\$1,248.95	\$1,248.95
46262 00	Surgery	16.08	16.08	\$1,324.75	\$1,324.75
46270 00	Surgery	15.06	11.43	\$1,240.71	\$941.66
46275 00	Surgery	15.87	12.03	\$1,307.45	\$991.09
46280 00	Surgery	13.71	13.71	\$1,129.50	\$1,129.50
46285 00	Surgery	15.78	12.02	\$1,300.03	\$990.26
46288 00	Surgery	15.94	15.94	\$1,313.21	\$1,313.21
46320 00	Surgery	5.65	3.22	\$465.47	\$265.28
46500 00	Surgery	8.54	5.20	\$703.57	\$428.40
46505 00	Surgery	8.55	7.00	\$704.39	\$576.69
46600 00	Surgery	2.94	1.17	\$242.21	\$96.39

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
46601 00	Surgery	4.10	2.71	\$337.78	\$223.26
46604 00	Surgery	18.99	1.89	\$1,564.49	\$555.47
46606 00	Surgery	7.31	2.17	\$602.23	\$207.53
46607 00	Surgery	5.75	3.65	\$473.71	\$300.70
46608 00	Surgery	7.68	2.44	\$632.72	\$227.01
46610 00	Surgery	7.30	2.34	\$601.41	\$208.45
46611 00	Surgery	5.78	2.31	\$476.18	\$203.09
46612 00	Surgery	8.90	2.76	\$733.22	\$261.08
46614 00	Surgery	4.21	1.85	\$346.84	\$160.00
46615 00	Surgery	4.60	2.64	\$378.97	\$217.50
46700 00	Surgery	18.97	18.97	\$1,562.84	\$1,562.84
46705 00	Surgery	16.34	16.34	\$1,346.17	\$1,346.17
46706 00	Surgery	5.14	5.14	\$423.46	\$423.46
46707 00	Surgery	14.41	14.41	\$1,187.16	\$1,187.16
46710 00	Surgery	32.33	32.33	\$2,663.50	\$2,663.50
46712 00	Surgery	65.01	65.01	\$5,355.83	\$5,355.83
46715 00	Surgery	15.99	15.99	\$1,317.33	\$1,317.33
46716 00	Surgery	35.44	35.44	\$2,919.72	\$2,919.72
46730 00	Surgery	57.48	57.48	\$4,735.48	\$4,735.48
46735 00	Surgery	66.28	66.28	\$5,460.46	\$5,460.46
46740 00	Surgery	62.76	62.76	\$5,170.47	\$5,170.47
46742 00	Surgery	72.70	72.70	\$5,989.37	\$5,989.37
46744 00	Surgery	103.06	103.06	\$8,490.57	\$8,490.57
46746 00	Surgery	113.71	113.71	\$9,367.97	\$9,367.97
46748 00	Surgery	123.42	123.42	\$10,167.93	\$10,167.93
46750 00	Surgery	21.75	21.75	\$1,791.87	\$1,791.87
46751 00	Surgery	19.23	19.23	\$1,584.26	\$1,584.26
46753 00	Surgery	17.94	17.94	\$1,477.98	\$1,477.98
46754 00	Surgery	9.30	6.76	\$766.18	\$556.92
46760 00	Surgery	31.60	31.60	\$2,603.36	\$2,603.36
46761 00	Surgery	26.66	26.66	\$2,196.38	\$2,196.38
46900 00	Surgery	6.77	3.92	\$557.74	\$322.95
46910 00	Surgery	7.39	3.84	\$608.82	\$316.36
46916 00	Surgery	7.00	4.06	\$576.69	\$334.48
46917 00	Surgery	11.98	3.68	\$986.97	\$333.43
46922 00	Surgery	8.39	3.93	\$691.21	\$323.77
46924 00	Surgery	15.38	5.20	\$1,267.08	\$510.46
46930 00	Surgery	6.12	4.33	\$504.19	\$356.73
46940 00	Surgery	7.05	4.16	\$580.81	\$342.72
46942 00	Surgery	6.72	3.74	\$553.63	\$308.12

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
46945 00	Surgery	9.63	9.63	\$793.37	\$793.37
46946 00	Surgery	10.86	10.86	\$894.70	\$894.70
46947 00	Surgery	11.15	11.15	\$918.59	\$918.59
46948 00	Surgery	12.71	12.71	\$1,047.11	\$1,047.11
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	8.85	2.56	\$729.11	\$330.78
47001 00	Surgery	3.04	3.04	\$250.45	\$250.45
47010 00	Surgery	35.24	35.24	\$2,903.24	\$2,903.24
47015 00	Surgery	33.97	33.97	\$2,798.61	\$2,798.61
47100 00	Surgery	24.64	24.64	\$2,029.96	\$2,029.96
47120 00	Surgery	68.01	68.01	\$5,602.99	\$5,602.99
47122 00	Surgery	100.10	100.10	\$8,246.72	\$8,246.72
47125 00	Surgery	89.80	89.80	\$7,398.15	\$7,398.15
47130 00	Surgery	96.45	96.45	\$7,946.01	\$7,946.01
47133 00	Surgery	0.00	0.00	\$-	\$-
47135 00	Surgery	157.05	157.05	\$12,938.53	\$12,938.53
47140 00	Surgery	103.98	103.98	\$8,566.37	\$8,566.37
47141 00	Surgery	124.55	124.55	\$10,261.02	\$10,261.02
47142 00	Surgery	137.42	137.42	\$11,321.31	\$11,321.31
47143 00	Surgery	10.06	10.06	\$828.79	\$828.79
47144 00	Surgery	12.88	12.88	\$1,061.12	\$1,061.12
47145 00	Surgery	13.26	13.26	\$1,092.42	\$1,092.42
47146 00	Surgery	9.57	9.57	\$788.42	\$788.42
47147 00	Surgery	11.16	11.16	\$919.41	\$919.41
47300 00	Surgery	32.92	32.92	\$2,712.11	\$2,712.11
47350 00	Surgery	39.88	39.88	\$3,285.50	\$3,285.50
47360 00	Surgery	54.80	54.80	\$4,514.69	\$4,514.69
47361 00	Surgery	88.33	88.33	\$7,277.05	\$7,277.05
47362 00	Surgery	42.33	42.33	\$3,487.35	\$3,487.35
47370 00	Surgery	36.41	36.41	\$2,999.63	\$2,999.63
47371 00	Surgery	36.67	36.67	\$3,021.05	\$3,021.05
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	42.11	42.11	\$3,469.22	\$3,469.22
47381 00	Surgery	43.21	43.21	\$3,559.85	\$3,559.85
47382 00	Surgery	125.30	21.48	\$10,322.81	\$3,209.01
47383 00	Surgery	195.10	13.18	\$16,073.27	\$6,806.01
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	62.91	62.91	\$5,182.83	\$5,182.83
47420 00	Surgery	39.10	39.10	\$3,221.24	\$3,221.24
47425 00	Surgery	39.91	39.91	\$3,287.98	\$3,287.98

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
47460 00	Surgery	37.07	37.07	\$3,054.00	\$3,054.00
47480 00	Surgery	25.62	25.62	\$2,110.70	\$2,110.70
47490 00	Surgery	9.59	9.59	\$790.07	\$790.07
47531 00	Surgery	10.99	2.04	\$905.41	\$168.06
47532 00	Surgery	24.14	6.16	\$1,988.77	\$507.49
47533 00	Surgery	35.80	7.72	\$2,949.37	\$636.01
47534 00	Surgery	40.69	10.77	\$3,352.24	\$887.28
47535 00	Surgery	28.19	5.68	\$2,322.43	\$467.95
47536 00	Surgery	19.85	3.84	\$1,635.34	\$316.36
47537 00	Surgery	12.81	2.79	\$1,055.35	\$229.85
47538 00	Surgery	121.87	6.87	\$10,040.23	\$565.98
47539 00	Surgery	134.37	12.32	\$11,070.04	\$1,014.98
47540 00	Surgery	137.09	12.80	\$11,294.13	\$1,054.53
47541 00	Surgery	34.62	9.64	\$2,852.16	\$794.19
47542 00	Surgery	14.78	3.96	\$1,217.65	\$326.24
47543 00	Surgery	13.19	4.21	\$1,086.66	\$346.84
47544 00	Surgery	28.30	4.55	\$2,331.49	\$374.85
47550 00	Surgery	4.81	4.81	\$396.27	\$396.27
47552 00	Surgery	7.96	7.96	\$655.78	\$655.78
47553 00	Surgery	8.04	8.04	\$662.37	\$662.37
47554 00	Surgery	15.03	15.03	\$1,238.24	\$1,238.24
47555 00	Surgery	9.56	9.56	\$787.60	\$787.60
47556 00	Surgery	10.83	10.83	\$892.23	\$892.23
47562 00	Surgery	19.19	19.19	\$1,580.96	\$1,580.96
47563 00	Surgery	20.89	20.89	\$1,721.02	\$1,721.02
47564 00	Surgery	32.48	32.48	\$2,675.86	\$2,675.86
47570 00	Surgery	22.62	22.62	\$1,863.54	\$1,863.54
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	31.17	31.17	\$2,567.93	\$2,567.93
47605 00	Surgery	32.80	32.80	\$2,702.22	\$2,702.22
47610 00	Surgery	36.62	36.62	\$3,016.93	\$3,016.93
47612 00	Surgery	37.24	37.24	\$3,068.01	\$3,068.01
47620 00	Surgery	40.20	40.20	\$3,311.87	\$3,311.87
47700 00	Surgery	30.81	30.81	\$2,538.27	\$2,538.27
47701 00	Surgery	50.72	50.72	\$4,178.56	\$4,178.56
47711 00	Surgery	45.44	45.44	\$3,743.56	\$3,743.56
47712 00	Surgery	58.35	58.35	\$4,807.15	\$4,807.15
47715 00	Surgery	38.86	38.86	\$3,201.47	\$3,201.47
47720 00	Surgery	33.71	33.71	\$2,777.19	\$2,777.19
47721 00	Surgery	39.55	39.55	\$3,258.32	\$3,258.32

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
47740 00	Surgery	38.35	38.35	\$3,159.46	\$3,159.46
47741 00	Surgery	43.10	43.10	\$3,550.78	\$3,550.78
47760 00	Surgery	65.69	65.69	\$5,411.86	\$5,411.86
47765 00	Surgery	88.78	88.78	\$7,314.12	\$7,314.12
47780 00	Surgery	72.15	72.15	\$5,944.06	\$5,944.06
47785 00	Surgery	94.84	94.84	\$7,813.37	\$7,813.37
47800 00	Surgery	45.99	45.99	\$3,788.88	\$3,788.88
47801 00	Surgery	32.52	32.52	\$2,679.15	\$2,679.15
47802 00	Surgery	44.57	44.57	\$3,671.89	\$3,671.89
47900 00	Surgery	39.78	39.78	\$3,277.27	\$3,277.27
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	55.03	55.03	\$4,533.63	\$4,533.63
48001 00	Surgery	67.42	67.42	\$5,554.38	\$5,554.38
48020 00	Surgery	34.38	34.38	\$2,832.39	\$2,832.39
48100 00	Surgery	25.77	25.77	\$2,123.06	\$2,123.06
48102 00	Surgery	15.40	6.92	\$1,268.73	\$570.10
48105 00	Surgery	82.78	82.78	\$6,819.81	\$6,819.81
48120 00	Surgery	32.21	32.21	\$2,653.61	\$2,653.61
48140 00	Surgery	45.58	45.58	\$3,755.10	\$3,755.10
48145 00	Surgery	47.69	47.69	\$3,928.93	\$3,928.93
48146 00	Surgery	54.97	54.97	\$4,528.69	\$4,528.69
48148 00	Surgery	36.46	36.46	\$3,003.75	\$3,003.75
48150 00	Surgery	90.89	90.89	\$7,487.95	\$7,487.95
48152 00	Surgery	84.45	84.45	\$6,957.39	\$6,957.39
48153 00	Surgery	90.53	90.53	\$7,458.29	\$7,458.29
48154 00	Surgery	84.81	84.81	\$6,987.05	\$6,987.05
48155 00	Surgery	52.81	52.81	\$4,350.74	\$4,350.74
48160 00	Surgery	91.12	91.12	\$7,506.90	\$7,506.90
48400 00	Surgery	3.14	3.14	\$258.69	\$258.69
48500 00	Surgery	33.58	33.58	\$2,766.48	\$2,766.48
48510 00	Surgery	32.01	32.01	\$2,637.14	\$2,637.14
48520 00	Surgery	31.87	31.87	\$2,625.60	\$2,625.60
48540 00	Surgery	38.24	38.24	\$3,150.39	\$3,150.39
48545 00	Surgery	39.28	39.28	\$3,236.07	\$3,236.07
48547 00	Surgery	52.36	52.36	\$4,313.67	\$4,313.67
48548 00	Surgery	48.57	48.57	\$4,001.43	\$4,001.43
48550 00	Surgery	0.00	0.00	\$-	\$-
48551 00	Surgery	6.83	6.83	\$562.69	\$562.69
48552 00	Surgery	6.89	6.89	\$567.63	\$567.63
48554 00	Surgery	74.45	74.45	\$6,133.55	\$6,133.55

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
48556 00	Surgery	37.13	37.13	\$3,058.95	\$3,058.95
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	22.38	22.38	\$1,843.77	\$1,843.77
49002 00	Surgery	30.44	30.44	\$2,507.79	\$2,507.79
49010 00	Surgery	26.89	26.89	\$2,215.33	\$2,215.33
49013 00	Surgery	12.71	12.71	\$1,047.11	\$1,047.11
49014 00	Surgery	10.51	10.51	\$865.86	\$865.86
49020 00	Surgery	46.36	46.36	\$3,819.36	\$3,819.36
49040 00	Surgery	29.16	29.16	\$2,402.34	\$2,402.34
49060 00	Surgery	32.02	32.02	\$2,637.96	\$2,637.96
49062 00	Surgery	22.38	22.38	\$1,843.77	\$1,843.77
49082 00	Surgery	5.82	2.14	\$479.48	\$177.86
49083 00	Surgery	8.56	3.11	\$705.21	\$278.08
49084 00	Surgery	3.16	3.16	\$260.34	\$260.34
49180 00	Surgery	4.86	2.43	\$400.39	\$200.19
49185 00	Surgery	33.42	3.47	\$2,753.30	\$285.88
49203 00	Surgery	34.68	34.68	\$2,857.10	\$2,857.10
49204 00	Surgery	44.21	44.21	\$3,642.23	\$3,642.23
49205 00	Surgery	50.64	50.64	\$4,171.96	\$4,171.96
49215 00	Surgery	64.48	64.48	\$5,312.17	\$5,312.17
49220 00	Surgery	28.36	28.36	\$2,336.43	\$2,336.43
49250 00	Surgery	17.09	17.09	\$1,407.96	\$1,407.96
49255 00	Surgery	22.86	22.86	\$1,883.32	\$1,883.32
49320 00	Surgery	9.54	9.54	\$785.95	\$785.95
49321 00	Surgery	10.02	10.02	\$825.50	\$825.50
49322 00	Surgery	10.85	10.85	\$893.87	\$893.87
49323 00	Surgery	18.64	18.64	\$1,535.65	\$1,535.65
49324 00	Surgery	11.34	11.34	\$934.24	\$934.24
49325 00	Surgery	12.10	12.10	\$996.86	\$996.86
49326 00	Surgery	5.52	5.52	\$454.76	\$454.76
49327 00	Surgery	3.81	3.81	\$313.89	\$313.89
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.15	2.68	\$341.90	\$220.79
49402 00	Surgery	24.93	24.93	\$2,053.85	\$2,053.85
49405 00	Surgery	25.14	5.71	\$2,071.15	\$856.48
49406 00	Surgery	25.13	5.70	\$2,070.33	\$856.14
49407 00	Surgery	20.65	6.05	\$1,701.25	\$725.29
49411 00	Surgery	13.92	5.33	\$1,146.80	\$495.88
49412 00	Surgery	2.41	2.41	\$198.55	\$198.55
49418 00	Surgery	34.11	5.88	\$2,810.14	\$1,330.23

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
49419 00	Surgery	12.52	12.52	\$1,031.46	\$1,031.46
49421 00	Surgery	6.65	6.65	\$547.86	\$547.86
49422 00	Surgery	6.46	6.46	\$532.21	\$532.21
49423 00	Surgery	16.98	2.05	\$1,398.89	\$510.24
49424 00	Surgery	4.79	1.11	\$394.62	\$169.33
49425 00	Surgery	20.74	20.74	\$1,708.66	\$1,708.66
49426 00	Surgery	19.45	19.45	\$1,602.38	\$1,602.38
49427 00	Surgery	1.13	1.13	\$95.31	\$95.31
49428 00	Surgery	12.58	12.58	\$1,036.40	\$1,036.40
49429 00	Surgery	13.36	13.36	\$1,100.66	\$1,100.66
49435 00	Surgery	3.50	3.50	\$288.35	\$288.35
49436 00	Surgery	5.42	5.42	\$446.53	\$446.53
49440 00	Surgery	26.65	5.93	\$2,195.55	\$995.15
49441 00	Surgery	30.19	6.99	\$2,487.20	\$1,151.53
49442 00	Surgery	25.23	6.00	\$2,078.57	\$951.00
49446 00	Surgery	25.61	4.30	\$2,109.87	\$966.55
49450 00	Surgery	18.76	1.91	\$1,545.54	\$673.00
49451 00	Surgery	20.33	2.61	\$1,674.88	\$714.14
49452 00	Surgery	24.89	4.02	\$2,050.56	\$874.78
49460 00	Surgery	20.80	1.41	\$1,713.60	\$724.50
49465 00	Surgery	4.34	0.89	\$357.55	\$154.50
49491 00	Surgery	23.20	23.20	\$1,911.33	\$1,911.33
49492 00	Surgery	27.93	27.93	\$2,301.01	\$2,301.01
49495 00	Surgery	11.89	11.89	\$979.55	\$979.55
49496 00	Surgery	17.88	17.88	\$1,473.04	\$1,473.04
49500 00	Surgery	11.99	11.99	\$987.79	\$987.79
49501 00	Surgery	17.63	17.63	\$1,452.44	\$1,452.44
49505 00	Surgery	15.17	15.17	\$1,249.78	\$1,249.78
49507 00	Surgery	17.07	17.07	\$1,406.31	\$1,406.31
49520 00	Surgery	18.40	18.40	\$1,515.88	\$1,515.88
49521 00	Surgery	20.89	20.89	\$1,721.02	\$1,721.02
49525 00	Surgery	16.71	16.71	\$1,376.65	\$1,376.65
49540 00	Surgery	19.64	19.64	\$1,618.04	\$1,618.04
49550 00	Surgery	16.78	16.78	\$1,382.42	\$1,382.42
49553 00	Surgery	18.38	18.38	\$1,514.23	\$1,514.23
49555 00	Surgery	17.54	17.54	\$1,445.03	\$1,445.03
49557 00	Surgery	21.08	21.08	\$1,736.67	\$1,736.67
49560 00	Surgery	21.50	21.50	\$1,771.27	\$1,771.27
49561 00	Surgery	27.09	27.09	\$2,231.80	\$2,231.80
49565 00	Surgery	22.38	22.38	\$1,843.77	\$1,843.77

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
49566 00	Surgery	27.34	27.34	\$2,252.40	\$2,252.40
49568 00	Surgery	7.80	7.80	\$642.60	\$642.60
49570 00	Surgery	12.12	12.12	\$998.50	\$998.50
49572 00	Surgery	15.06	15.06	\$1,240.71	\$1,240.71
49580 00	Surgery	9.69	9.69	\$798.31	\$798.31
49582 00	Surgery	14.05	14.05	\$1,157.51	\$1,157.51
49585 00	Surgery	12.96	12.96	\$1,067.71	\$1,067.71
49587 00	Surgery	13.86	13.86	\$1,141.85	\$1,141.85
49590 00	Surgery	16.68	16.68	\$1,374.18	\$1,374.18
49600 00	Surgery	21.37	21.37	\$1,760.56	\$1,760.56
49605 00	Surgery	144.61	144.61	\$11,913.66	\$11,913.66
49606 00	Surgery	33.10	33.10	\$2,726.94	\$2,726.94
49610 00	Surgery	20.13	20.13	\$1,658.41	\$1,658.41
49611 00	Surgery	17.72	17.72	\$1,459.86	\$1,459.86
49650 00	Surgery	12.50	12.50	\$1,029.81	\$1,029.81
49651 00	Surgery	16.28	16.28	\$1,341.22	\$1,341.22
49652 00	Surgery	21.69	21.69	\$1,786.93	\$1,786.93
49653 00	Surgery	27.08	27.08	\$2,230.98	\$2,230.98
49654 00	Surgery	24.63	24.63	\$2,029.14	\$2,029.14
49655 00	Surgery	30.12	30.12	\$2,481.43	\$2,481.43
49656 00	Surgery	26.72	26.72	\$2,201.32	\$2,201.32
49657 00	Surgery	38.52	38.52	\$3,173.46	\$3,173.46
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	23.75	23.75	\$1,956.64	\$1,956.64
49904 00	Surgery	40.58	40.58	\$3,343.17	\$3,343.17
49905 00	Surgery	10.30	10.30	\$848.56	\$848.56
49906 00	Surgery	65.11	65.11	\$5,364.07	\$5,364.07
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	21.24	21.24	\$1,749.85	\$1,749.85
50020 00	Surgery	29.24	29.24	\$2,408.93	\$2,408.93
50040 00	Surgery	26.63	26.63	\$2,193.91	\$2,193.91
50045 00	Surgery	26.91	26.91	\$2,216.97	\$2,216.97
50060 00	Surgery	32.92	32.92	\$2,712.11	\$2,712.11
50065 00	Surgery	34.91	34.91	\$2,876.05	\$2,876.05
50070 00	Surgery	34.22	34.22	\$2,819.21	\$2,819.21
50075 00	Surgery	42.10	42.10	\$3,468.40	\$3,468.40
50080 00	Surgery	25.09	25.09	\$2,067.03	\$2,067.03
50081 00	Surgery	36.90	36.90	\$3,040.00	\$3,040.00
50100 00	Surgery	31.47	31.47	\$2,592.65	\$2,592.65
50120 00	Surgery	27.41	27.41	\$2,258.17	\$2,258.17

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50125 00	Surgery	28.35	28.35	\$2,335.61	\$2,335.61
50130 00	Surgery	29.83	29.83	\$2,457.54	\$2,457.54
50135 00	Surgery	32.39	32.39	\$2,668.44	\$2,668.44
50200 00	Surgery	15.47	3.70	\$1,274.49	\$455.00
50205 00	Surgery	21.94	21.94	\$1,807.52	\$1,807.52
50220 00	Surgery	30.31	30.31	\$2,497.08	\$2,497.08
50225 00	Surgery	34.73	34.73	\$2,861.22	\$2,861.22
50230 00	Surgery	37.04	37.04	\$3,051.53	\$3,051.53
50234 00	Surgery	37.62	37.62	\$3,099.31	\$3,099.31
50236 00	Surgery	42.30	42.30	\$3,484.88	\$3,484.88
50240 00	Surgery	38.28	38.28	\$3,153.69	\$3,153.69
50250 00	Surgery	35.14	35.14	\$2,895.00	\$2,895.00
50280 00	Surgery	27.69	27.69	\$2,281.23	\$2,281.23
50290 00	Surgery	25.94	25.94	\$2,137.06	\$2,137.06
50300 00	Surgery	0.00	0.00	\$-	\$-
50320 00	Surgery	43.72	43.72	\$3,601.86	\$3,601.86
50323 00	Surgery	5.97	5.97	\$2,531.90	\$2,531.90
50325 00	Surgery	5.47	5.47	\$2,712.75	\$2,712.75
50327 00	Surgery	6.31	6.31	\$519.85	\$519.85
50328 00	Surgery	5.53	5.53	\$455.59	\$455.59
50329 00	Surgery	5.26	5.26	\$433.34	\$433.34
50340 00	Surgery	27.58	27.58	\$2,272.17	\$2,272.17
50360 00	Surgery	70.34	70.34	\$5,794.94	\$5,794.94
50365 00	Surgery	83.56	83.56	\$6,884.07	\$6,884.07
50370 00	Surgery	35.06	35.06	\$2,888.41	\$2,888.41
50380 00	Surgery	58.47	58.47	\$4,817.04	\$4,817.04
50382 00	Surgery	31.33	7.43	\$2,581.11	\$1,293.00
50384 00	Surgery	25.59	6.65	\$2,108.23	\$1,112.50
50385 00	Surgery	30.80	6.32	\$2,537.45	\$1,162.50
50386 00	Surgery	21.11	4.68	\$1,739.14	\$752.50
50387 00	Surgery	15.62	2.43	\$1,286.85	\$601.61
50389 00	Surgery	10.69	1.55	\$880.69	\$354.00
50390 00	Surgery	2.77	2.77	\$228.21	\$228.21
50391 00	Surgery	3.55	2.85	\$292.47	\$234.80
50396 00	Surgery	3.36	3.36	\$276.81	\$276.81
50400 00	Surgery	33.61	33.61	\$2,768.95	\$2,768.95
50405 00	Surgery	40.31	40.31	\$3,320.93	\$3,320.93
50430 00	Surgery	16.17	4.46	\$1,332.16	\$367.44
50431 00	Surgery	7.36	1.88	\$606.35	\$154.88
50432 00	Surgery	25.30	5.96	\$2,084.33	\$491.01

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50433 00	Surgery	32.73	7.40	\$2,696.45	\$609.65
50434 00	Surgery	26.06	5.56	\$2,146.95	\$458.06
50435 00	Surgery	16.03	2.88	\$1,320.63	\$237.27
50436 00	Surgery	4.35	4.35	\$358.37	\$358.37
50437 00	Surgery	7.29	7.29	\$600.58	\$600.58
50500 00	Surgery	35.91	35.91	\$2,958.44	\$2,958.44
50520 00	Surgery	33.75	33.75	\$2,780.49	\$2,780.49
50525 00	Surgery	42.84	42.84	\$3,529.36	\$3,529.36
50526 00	Surgery	45.93	45.93	\$3,783.93	\$3,783.93
50540 00	Surgery	33.13	33.13	\$2,729.41	\$2,729.41
50541 00	Surgery	26.50	26.50	\$2,183.20	\$2,183.20
50542 00	Surgery	33.66	33.66	\$2,773.07	\$2,773.07
50543 00	Surgery	43.00	43.00	\$3,542.55	\$3,542.55
50544 00	Surgery	35.96	35.96	\$2,962.56	\$2,962.56
50545 00	Surgery	38.66	38.66	\$3,185.00	\$3,185.00
50546 00	Surgery	34.78	34.78	\$2,865.34	\$2,865.34
50547 00	Surgery	46.63	46.63	\$3,841.60	\$3,841.60
50548 00	Surgery	38.88	38.88	\$3,203.12	\$3,203.12
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	10.36	8.48	\$853.51	\$698.62
50553 00	Surgery	11.07	9.04	\$912.00	\$744.76
50555 00	Surgery	11.88	9.86	\$978.73	\$812.31
50557 00	Surgery	12.08	9.99	\$995.21	\$823.02
50561 00	Surgery	13.66	11.36	\$1,125.38	\$935.89
50562 00	Surgery	16.73	16.73	\$1,378.30	\$1,378.30
50570 00	Surgery	14.18	14.18	\$1,168.22	\$1,168.22
50572 00	Surgery	15.34	15.34	\$1,263.78	\$1,263.78
50574 00	Surgery	16.31	16.31	\$1,343.70	\$1,343.70
50575 00	Surgery	20.64	20.64	\$1,700.42	\$1,700.42
50576 00	Surgery	16.27	16.27	\$1,340.40	\$1,340.40
50580 00	Surgery	17.53	17.53	\$1,444.20	\$1,444.20
50590 00	Surgery	21.17	16.42	\$1,744.09	\$1,437.50
50592 00	Surgery	91.19	9.92	\$7,512.67	\$4,054.00
50593 00	Surgery	123.31	13.31	\$10,158.87	\$4,226.20
50600 00	Surgery	27.10	27.10	\$2,232.63	\$2,232.63
50605 00	Surgery	28.87	28.87	\$2,378.45	\$2,378.45
50606 00	Surgery	17.80	4.41	\$1,466.45	\$363.32
50610 00	Surgery	27.29	27.29	\$2,248.28	\$2,248.28
50620 00	Surgery	26.10	26.10	\$2,150.24	\$2,150.24
50630 00	Surgery	25.77	25.77	\$2,123.06	\$2,123.06

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50650 00	Surgery	30.00	30.00	\$2,471.54	\$2,471.54
50660 00	Surgery	33.02	33.02	\$2,720.35	\$2,720.35
50684 00	Surgery	3.34	1.45	\$275.17	\$135.22
50686 00	Surgery	4.03	2.54	\$332.01	\$209.26
50688 00	Surgery	2.24	2.24	\$184.54	\$184.54
50690 00	Surgery	3.09	2.02	\$254.57	\$166.42
50693 00	Surgery	29.67	5.92	\$2,444.36	\$487.72
50694 00	Surgery	32.95	7.78	\$2,714.58	\$640.95
50695 00	Surgery	39.92	9.97	\$3,288.80	\$821.38
50700 00	Surgery	26.72	26.72	\$2,201.32	\$2,201.32
50705 00	Surgery	54.05	5.11	\$4,452.90	\$420.99
50706 00	Surgery	26.96	5.30	\$2,221.09	\$436.64
50715 00	Surgery	34.76	34.76	\$2,863.69	\$2,863.69
50722 00	Surgery	29.82	29.82	\$2,456.71	\$2,456.71
50725 00	Surgery	31.85	31.85	\$2,623.95	\$2,623.95
50727 00	Surgery	14.69	14.69	\$1,210.23	\$1,210.23
50728 00	Surgery	21.27	21.27	\$1,752.32	\$1,752.32
50740 00	Surgery	35.65	35.65	\$2,937.02	\$2,937.02
50750 00	Surgery	33.31	33.31	\$2,744.24	\$2,744.24
50760 00	Surgery	32.68	32.68	\$2,692.33	\$2,692.33
50770 00	Surgery	33.31	33.31	\$2,744.24	\$2,744.24
50780 00	Surgery	32.00	32.00	\$2,636.31	\$2,636.31
50782 00	Surgery	31.04	31.04	\$2,557.22	\$2,557.22
50783 00	Surgery	32.55	32.55	\$2,681.62	\$2,681.62
50785 00	Surgery	35.05	35.05	\$2,887.59	\$2,887.59
50800 00	Surgery	26.75	26.75	\$2,203.79	\$2,203.79
50810 00	Surgery	40.80	40.80	\$3,361.30	\$3,361.30
50815 00	Surgery	35.34	35.34	\$2,911.48	\$2,911.48
50820 00	Surgery	37.95	37.95	\$3,126.50	\$3,126.50
50825 00	Surgery	47.86	47.86	\$3,942.94	\$3,942.94
50830 00	Surgery	52.05	52.05	\$4,288.13	\$4,288.13
50840 00	Surgery	35.51	35.51	\$2,925.48	\$2,925.48
50845 00	Surgery	36.13	36.13	\$2,976.56	\$2,976.56
50860 00	Surgery	27.30	27.30	\$2,249.10	\$2,249.10
50900 00	Surgery	24.31	24.31	\$2,002.77	\$2,002.77
50920 00	Surgery	25.43	25.43	\$2,095.04	\$2,095.04
50930 00	Surgery	31.83	31.83	\$2,622.31	\$2,622.31
50940 00	Surgery	25.61	25.61	\$2,109.87	\$2,109.87
50945 00	Surgery	28.07	28.07	\$2,312.54	\$2,312.54
50947 00	Surgery	40.05	40.05	\$3,299.51	\$3,299.51

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
50948 00	Surgery	36.79	36.79	\$3,030.94	\$3,030.94
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	10.84	8.83	\$893.05	\$727.46
50953 00	Surgery	11.49	9.41	\$946.60	\$775.24
50955 00	Surgery	12.28	10.18	\$1,011.68	\$838.68
50957 00	Surgery	12.40	10.24	\$1,021.57	\$843.62
50961 00	Surgery	11.16	9.14	\$919.41	\$753.00
50970 00	Surgery	10.69	10.69	\$880.69	\$880.69
50972 00	Surgery	10.34	10.34	\$851.86	\$851.86
50974 00	Surgery	13.64	13.64	\$1,123.73	\$1,123.73
50976 00	Surgery	13.46	13.46	\$1,108.90	\$1,108.90
50980 00	Surgery	10.29	10.29	\$847.74	\$847.74
51020 00	Surgery	13.51	13.51	\$1,113.02	\$1,113.02
51030 00	Surgery	13.61	13.61	\$1,121.26	\$1,121.26
51040 00	Surgery	8.34	8.34	\$687.09	\$687.09
51045 00	Surgery	14.43	14.43	\$1,188.81	\$1,188.81
51050 00	Surgery	13.60	13.60	\$1,120.43	\$1,120.43
51060 00	Surgery	16.80	16.80	\$1,384.06	\$1,384.06
51065 00	Surgery	16.72	16.72	\$1,377.47	\$1,377.47
51080 00	Surgery	11.79	11.79	\$971.32	\$971.32
51100 00	Surgery	1.95	1.12	\$160.65	\$92.27
51101 00	Surgery	4.06	1.49	\$334.48	\$122.75
51102 00	Surgery	6.78	4.20	\$558.57	\$346.02
51500 00	Surgery	18.37	18.37	\$1,513.41	\$1,513.41
51520 00	Surgery	17.17	17.17	\$1,414.55	\$1,414.55
51525 00	Surgery	24.81	24.81	\$2,043.97	\$2,043.97
51530 00	Surgery	22.24	22.24	\$1,832.24	\$1,832.24
51535 00	Surgery	22.54	22.54	\$1,856.95	\$1,856.95
51550 00	Surgery	27.82	27.82	\$2,291.94	\$2,291.94
51555 00	Surgery	36.58	36.58	\$3,013.63	\$3,013.63
51565 00	Surgery	37.59	37.59	\$3,096.84	\$3,096.84
51570 00	Surgery	42.61	42.61	\$3,510.41	\$3,510.41
51575 00	Surgery	52.66	52.66	\$4,338.38	\$4,338.38
51580 00	Surgery	54.76	54.76	\$4,511.39	\$4,511.39
51585 00	Surgery	60.96	60.96	\$5,022.18	\$5,022.18
51590 00	Surgery	55.89	55.89	\$4,604.48	\$4,604.48
51595 00	Surgery	63.21	63.21	\$5,207.54	\$5,207.54
51596 00	Surgery	67.98	67.98	\$5,600.52	\$5,600.52
51597 00	Surgery	66.28	66.28	\$5,460.46	\$5,460.46
51600 00	Surgery	5.88	1.28	\$484.42	\$169.22

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
51605 00	Surgery	1.12	1.12	\$92.27	\$92.27
51610 00	Surgery	3.43	1.85	\$282.58	\$152.41
51700 00	Surgery	2.14	0.90	\$176.30	\$75.97
51701 00	Surgery	1.28	0.76	\$105.45	\$62.61
51702 00	Surgery	1.74	0.74	\$143.35	\$78.00
51703 00	Surgery	3.98	2.23	\$327.89	\$183.72
51705 00	Surgery	2.71	1.50	\$223.26	\$123.58
51710 00	Surgery	3.77	2.28	\$310.59	\$187.84
51715 00	Surgery	9.78	5.79	\$805.72	\$477.01
51720 00	Surgery	2.38	1.26	\$196.08	\$103.80
51725 00	Surgery	6.04	6.04	\$497.60	\$497.60
51725 26	Surgery	2.18	2.18	\$179.60	\$179.60
51725 TC	Surgery	3.86	3.86	\$318.01	\$318.01
51726 00	Surgery	8.23	8.23	\$678.03	\$678.03
51726 26	Surgery	2.43	2.43	\$200.19	\$200.19
51726 TC	Surgery	5.80	5.80	\$477.83	\$477.83
51727 00	Surgery	9.88	9.88	\$813.96	\$813.96
51727 26	Surgery	3.08	3.08	\$253.75	\$253.75
51727 TC	Surgery	6.80	6.80	\$560.22	\$560.22
51728 00	Surgery	10.00	10.00	\$823.85	\$823.85
51728 26	Surgery	3.02	3.02	\$248.80	\$248.80
51728 TC	Surgery	6.98	6.98	\$575.05	\$575.05
51729 00	Surgery	10.67	10.67	\$879.05	\$879.05
51729 26	Surgery	3.66	3.66	\$301.53	\$301.53
51729 TC	Surgery	7.01	7.01	\$577.52	\$577.52
51736 00	Surgery	0.39	0.39	\$52.00	\$52.00
51736 26	Surgery	0.24	0.24	\$27.73	\$27.73
51736 TC	Surgery	0.15	0.15	\$24.27	\$24.27
51741 00	Surgery	0.41	0.41	\$83.00	\$83.00
51741 26	Surgery	0.25	0.25	\$55.46	\$55.46
51741 TC	Surgery	0.16	0.16	\$27.54	\$27.54
51784 00	Surgery	1.92	1.92	\$237.27	\$237.27
51784 26	Surgery	1.10	1.10	\$102.32	\$102.32
51784 TC	Surgery	0.82	0.82	\$134.95	\$134.95
51785 00	Surgery	10.64	10.64	\$876.57	\$876.57
51785 26	Surgery	2.66	2.66	\$219.14	\$219.14
51785 TC	Surgery	7.98	7.98	\$657.43	\$657.43
51792 00	Surgery	7.04	7.04	\$579.99	\$579.99
51792 26	Surgery	1.58	1.58	\$137.35	\$137.35
51792 TC	Surgery	5.46	5.46	\$449.82	\$449.82

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
51797 00	Surgery	4.61	4.61	\$379.79	\$379.79
51797 26	Surgery	1.16	1.16	\$95.57	\$95.57
51797 TC	Surgery	3.45	3.45	\$284.23	\$284.23
51798 00	Surgery	0.29	0.29	\$23.89	\$23.89
51798 26	Surgery	0.00	0.00	\$-	\$-
51798 TC	Surgery	0.29	0.29	\$23.89	\$23.89
51800 00	Surgery	30.12	30.12	\$2,481.43	\$2,481.43
51820 00	Surgery	31.30	31.30	\$2,578.64	\$2,578.64
51840 00	Surgery	19.70	19.70	\$1,622.98	\$1,622.98
51841 00	Surgery	22.81	22.81	\$1,879.20	\$1,879.20
51845 00	Surgery	16.80	16.80	\$1,384.06	\$1,384.06
51860 00	Surgery	21.55	21.55	\$1,775.39	\$1,775.39
51865 00	Surgery	25.97	25.97	\$2,139.53	\$2,139.53
51880 00	Surgery	13.45	13.45	\$1,108.08	\$1,108.08
51900 00	Surgery	23.80	23.80	\$1,960.76	\$1,960.76
51920 00	Surgery	22.03	22.03	\$1,814.94	\$1,814.94
51925 00	Surgery	30.73	30.73	\$2,531.68	\$2,531.68
51940 00	Surgery	47.40	47.40	\$3,905.04	\$3,905.04
51960 00	Surgery	40.00	40.00	\$3,295.39	\$3,295.39
51980 00	Surgery	20.59	20.59	\$1,696.30	\$1,696.30
51990 00	Surgery	21.59	21.59	\$1,778.69	\$1,778.69
51992 00	Surgery	24.30	24.30	\$2,001.95	\$2,001.95
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	5.99	2.33	\$493.48	\$207.61
52001 00	Surgery	11.89	8.27	\$979.55	\$681.32
52005 00	Surgery	8.37	3.81	\$689.56	\$313.89
52007 00	Surgery	13.51	4.76	\$1,113.02	\$474.50
52010 00	Surgery	11.33	4.76	\$933.42	\$392.15
52204 00	Surgery	10.97	4.07	\$903.76	\$399.50
52214 00	Surgery	20.81	5.09	\$1,714.43	\$613.66
52224 00	Surgery	21.74	5.89	\$1,791.04	\$830.42
52234 00	Surgery	7.08	7.08	\$583.28	\$583.28
52235 00	Surgery	8.31	8.31	\$684.62	\$684.62
52240 00	Surgery	11.31	11.31	\$931.77	\$931.77
52250 00	Surgery	6.90	6.90	\$568.45	\$568.45
52260 00	Surgery	6.08	6.08	\$500.90	\$500.90
52265 00	Surgery	10.86	4.70	\$894.70	\$387.21
52270 00	Surgery	11.47	5.23	\$944.95	\$430.87
52275 00	Surgery	15.05	7.16	\$1,239.89	\$589.87
52276 00	Surgery	7.62	7.62	\$627.77	\$627.77

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
52277 00	Surgery	9.30	9.30	\$766.18	\$766.18
52281 00	Surgery	9.16	4.37	\$754.64	\$360.02
52282 00	Surgery	9.74	9.74	\$802.43	\$802.43
52283 00	Surgery	9.31	5.81	\$767.00	\$478.66
52285 00	Surgery	9.27	5.64	\$763.71	\$464.65
52287 00	Surgery	10.27	4.89	\$846.09	\$402.86
52290 00	Surgery	7.03	7.03	\$579.16	\$579.16
52300 00	Surgery	8.06	8.06	\$664.02	\$664.02
52301 00	Surgery	8.35	8.35	\$687.91	\$687.91
52305 00	Surgery	8.04	8.04	\$662.37	\$662.37
52310 00	Surgery	8.26	4.35	\$680.50	\$358.37
52315 00	Surgery	13.28	7.91	\$1,094.07	\$651.66
52317 00	Surgery	24.97	10.04	\$2,057.15	\$856.50
52318 00	Surgery	13.66	13.66	\$1,125.38	\$1,125.38
52320 00	Surgery	7.11	7.11	\$585.76	\$585.76
52325 00	Surgery	9.22	9.22	\$759.59	\$759.59
52327 00	Surgery	7.59	7.59	\$625.30	\$625.30
52330 00	Surgery	16.58	7.60	\$1,365.94	\$698.74
52332 00	Surgery	12.95	4.46	\$1,066.88	\$448.32
52334 00	Surgery	5.27	5.27	\$434.17	\$434.17
52341 00	Surgery	8.19	8.19	\$674.73	\$674.73
52342 00	Surgery	8.89	8.89	\$732.40	\$732.40
52343 00	Surgery	9.93	9.93	\$818.08	\$818.08
52344 00	Surgery	10.63	10.63	\$875.75	\$875.75
52345 00	Surgery	11.37	11.37	\$936.71	\$936.71
52346 00	Surgery	12.86	12.86	\$1,059.47	\$1,059.47
52351 00	Surgery	8.71	8.71	\$717.57	\$717.57
52352 00	Surgery	10.23	10.23	\$842.80	\$842.80
52353 00	Surgery	11.31	11.31	\$931.77	\$931.77
52354 00	Surgery	12.03	12.03	\$991.09	\$991.09
52355 00	Surgery	13.48	13.48	\$1,110.55	\$1,110.55
52356 00	Surgery	11.98	11.98	\$986.97	\$986.97
52400 00	Surgery	13.78	13.78	\$1,135.26	\$1,135.26
52402 00	Surgery	7.70	7.70	\$634.36	\$634.36
52441 00	Surgery	38.70	6.07	\$3,188.29	\$1,142.33
52442 00	Surgery	28.18	1.46	\$2,321.60	\$890.07
52450 00	Surgery	13.59	13.59	\$1,119.61	\$1,119.61
52500 00	Surgery	14.10	14.10	\$1,161.63	\$1,161.63
52601 00	Surgery	21.05	21.05	\$1,734.20	\$1,734.20
52630 00	Surgery	11.60	11.60	\$955.66	\$955.66

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
52640 00	Surgery	9.12	9.12	\$751.35	\$751.35
52647 00	Surgery	46.35	18.69	\$3,818.53	\$1,776.00
52648 00	Surgery	47.82	19.94	\$3,939.64	\$1,941.00
52649 00	Surgery	23.83	23.83	\$1,963.23	\$1,963.23
52700 00	Surgery	12.73	12.73	\$1,048.76	\$1,048.76
53000 00	Surgery	4.27	4.27	\$351.78	\$351.78
53010 00	Surgery	8.49	8.49	\$699.45	\$699.45
53020 00	Surgery	2.80	2.80	\$230.68	\$230.68
53025 00	Surgery	1.95	1.95	\$160.65	\$160.65
53040 00	Surgery	11.32	11.32	\$932.60	\$932.60
53060 00	Surgery	5.38	4.80	\$443.23	\$395.45
53080 00	Surgery	12.11	12.11	\$997.68	\$997.68
53085 00	Surgery	18.73	18.73	\$1,543.07	\$1,543.07
53200 00	Surgery	4.54	4.09	\$374.03	\$336.95
53210 00	Surgery	22.55	22.55	\$1,857.78	\$1,857.78
53215 00	Surgery	26.82	26.82	\$2,209.56	\$2,209.56
53220 00	Surgery	13.03	13.03	\$1,073.47	\$1,073.47
53230 00	Surgery	17.58	17.58	\$1,448.32	\$1,448.32
53235 00	Surgery	18.27	18.27	\$1,505.17	\$1,505.17
53240 00	Surgery	12.22	12.22	\$1,006.74	\$1,006.74
53250 00	Surgery	11.42	11.42	\$940.83	\$940.83
53260 00	Surgery	5.87	5.22	\$483.60	\$430.05
53265 00	Surgery	6.45	5.42	\$531.38	\$446.53
53270 00	Surgery	5.98	5.30	\$492.66	\$436.64
53275 00	Surgery	7.58	7.58	\$624.48	\$624.48
53400 00	Surgery	23.16	23.16	\$1,908.03	\$1,908.03
53405 00	Surgery	25.22	25.22	\$2,077.74	\$2,077.74
53410 00	Surgery	28.26	28.26	\$2,328.19	\$2,328.19
53415 00	Surgery	32.64	32.64	\$2,689.04	\$2,689.04
53420 00	Surgery	24.30	24.30	\$2,001.95	\$2,001.95
53425 00	Surgery	27.05	27.05	\$2,228.51	\$2,228.51
53430 00	Surgery	28.07	28.07	\$2,312.54	\$2,312.54
53431 00	Surgery	33.32	33.32	\$2,745.06	\$2,745.06
53440 00	Surgery	21.74	21.74	\$1,791.04	\$1,791.04
53442 00	Surgery	22.62	22.62	\$1,863.54	\$1,863.54
53444 00	Surgery	22.92	22.92	\$1,888.26	\$1,888.26
53445 00	Surgery	21.77	21.77	\$1,793.52	\$1,793.52
53446 00	Surgery	18.53	18.53	\$1,526.59	\$1,526.59
53447 00	Surgery	23.33	23.33	\$1,922.04	\$1,922.04
53448 00	Surgery	36.94	36.94	\$3,043.29	\$3,043.29

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
53449 00	Surgery	17.67	17.67	\$1,455.74	\$1,455.74
53450 00	Surgery	11.80	11.80	\$972.14	\$972.14
53460 00	Surgery	13.20	13.20	\$1,087.48	\$1,087.48
53500 00	Surgery	21.65	21.65	\$1,783.63	\$1,783.63
53502 00	Surgery	14.01	14.01	\$1,154.21	\$1,154.21
53505 00	Surgery	14.00	14.00	\$1,153.39	\$1,153.39
53510 00	Surgery	18.23	18.23	\$1,501.87	\$1,501.87
53515 00	Surgery	22.98	22.98	\$1,893.20	\$1,893.20
53520 00	Surgery	16.08	16.08	\$1,324.75	\$1,324.75
53600 00	Surgery	2.43	1.83	\$200.19	\$150.76
53601 00	Surgery	2.31	1.54	\$190.31	\$126.87
53605 00	Surgery	1.87	1.87	\$154.06	\$154.06
53620 00	Surgery	4.22	2.51	\$347.66	\$206.79
53621 00	Surgery	3.98	2.07	\$327.89	\$170.54
53660 00	Surgery	2.02	1.20	\$166.42	\$98.86
53661 00	Surgery	1.99	1.17	\$163.95	\$96.39
53665 00	Surgery	1.11	1.11	\$91.45	\$91.45
53850 00	Surgery	44.34	10.10	\$3,652.94	\$2,038.50
53852 00	Surgery	43.00	10.82	\$3,542.55	\$1,921.61
53854 00	Surgery	51.18	10.81	\$4,216.45	\$890.58
53855 00	Surgery	21.09	2.39	\$1,737.49	\$572.19
53860 00	Surgery	59.77	6.45	\$4,924.14	\$1,472.54
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	4.49	3.12	\$369.91	\$257.04
54001 00	Surgery	5.55	4.02	\$457.24	\$331.19
54015 00	Surgery	8.83	8.83	\$727.46	\$727.46
54050 00	Surgery	3.83	2.99	\$315.53	\$246.33
54055 00	Surgery	3.59	2.67	\$295.76	\$219.97
54056 00	Surgery	3.99	3.12	\$328.72	\$257.04
54057 00	Surgery	3.94	2.72	\$324.60	\$224.09
54060 00	Surgery	5.37	3.74	\$442.41	\$308.12
54065 00	Surgery	6.27	4.90	\$516.55	\$403.69
54100 00	Surgery	5.67	3.50	\$467.12	\$288.35
54105 00	Surgery	7.74	6.13	\$637.66	\$505.02
54110 00	Surgery	18.02	18.02	\$1,484.57	\$1,484.57
54111 00	Surgery	23.11	23.11	\$1,903.91	\$1,903.91
54112 00	Surgery	27.07	27.07	\$2,230.16	\$2,230.16
54115 00	Surgery	13.08	12.24	\$1,077.59	\$1,008.39
54120 00	Surgery	18.23	18.23	\$1,501.87	\$1,501.87
54125 00	Surgery	23.53	23.53	\$1,938.51	\$1,938.51

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
54130 00	Surgery	34.46	34.46	\$2,838.98	\$2,838.98
54135 00	Surgery	43.68	43.68	\$3,598.57	\$3,598.57
54150 00	Surgery	4.40	2.84	\$362.49	\$233.97
54160 00	Surgery	6.29	4.17	\$518.20	\$343.54
54161 00	Surgery	5.68	5.68	\$467.95	\$467.95
54162 00	Surgery	7.39	5.75	\$608.82	\$473.71
54163 00	Surgery	6.27	6.27	\$516.55	\$516.55
54164 00	Surgery	5.54	5.54	\$456.41	\$456.41
54200 00	Surgery	3.17	2.41	\$261.16	\$198.55
54205 00	Surgery	15.36	15.36	\$1,265.43	\$1,265.43
54220 00	Surgery	6.07	3.86	\$500.08	\$318.01
54230 00	Surgery	2.87	2.28	\$236.44	\$187.84
54231 00	Surgery	4.07	3.34	\$335.31	\$275.17
54235 00	Surgery	2.53	2.10	\$208.43	\$173.01
54240 00	Surgery	2.94	2.94	\$242.21	\$242.21
54240 26	Surgery	1.88	1.88	\$154.88	\$154.88
54240 TC	Surgery	1.06	1.06	\$87.33	\$87.33
54250 00	Surgery	3.51	3.51	\$289.17	\$289.17
54250 26	Surgery	3.16	3.16	\$260.34	\$260.34
54250 TC	Surgery	0.35	0.35	\$28.83	\$28.83
54300 00	Surgery	18.62	18.62	\$1,534.00	\$1,534.00
54304 00	Surgery	21.63	21.63	\$1,781.98	\$1,781.98
54308 00	Surgery	20.66	20.66	\$1,702.07	\$1,702.07
54312 00	Surgery	23.64	23.64	\$1,947.58	\$1,947.58
54316 00	Surgery	28.77	28.77	\$2,370.21	\$2,370.21
54318 00	Surgery	20.54	20.54	\$1,692.18	\$1,692.18
54322 00	Surgery	22.58	22.58	\$1,860.25	\$1,860.25
54324 00	Surgery	27.96	27.96	\$2,303.48	\$2,303.48
54326 00	Surgery	27.27	27.27	\$2,246.63	\$2,246.63
54328 00	Surgery	27.09	27.09	\$2,231.80	\$2,231.80
54332 00	Surgery	29.24	29.24	\$2,408.93	\$2,408.93
54336 00	Surgery	34.35	34.35	\$2,829.92	\$2,829.92
54340 00	Surgery	16.44	16.44	\$1,354.41	\$1,354.41
54344 00	Surgery	27.33	27.33	\$2,251.58	\$2,251.58
54348 00	Surgery	29.22	29.22	\$2,407.28	\$2,407.28
54352 00	Surgery	40.91	40.91	\$3,370.36	\$3,370.36
54360 00	Surgery	20.82	20.82	\$1,715.25	\$1,715.25
54380 00	Surgery	23.09	23.09	\$1,902.26	\$1,902.26
54385 00	Surgery	26.84	26.84	\$2,211.21	\$2,211.21
54390 00	Surgery	35.86	35.86	\$2,954.32	\$2,954.32

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
54400 00	Surgery	15.34	15.34	\$1,263.78	\$1,263.78
54401 00	Surgery	18.98	18.98	\$1,563.66	\$1,563.66
54405 00	Surgery	23.37	23.37	\$1,925.33	\$1,925.33
54406 00	Surgery	21.11	21.11	\$1,739.14	\$1,739.14
54408 00	Surgery	22.83	22.83	\$1,880.84	\$1,880.84
54410 00	Surgery	24.85	24.85	\$2,047.26	\$2,047.26
54411 00	Surgery	29.72	29.72	\$2,448.48	\$2,448.48
54415 00	Surgery	15.27	15.27	\$1,258.02	\$1,258.02
54416 00	Surgery	20.54	20.54	\$1,692.18	\$1,692.18
54417 00	Surgery	25.96	25.96	\$2,138.71	\$2,138.71
54420 00	Surgery	20.33	20.33	\$1,674.88	\$1,674.88
54430 00	Surgery	18.45	18.45	\$1,520.00	\$1,520.00
54435 00	Surgery	11.98	11.98	\$986.97	\$986.97
54437 00	Surgery	19.47	19.47	\$1,604.03	\$1,604.03
54438 00	Surgery	38.64	38.64	\$3,183.35	\$3,183.35
54440 00	Surgery	16.19	16.19	\$1,333.81	\$1,333.81
54450 00	Surgery	1.98	1.66	\$163.12	\$136.76
54500 00	Surgery	2.14	2.14	\$176.30	\$176.30
54505 00	Surgery	6.06	6.06	\$499.25	\$499.25
54512 00	Surgery	15.56	15.56	\$1,281.91	\$1,281.91
54520 00	Surgery	9.40	9.40	\$774.42	\$774.42
54522 00	Surgery	17.01	17.01	\$1,401.36	\$1,401.36
54530 00	Surgery	14.63	14.63	\$1,205.29	\$1,205.29
54535 00	Surgery	21.49	21.49	\$1,770.45	\$1,770.45
54550 00	Surgery	14.20	14.20	\$1,169.86	\$1,169.86
54560 00	Surgery	19.84	19.84	\$1,634.51	\$1,634.51
54600 00	Surgery	13.07	13.07	\$1,076.77	\$1,076.77
54620 00	Surgery	8.64	8.64	\$711.80	\$711.80
54640 00	Surgery	12.55	12.55	\$1,033.93	\$1,033.93
54650 00	Surgery	20.55	20.55	\$1,693.01	\$1,693.01
54660 00	Surgery	10.29	10.29	\$847.74	\$847.74
54670 00	Surgery	11.75	11.75	\$968.02	\$968.02
54680 00	Surgery	22.75	22.75	\$1,874.25	\$1,874.25
54690 00	Surgery	18.94	18.94	\$1,560.37	\$1,560.37
54692 00	Surgery	21.90	21.90	\$1,804.23	\$1,804.23
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	6.18	6.18	\$509.14	\$509.14
54800 00	Surgery	3.63	3.63	\$299.06	\$299.06
54830 00	Surgery	10.72	10.72	\$883.16	\$883.16
54840 00	Surgery	9.27	9.27	\$763.71	\$763.71

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
54860 00	Surgery	12.07	12.07	\$994.38	\$994.38
54861 00	Surgery	16.38	16.38	\$1,349.46	\$1,349.46
54865 00	Surgery	10.33	10.33	\$851.03	\$851.03
54900 00	Surgery	23.13	23.13	\$1,905.56	\$1,905.56
54901 00	Surgery	30.55	30.55	\$2,516.85	\$2,516.85
55000 00	Surgery	3.39	2.44	\$279.28	\$201.02
55040 00	Surgery	9.72	9.72	\$800.78	\$800.78
55041 00	Surgery	14.75	14.75	\$1,215.18	\$1,215.18
55060 00	Surgery	10.97	10.97	\$903.76	\$903.76
55100 00	Surgery	6.43	4.80	\$529.73	\$395.45
55110 00	Surgery	11.19	11.19	\$921.89	\$921.89
55120 00	Surgery	10.19	10.19	\$839.50	\$839.50
55150 00	Surgery	14.20	14.20	\$1,169.86	\$1,169.86
55175 00	Surgery	10.46	10.46	\$861.74	\$861.74
55180 00	Surgery	20.00	20.00	\$1,647.70	\$1,647.70
55200 00	Surgery	11.79	8.00	\$971.32	\$659.08
55250 00	Surgery	10.32	6.55	\$850.21	\$539.62
55300 00	Surgery	5.39	5.39	\$444.05	\$444.05
55400 00	Surgery	14.42	14.42	\$1,187.99	\$1,187.99
55500 00	Surgery	11.35	11.35	\$935.07	\$935.07
55520 00	Surgery	13.20	13.20	\$1,087.48	\$1,087.48
55530 00	Surgery	10.13	10.13	\$834.56	\$834.56
55535 00	Surgery	12.41	12.41	\$1,022.39	\$1,022.39
55540 00	Surgery	16.06	16.06	\$1,323.10	\$1,323.10
55550 00	Surgery	12.37	12.37	\$1,019.10	\$1,019.10
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	12.15	12.15	\$1,000.97	\$1,000.97
55605 00	Surgery	15.07	15.07	\$1,241.54	\$1,241.54
55650 00	Surgery	20.72	20.72	\$1,707.01	\$1,707.01
55680 00	Surgery	9.99	9.99	\$1,007.91	\$1,007.91
55700 00	Surgery	7.09	3.77	\$584.11	\$310.59
55705 00	Surgery	7.67	7.67	\$631.89	\$631.89
55706 00	Surgery	10.75	10.75	\$885.64	\$885.64
55720 00	Surgery	13.05	13.05	\$1,075.12	\$1,075.12
55725 00	Surgery	17.14	17.14	\$1,412.07	\$1,412.07
55801 00	Surgery	31.62	31.62	\$2,605.01	\$2,605.01
55810 00	Surgery	37.86	37.86	\$3,119.09	\$3,119.09
55812 00	Surgery	46.48	46.48	\$3,829.24	\$3,829.24
55815 00	Surgery	50.92	50.92	\$4,195.03	\$4,195.03
55821 00	Surgery	25.24	25.24	\$2,079.39	\$2,079.39

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
55831 00	Surgery	27.32	27.32	\$2,250.75	\$2,250.75
55840 00	Surgery	33.81	33.81	\$2,785.43	\$2,785.43
55842 00	Surgery	33.83	33.83	\$2,787.08	\$2,787.08
55845 00	Surgery	39.38	39.38	\$3,244.31	\$3,244.31
55860 00	Surgery	25.28	25.28	\$2,082.69	\$2,082.69
55862 00	Surgery	31.67	31.67	\$2,609.13	\$2,609.13
55865 00	Surgery	38.57	38.57	\$3,177.58	\$3,177.58
55866 00	Surgery	41.69	41.69	\$3,434.62	\$3,434.62
55870 00	Surgery	5.03	4.09	\$414.40	\$336.95
55873 00	Surgery	175.53	22.06	\$14,461.00	\$5,264.75
55874 00	Surgery	87.09	4.77	\$7,174.89	\$392.98
55875 00	Surgery	22.20	22.20	\$1,828.94	\$1,828.94
55876 00	Surgery	4.16	2.91	\$342.72	\$239.74
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	13.09	13.09	\$1,078.42	\$1,078.42
55970 00	Surgery	0.00	0.00	\$-	\$-
55980 00	Surgery	0.00	0.00	\$-	\$-
56405 00	Surgery	3.69	3.43	\$304.00	\$282.58
56420 00	Surgery	4.47	2.97	\$368.26	\$244.68
56440 00	Surgery	5.25	5.25	\$432.52	\$432.52
56441 00	Surgery	4.72	4.24	\$388.86	\$349.31
56442 00	Surgery	1.36	1.36	\$112.04	\$112.04
56501 00	Surgery	4.69	3.60	\$386.38	\$296.59
56515 00	Surgery	7.25	5.97	\$597.29	\$491.84
56605 00	Surgery	2.60	1.75	\$214.20	\$144.17
56606 00	Surgery	1.11	0.86	\$91.45	\$70.85
56620 00	Surgery	15.92	15.92	\$1,311.57	\$1,311.57
56625 00	Surgery	18.61	18.61	\$1,533.18	\$1,533.18
56630 00	Surgery	27.08	27.08	\$2,230.98	\$2,230.98
56631 00	Surgery	33.83	33.83	\$2,787.08	\$2,787.08
56632 00	Surgery	40.28	40.28	\$3,318.46	\$3,318.46
56633 00	Surgery	34.96	34.96	\$2,880.17	\$2,880.17
56634 00	Surgery	36.88	36.88	\$3,038.35	\$3,038.35
56637 00	Surgery	42.84	42.84	\$3,529.36	\$3,529.36
56640 00	Surgery	43.37	43.37	\$3,573.03	\$3,573.03
56700 00	Surgery	5.68	5.68	\$467.95	\$467.95
56740 00	Surgery	8.92	8.92	\$734.87	\$734.87
56800 00	Surgery	7.17	7.17	\$590.70	\$590.70
56805 00	Surgery	33.63	33.63	\$2,770.60	\$2,770.60
56810 00	Surgery	7.72	7.72	\$636.01	\$636.01

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
56820 00	Surgery	3.43	2.47	\$282.58	\$203.49
56821 00	Surgery	4.57	3.30	\$376.50	\$271.87
57000 00	Surgery	5.69	5.69	\$468.77	\$468.77
57010 00	Surgery	12.95	12.95	\$1,066.88	\$1,066.88
57020 00	Surgery	3.17	2.35	\$261.16	\$193.60
57022 00	Surgery	5.10	5.10	\$420.16	\$420.16
57023 00	Surgery	9.16	9.16	\$754.64	\$754.64
57061 00	Surgery	4.05	3.09	\$333.66	\$254.57
57065 00	Surgery	6.37	5.20	\$524.79	\$428.40
57100 00	Surgery	2.76	1.90	\$227.38	\$156.53
57105 00	Surgery	4.56	3.93	\$375.67	\$323.77
57106 00	Surgery	14.89	14.89	\$1,226.71	\$1,226.71
57107 00	Surgery	41.53	41.53	\$3,421.44	\$3,421.44
57109 00	Surgery	49.34	49.34	\$4,064.86	\$4,064.86
57110 00	Surgery	26.14	26.14	\$2,153.54	\$2,153.54
57111 00	Surgery	49.34	49.34	\$4,064.86	\$4,064.86
57112 00	Surgery	52.78	52.78	\$4,348.27	\$4,348.27
57120 00	Surgery	15.11	15.11	\$1,244.83	\$1,244.83
57130 00	Surgery	5.93	4.83	\$488.54	\$397.92
57135 00	Surgery	6.38	5.24	\$525.61	\$431.70
57150 00	Surgery	1.54	0.78	\$126.87	\$64.26
57155 00	Surgery	10.90	8.13	\$897.99	\$669.79
57156 00	Surgery	6.13	4.30	\$505.02	\$354.25
57160 00	Surgery	1.96	1.35	\$161.47	\$111.22
57170 00	Surgery	2.02	1.38	\$166.42	\$113.69
57180 00	Surgery	4.97	3.32	\$409.45	\$273.52
57200 00	Surgery	9.17	9.17	\$755.47	\$755.47
57210 00	Surgery	11.07	11.07	\$912.00	\$912.00
57220 00	Surgery	9.67	9.67	\$796.66	\$796.66
57230 00	Surgery	11.85	11.85	\$976.26	\$976.26
57240 00	Surgery	17.49	17.49	\$1,440.91	\$1,440.91
57250 00	Surgery	17.60	17.60	\$1,449.97	\$1,449.97
57260 00	Surgery	22.43	22.43	\$1,847.89	\$1,847.89
57265 00	Surgery	25.18	25.18	\$2,074.45	\$2,074.45
57267 00	Surgery	7.34	7.34	\$604.70	\$604.70
57268 00	Surgery	14.36	14.36	\$1,183.05	\$1,183.05
57270 00	Surgery	23.44	23.44	\$1,931.10	\$1,931.10
57280 00	Surgery	27.87	27.87	\$2,296.06	\$2,296.06
57282 00	Surgery	15.18	15.18	\$1,250.60	\$1,250.60
57283 00	Surgery	20.25	20.25	\$1,668.29	\$1,668.29

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
57284 00	Surgery	23.88	23.88	\$1,967.35	\$1,967.35
57285 00	Surgery	19.88	19.88	\$1,637.81	\$1,637.81
57287 00	Surgery	20.68	20.68	\$1,703.72	\$1,703.72
57288 00	Surgery	21.19	21.19	\$1,745.73	\$1,745.73
57289 00	Surgery	22.65	22.65	\$1,866.01	\$1,866.01
57291 00	Surgery	15.68	15.68	\$1,291.79	\$1,291.79
57292 00	Surgery	23.93	23.93	\$1,971.47	\$1,971.47
57295 00	Surgery	14.23	14.23	\$1,172.34	\$1,172.34
57296 00	Surgery	27.40	27.40	\$2,257.34	\$2,257.34
57300 00	Surgery	17.05	17.05	\$1,404.66	\$1,404.66
57305 00	Surgery	27.96	27.96	\$2,303.48	\$2,303.48
57307 00	Surgery	30.39	30.39	\$2,503.67	\$2,503.67
57308 00	Surgery	19.00	19.00	\$1,565.31	\$1,565.31
57310 00	Surgery	13.85	13.85	\$1,141.03	\$1,141.03
57311 00	Surgery	15.68	15.68	\$1,291.79	\$1,291.79
57320 00	Surgery	15.85	15.85	\$1,305.80	\$1,305.80
57330 00	Surgery	21.87	21.87	\$1,801.75	\$1,801.75
57335 00	Surgery	33.96	33.96	\$2,797.79	\$2,797.79
57400 00	Surgery	3.81	3.81	\$313.89	\$313.89
57410 00	Surgery	3.07	3.07	\$252.92	\$252.92
57415 00	Surgery	4.89	4.89	\$402.86	\$402.86
57420 00	Surgery	3.61	2.62	\$297.41	\$215.85
57421 00	Surgery	4.86	3.55	\$400.39	\$292.47
57423 00	Surgery	26.83	26.83	\$2,210.38	\$2,210.38
57425 00	Surgery	28.31	28.31	\$2,332.31	\$2,332.31
57426 00	Surgery	24.87	24.87	\$2,048.91	\$2,048.91
57452 00	Surgery	3.45	2.64	\$284.23	\$217.50
57454 00	Surgery	4.71	3.89	\$388.03	\$320.48
57455 00	Surgery	4.44	3.19	\$365.79	\$262.81
57456 00	Surgery	4.17	2.95	\$343.54	\$243.04
57460 00	Surgery	8.78	4.66	\$723.34	\$383.91
57461 00	Surgery	9.85	5.39	\$811.49	\$444.05
57500 00	Surgery	4.11	2.17	\$338.60	\$178.77
57505 00	Surgery	3.69	2.90	\$304.00	\$238.92
57510 00	Surgery	4.33	3.29	\$356.73	\$271.05
57511 00	Surgery	5.00	4.06	\$411.92	\$334.48
57513 00	Surgery	5.08	4.05	\$418.51	\$333.66
57520 00	Surgery	9.59	8.23	\$790.07	\$678.03
57522 00	Surgery	8.25	7.21	\$679.67	\$593.99
57530 00	Surgery	10.42	10.42	\$858.45	\$858.45

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
57531 00	Surgery	52.93	52.93	\$4,360.63	\$4,360.63
57540 00	Surgery	22.84	22.84	\$1,881.67	\$1,881.67
57545 00	Surgery	24.08	24.08	\$1,983.83	\$1,983.83
57550 00	Surgery	12.19	12.19	\$1,004.27	\$1,004.27
57555 00	Surgery	17.75	17.75	\$1,462.33	\$1,462.33
57556 00	Surgery	16.81	16.81	\$1,384.89	\$1,384.89
57558 00	Surgery	4.14	3.53	\$341.07	\$290.82
57700 00	Surgery	9.68	9.68	\$797.48	\$797.48
57720 00	Surgery	9.33	9.33	\$768.65	\$768.65
57800 00	Surgery	2.01	1.39	\$165.59	\$114.51
58100 00	Surgery	2.80	1.86	\$230.68	\$153.24
58110 00	Surgery	1.46	1.19	\$120.28	\$98.04
58120 00	Surgery	8.08	6.56	\$665.67	\$540.44
58140 00	Surgery	26.92	26.92	\$2,217.80	\$2,217.80
58145 00	Surgery	16.24	16.24	\$1,337.93	\$1,337.93
58146 00	Surgery	33.58	33.58	\$2,766.48	\$2,766.48
58150 00	Surgery	29.25	29.25	\$2,409.75	\$2,409.75
58152 00	Surgery	36.34	36.34	\$2,993.86	\$2,993.86
58180 00	Surgery	27.84	27.84	\$2,293.59	\$2,293.59
58200 00	Surgery	39.03	39.03	\$3,215.48	\$3,215.48
58210 00	Surgery	52.37	52.37	\$4,314.49	\$4,314.49
58240 00	Surgery	83.81	83.81	\$6,904.67	\$6,904.67
58260 00	Surgery	24.20	24.20	\$1,993.71	\$1,993.71
58262 00	Surgery	26.87	26.87	\$2,213.68	\$2,213.68
58263 00	Surgery	28.87	28.87	\$2,378.45	\$2,378.45
58267 00	Surgery	30.91	30.91	\$2,546.51	\$2,546.51
58270 00	Surgery	25.83	25.83	\$2,128.00	\$2,128.00
58275 00	Surgery	28.66	28.66	\$2,361.15	\$2,361.15
58280 00	Surgery	30.72	30.72	\$2,530.86	\$2,530.86
58285 00	Surgery	40.47	40.47	\$3,334.11	\$3,334.11
58290 00	Surgery	33.46	33.46	\$2,756.59	\$2,756.59
58291 00	Surgery	36.25	36.25	\$2,986.45	\$2,986.45
58292 00	Surgery	38.21	38.21	\$3,147.92	\$3,147.92
58293 00	Surgery	39.70	39.70	\$3,270.68	\$3,270.68
58294 00	Surgery	35.44	35.44	\$2,919.72	\$2,919.72
58300 00	Surgery	2.60	1.49	\$214.20	\$122.75
58301 00	Surgery	2.91	1.95	\$239.74	\$160.65
58321 00	Surgery	2.26	1.40	\$186.19	\$115.34
58322 00	Surgery	2.56	1.70	\$210.91	\$140.05
58323 00	Surgery	0.45	0.37	\$37.07	\$30.48

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
58340 00	Surgery	5.53	1.65	\$455.59	\$135.93
58345 00	Surgery	8.27	8.27	\$681.32	\$681.32
58346 00	Surgery	13.65	13.65	\$1,124.55	\$1,124.55
58350 00	Surgery	3.62	2.51	\$298.23	\$206.79
58353 00	Surgery	28.51	6.54	\$2,348.79	\$932.41
58356 00	Surgery	52.04	10.25	\$4,287.30	\$1,723.66
58400 00	Surgery	13.14	13.14	\$1,082.54	\$1,082.54
58410 00	Surgery	23.58	23.58	\$1,942.63	\$1,942.63
58520 00	Surgery	23.09	23.09	\$1,902.26	\$1,902.26
58540 00	Surgery	26.56	26.56	\$2,188.14	\$2,188.14
58541 00	Surgery	21.06	21.06	\$1,735.02	\$1,735.02
58542 00	Surgery	23.97	23.97	\$1,974.76	\$1,974.76
58543 00	Surgery	24.36	24.36	\$2,006.89	\$2,006.89
58544 00	Surgery	26.23	26.23	\$2,160.95	\$2,160.95
58545 00	Surgery	26.07	26.07	\$2,147.77	\$2,147.77
58546 00	Surgery	32.51	32.51	\$2,678.33	\$2,678.33
58548 00	Surgery	53.99	53.99	\$4,447.95	\$4,447.95
58550 00	Surgery	25.59	25.59	\$2,108.23	\$2,108.23
58552 00	Surgery	28.52	28.52	\$2,349.61	\$2,349.61
58553 00	Surgery	32.70	32.70	\$2,693.98	\$2,693.98
58554 00	Surgery	38.13	38.13	\$3,141.33	\$3,141.33
58555 00	Surgery	9.26	4.42	\$762.88	\$364.14
58558 00	Surgery	39.61	6.74	\$3,263.26	\$555.27
58559 00	Surgery	8.33	8.33	\$686.27	\$686.27
58560 00	Surgery	9.16	9.16	\$754.64	\$754.64
58561 00	Surgery	10.48	10.48	\$863.39	\$863.39
58562 00	Surgery	11.31	6.47	\$931.77	\$533.03
58563 00	Surgery	55.61	7.18	\$4,581.42	\$1,583.54
58565 00	Surgery	51.65	12.97	\$4,255.17	\$1,917.04
58570 00	Surgery	22.99	22.99	\$1,894.03	\$1,894.03
58571 00	Surgery	25.93	25.93	\$2,136.24	\$2,136.24
58572 00	Surgery	29.87	29.87	\$2,460.83	\$2,460.83
58573 00	Surgery	35.03	35.03	\$2,885.94	\$2,885.94
58575 00	Surgery	54.91	54.91	\$4,523.75	\$4,523.75
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58600 00	Surgery	10.66	10.66	\$878.22	\$878.22
58605 00	Surgery	9.65	9.65	\$795.01	\$795.01
58611 00	Surgery	2.24	2.24	\$184.54	\$184.54
58615 00	Surgery	7.24	7.24	\$596.47	\$596.47

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
58660 00	Surgery	19.65	19.65	\$1,618.86	\$1,618.86
58661 00	Surgery	18.86	18.86	\$1,553.78	\$1,553.78
58662 00	Surgery	20.63	20.63	\$1,699.60	\$1,699.60
58670 00	Surgery	10.69	10.69	\$880.69	\$880.69
58671 00	Surgery	10.67	10.67	\$879.05	\$879.05
58672 00	Surgery	21.31	21.31	\$1,755.62	\$1,755.62
58673 00	Surgery	23.15	23.15	\$1,907.21	\$1,907.21
58674 00	Surgery	23.68	23.68	\$1,950.87	\$1,950.87
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	22.90	22.90	\$1,886.61	\$1,886.61
58720 00	Surgery	21.57	21.57	\$1,777.04	\$1,777.04
58740 00	Surgery	25.96	25.96	\$2,138.71	\$2,138.71
58750 00	Surgery	26.36	26.36	\$2,171.66	\$2,171.66
58752 00	Surgery	26.29	26.29	\$2,165.90	\$2,165.90
58760 00	Surgery	23.74	23.74	\$1,955.81	\$1,955.81
58770 00	Surgery	24.97	24.97	\$2,057.15	\$2,057.15
58800 00	Surgery	9.96	8.92	\$820.55	\$734.87
58805 00	Surgery	12.11	12.11	\$997.68	\$997.68
58820 00	Surgery	9.47	9.47	\$780.18	\$780.18
58822 00	Surgery	20.58	20.58	\$1,695.48	\$1,695.48
58825 00	Surgery	20.44	20.44	\$1,683.94	\$1,683.94
58900 00	Surgery	12.38	12.38	\$1,019.92	\$1,019.92
58920 00	Surgery	20.61	20.61	\$1,697.95	\$1,697.95
58925 00	Surgery	21.98	21.98	\$1,810.82	\$1,810.82
58940 00	Surgery	15.65	15.65	\$1,289.32	\$1,289.32
58943 00	Surgery	33.68	33.68	\$2,774.72	\$2,774.72
58950 00	Surgery	32.68	32.68	\$2,692.33	\$2,692.33
58951 00	Surgery	41.36	41.36	\$3,407.43	\$3,407.43
58952 00	Surgery	46.97	46.97	\$3,869.61	\$3,869.61
58953 00	Surgery	57.61	57.61	\$4,746.19	\$4,746.19
58954 00	Surgery	62.43	62.43	\$5,143.28	\$5,143.28
58956 00	Surgery	39.15	39.15	\$3,225.36	\$3,225.36
58957 00	Surgery	45.46	45.46	\$3,745.21	\$3,745.21
58958 00	Surgery	50.33	50.33	\$4,146.43	\$4,146.43
58960 00	Surgery	27.99	27.99	\$2,305.95	\$2,305.95
58970 00	Surgery	6.75	5.74	\$556.10	\$472.89
58974 00	Surgery	4.22	4.22	\$347.66	\$347.66
58976 00	Surgery	7.33	6.20	\$603.88	\$510.79
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.47	2.33	\$285.88	\$191.96

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
59001 00	Surgery	5.18	5.18	\$426.75	\$426.75
59012 00	Surgery	5.87	5.87	\$483.60	\$483.60
59015 00	Surgery	4.51	3.82	\$371.56	\$314.71
59020 00	Surgery	2.00	2.00	\$164.77	\$164.77
59020 26	Surgery	1.07	1.07	\$88.15	\$88.15
59020 TC	Surgery	0.93	0.93	\$76.62	\$76.62
59025 00	Surgery	1.37	1.37	\$112.87	\$112.87
59025 26	Surgery	0.84	0.84	\$69.20	\$69.20
59025 TC	Surgery	0.53	0.53	\$43.66	\$43.66
59030 00	Surgery	3.28	3.28	\$270.22	\$270.22
59050 00	Surgery	1.49	1.49	\$122.75	\$122.75
59051 00	Surgery	1.23	1.23	\$101.33	\$101.33
59070 00	Surgery	11.62	8.99	\$957.31	\$740.64
59072 00	Surgery	15.20	15.20	\$1,252.25	\$1,252.25
59074 00	Surgery	11.17	8.99	\$920.24	\$740.64
59076 00	Surgery	15.20	15.20	\$1,252.25	\$1,252.25
59100 00	Surgery	24.66	24.66	\$2,031.61	\$2,031.61
59120 00	Surgery	23.49	23.49	\$1,935.22	\$1,935.22
59121 00	Surgery	23.52	23.52	\$1,937.69	\$1,937.69
59130 00	Surgery	27.38	27.38	\$2,255.69	\$2,255.69
59135 00	Surgery	27.07	27.07	\$2,230.16	\$2,230.16
59136 00	Surgery	25.96	25.96	\$2,138.71	\$2,138.71
59140 00	Surgery	11.93	11.93	\$982.85	\$982.85
59150 00	Surgery	22.79	22.79	\$1,877.55	\$1,877.55
59151 00	Surgery	22.25	22.25	\$1,833.06	\$1,833.06
59160 00	Surgery	6.92	5.29	\$570.10	\$435.82
59200 00	Surgery	2.56	1.30	\$210.91	\$107.10
59300 00	Surgery	6.15	4.26	\$506.67	\$350.96
59320 00	Surgery	4.38	4.38	\$360.85	\$360.85
59325 00	Surgery	7.03	7.03	\$579.16	\$579.16
59350 00	Surgery	8.16	8.16	\$672.26	\$672.26
59400 00	Surgery	61.53	61.53	\$5,069.13	\$5,069.13
59409 00	Surgery	23.53	23.53	\$1,938.51	\$1,938.51
59410 00	Surgery	30.29	30.29	\$2,495.43	\$2,495.43
59412 00	Surgery	3.00	3.00	\$247.15	\$247.15
59414 00	Surgery	2.66	2.66	\$219.14	\$219.14
59425 00	Surgery	13.52	10.33	\$1,113.84	\$851.03
59426 00	Surgery	24.06	18.21	\$1,982.18	\$1,500.23
59430 00	Surgery	5.96	4.05	\$491.01	\$333.66
59510 00	Surgery	68.24	68.24	\$5,621.94	\$5,621.94

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
59514 00	Surgery	26.59	26.59	\$2,190.61	\$2,190.61
59515 00	Surgery	36.89	36.89	\$3,039.17	\$3,039.17
59525 00	Surgery	14.10	14.10	\$1,161.63	\$1,161.63
59610 00	Surgery	64.74	64.74	\$5,333.59	\$5,333.59
59612 00	Surgery	26.59	26.59	\$2,190.61	\$2,190.61
59614 00	Surgery	33.05	33.05	\$2,722.82	\$2,722.82
59618 00	Surgery	69.12	69.12	\$5,694.44	\$5,694.44
59620 00	Surgery	27.55	27.55	\$2,269.70	\$2,269.70
59622 00	Surgery	38.12	38.12	\$3,140.51	\$3,140.51
59812 00	Surgery	9.89	8.79	\$814.79	\$724.16
59820 00	Surgery	11.86	10.76	\$977.08	\$886.46
59821 00	Surgery	11.82	10.66	\$973.79	\$878.22
59830 00	Surgery	13.12	13.12	\$1,080.89	\$1,080.89
59840 00	Surgery	6.84	6.27	\$563.51	\$516.55
59841 00	Surgery	11.77	10.68	\$969.67	\$879.87
59850 00	Surgery	11.23	11.23	\$925.18	\$925.18
59851 00	Surgery	12.04	12.04	\$991.91	\$991.91
59852 00	Surgery	16.58	16.58	\$1,365.94	\$1,365.94
59855 00	Surgery	12.23	12.23	\$1,007.57	\$1,007.57
59856 00	Surgery	14.36	14.36	\$1,183.05	\$1,183.05
59857 00	Surgery	16.81	16.81	\$1,384.89	\$1,384.89
59866 00	Surgery	6.94	6.94	\$571.75	\$571.75
59870 00	Surgery	14.71	14.71	\$1,211.88	\$1,211.88
59871 00	Surgery	3.85	3.85	\$317.18	\$317.18
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR
59899 00	Surgery	15.27	15.27	\$1,258.02	\$1,258.02
60000 00	Surgery	4.99	4.37	\$411.10	\$360.02
60100 00	Surgery	3.18	2.25	\$261.98	\$185.37
60200 00	Surgery	19.14	19.14	\$1,576.84	\$1,576.84
60210 00	Surgery	20.40	20.40	\$1,680.65	\$1,680.65
60212 00	Surgery	29.85	29.85	\$2,459.19	\$2,459.19
60220 00	Surgery	20.34	20.34	\$1,675.71	\$1,675.71
60225 00	Surgery	26.87	26.87	\$2,213.68	\$2,213.68
60240 00	Surgery	26.53	26.53	\$2,185.67	\$2,185.67
60252 00	Surgery	38.13	38.13	\$3,141.33	\$3,141.33
60254 00	Surgery	48.20	48.20	\$3,970.95	\$3,970.95
60260 00	Surgery	31.45	31.45	\$2,591.00	\$2,591.00
60270 00	Surgery	39.48	39.48	\$3,252.55	\$3,252.55
60271 00	Surgery	30.48	30.48	\$2,511.09	\$2,511.09

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
60280 00	Surgery	12.75	12.75	\$1,050.41	\$1,050.41
60281 00	Surgery	16.86	16.86	\$1,389.01	\$1,389.01
60300 00	Surgery	3.24	1.42	\$266.93	\$116.99
60500 00	Surgery	27.97	27.97	\$2,304.30	\$2,304.30
60502 00	Surgery	37.50	37.50	\$3,089.43	\$3,089.43
60505 00	Surgery	40.12	40.12	\$3,305.28	\$3,305.28
60512 00	Surgery	7.03	7.03	\$579.16	\$579.16
60520 00	Surgery	30.40	30.40	\$2,504.50	\$2,504.50
60521 00	Surgery	32.43	32.43	\$2,671.74	\$2,671.74
60522 00	Surgery	39.46	39.46	\$3,250.90	\$3,250.90
60540 00	Surgery	31.02	31.02	\$2,555.58	\$2,555.58
60545 00	Surgery	35.76	35.76	\$2,946.08	\$2,946.08
60600 00	Surgery	39.70	39.70	\$3,270.68	\$3,270.68
60605 00	Surgery	48.22	48.22	\$3,972.59	\$3,972.59
60650 00	Surgery	34.62	34.62	\$2,852.16	\$2,852.16
60659 00	Surgery	0.00	0.00	BR	BR
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.25	3.25	\$267.75	\$267.75
61001 00	Surgery	3.09	3.09	\$254.57	\$254.57
61020 00	Surgery	3.03	3.03	\$249.63	\$249.63
61026 00	Surgery	3.08	3.08	\$253.75	\$253.75
61050 00	Surgery	2.44	2.44	\$201.02	\$201.02
61055 00	Surgery	3.56	3.56	\$293.29	\$293.29
61070 00	Surgery	1.63	1.63	\$134.29	\$134.29
61105 00	Surgery	13.25	13.25	\$1,091.60	\$1,091.60
61107 00	Surgery	9.08	9.08	\$748.05	\$748.05
61108 00	Surgery	25.83	25.83	\$2,128.00	\$2,128.00
61120 00	Surgery	21.52	21.52	\$1,772.92	\$1,772.92
61140 00	Surgery	36.54	36.54	\$3,010.34	\$3,010.34
61150 00	Surgery	39.01	39.01	\$3,213.83	\$3,213.83
61151 00	Surgery	28.63	28.63	\$2,358.68	\$2,358.68
61154 00	Surgery	36.68	36.68	\$3,021.87	\$3,021.87
61156 00	Surgery	35.84	35.84	\$2,952.67	\$2,952.67
61210 00	Surgery	10.65	10.65	\$877.40	\$877.40
61215 00	Surgery	14.58	14.58	\$1,201.17	\$1,201.17
61250 00	Surgery	24.99	24.99	\$2,058.80	\$2,058.80
61253 00	Surgery	28.63	28.63	\$2,358.68	\$2,358.68
61304 00	Surgery	47.42	47.42	\$3,906.69	\$3,906.69
61305 00	Surgery	57.95	57.95	\$4,774.20	\$4,774.20
61312 00	Surgery	59.97	59.97	\$4,940.61	\$4,940.61

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61313 00	Surgery	57.25	57.25	\$4,716.53	\$4,716.53
61314 00	Surgery	52.76	52.76	\$4,346.62	\$4,346.62
61315 00	Surgery	59.68	59.68	\$4,916.72	\$4,916.72
61316 00	Surgery	2.54	2.54	\$209.26	\$209.26
61320 00	Surgery	54.85	54.85	\$4,518.80	\$4,518.80
61321 00	Surgery	61.44	61.44	\$5,061.72	\$5,061.72
61322 00	Surgery	68.72	68.72	\$5,661.48	\$5,661.48
61323 00	Surgery	69.25	69.25	\$5,705.15	\$5,705.15
61330 00	Surgery	51.76	51.76	\$4,264.24	\$4,264.24
61333 00	Surgery	58.40	58.40	\$4,811.27	\$4,811.27
61340 00	Surgery	41.59	41.59	\$3,426.38	\$3,426.38
61343 00	Surgery	63.43	63.43	\$5,225.67	\$5,225.67
61345 00	Surgery	58.95	58.95	\$4,856.58	\$4,856.58
61450 00	Surgery	55.48	55.48	\$4,570.71	\$4,570.71
61458 00	Surgery	58.08	58.08	\$4,784.91	\$4,784.91
61460 00	Surgery	60.83	60.83	\$5,011.47	\$5,011.47
61500 00	Surgery	37.89	37.89	\$3,121.56	\$3,121.56
61501 00	Surgery	32.89	32.89	\$2,709.64	\$2,709.64
61510 00	Surgery	63.36	63.36	\$5,219.90	\$5,219.90
61512 00	Surgery	73.82	73.82	\$6,081.64	\$6,081.64
61514 00	Surgery	55.14	55.14	\$4,542.70	\$4,542.70
61516 00	Surgery	54.04	54.04	\$4,452.07	\$4,452.07
61517 00	Surgery	2.53	2.53	\$208.43	\$208.43
61518 00	Surgery	79.95	79.95	\$6,586.66	\$6,586.66
61519 00	Surgery	85.45	85.45	\$7,039.78	\$7,039.78
61520 00	Surgery	108.48	108.48	\$8,937.10	\$8,937.10
61521 00	Surgery	92.25	92.25	\$7,599.99	\$7,599.99
61522 00	Surgery	63.21	63.21	\$5,207.54	\$5,207.54
61524 00	Surgery	60.17	60.17	\$4,957.09	\$4,957.09
61526 00	Surgery	96.94	96.94	\$7,986.38	\$7,986.38
61530 00	Surgery	89.16	89.16	\$7,345.43	\$7,345.43
61531 00	Surgery	35.22	35.22	\$2,901.59	\$2,901.59
61533 00	Surgery	44.06	44.06	\$3,629.87	\$3,629.87
61534 00	Surgery	47.53	47.53	\$3,915.75	\$3,915.75
61535 00	Surgery	28.83	28.83	\$2,375.15	\$2,375.15
61536 00	Surgery	74.60	74.60	\$6,145.90	\$6,145.90
61537 00	Surgery	71.33	71.33	\$5,876.51	\$5,876.51
61538 00	Surgery	77.13	77.13	\$6,354.34	\$6,354.34
61539 00	Surgery	68.25	68.25	\$5,622.76	\$5,622.76
61540 00	Surgery	62.97	62.97	\$5,187.77	\$5,187.77

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61541 00	Surgery	62.10	62.10	\$5,116.09	\$5,116.09
61543 00	Surgery	62.79	62.79	\$5,172.94	\$5,172.94
61544 00	Surgery	54.88	54.88	\$4,521.28	\$4,521.28
61545 00	Surgery	92.31	92.31	\$7,604.94	\$7,604.94
61546 00	Surgery	66.69	66.69	\$5,494.24	\$5,494.24
61548 00	Surgery	45.20	45.20	\$3,723.79	\$3,723.79
61550 00	Surgery	34.25	34.25	\$2,821.68	\$2,821.68
61552 00	Surgery	42.76	42.76	\$3,522.77	\$3,522.77
61556 00	Surgery	49.27	49.27	\$4,059.10	\$4,059.10
61557 00	Surgery	48.55	48.55	\$3,999.78	\$3,999.78
61558 00	Surgery	54.24	54.24	\$4,468.55	\$4,468.55
61559 00	Surgery	69.18	69.18	\$5,699.38	\$5,699.38
61563 00	Surgery	57.25	57.25	\$4,716.53	\$4,716.53
61564 00	Surgery	69.54	69.54	\$5,729.04	\$5,729.04
61566 00	Surgery	64.86	64.86	\$5,343.48	\$5,343.48
61567 00	Surgery	73.94	73.94	\$6,091.53	\$6,091.53
61570 00	Surgery	53.96	53.96	\$4,445.48	\$4,445.48
61571 00	Surgery	57.48	57.48	\$4,735.48	\$4,735.48
61575 00	Surgery	72.45	72.45	\$5,968.78	\$5,968.78
61576 00	Surgery	121.37	121.37	\$9,999.04	\$9,999.04
61580 00	Surgery	70.54	70.54	\$5,811.42	\$5,811.42
61581 00	Surgery	76.61	76.61	\$6,311.50	\$6,311.50
61582 00	Surgery	88.73	88.73	\$7,310.00	\$7,310.00
61583 00	Surgery	83.34	83.34	\$6,865.95	\$6,865.95
61584 00	Surgery	82.88	82.88	\$6,828.05	\$6,828.05
61585 00	Surgery	94.06	94.06	\$7,749.11	\$7,749.11
61586 00	Surgery	71.23	71.23	\$5,868.27	\$5,868.27
61590 00	Surgery	87.68	87.68	\$7,223.50	\$7,223.50
61591 00	Surgery	88.65	88.65	\$7,303.41	\$7,303.41
61592 00	Surgery	91.76	91.76	\$7,559.63	\$7,559.63
61595 00	Surgery	68.26	68.26	\$5,623.58	\$5,623.58
61596 00	Surgery	70.09	70.09	\$5,774.35	\$5,774.35
61597 00	Surgery	84.99	84.99	\$7,001.88	\$7,001.88
61598 00	Surgery	82.44	82.44	\$6,791.80	\$6,791.80
61600 00	Surgery	61.36	61.36	\$5,055.13	\$5,055.13
61601 00	Surgery	69.61	69.61	\$5,734.80	\$5,734.80
61605 00	Surgery	62.24	62.24	\$5,127.63	\$5,127.63
61606 00	Surgery	84.80	84.80	\$6,986.23	\$6,986.23
61607 00	Surgery	77.31	77.31	\$6,369.17	\$6,369.17
61608 00	Surgery	94.20	94.20	\$7,760.65	\$7,760.65

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61611 00	Surgery	13.56	13.56	\$1,117.14	\$1,117.14
61613 00	Surgery	95.37	95.37	\$7,857.04	\$7,857.04
61615 00	Surgery	81.30	81.30	\$6,697.88	\$6,697.88
61616 00	Surgery	96.05	96.05	\$7,913.06	\$7,913.06
61618 00	Surgery	36.86	36.86	\$3,036.70	\$3,036.70
61619 00	Surgery	40.63	40.63	\$3,347.29	\$3,347.29
61623 00	Surgery	16.56	16.56	\$1,364.29	\$1,364.29
61624 00	Surgery	33.34	33.34	\$2,746.71	\$2,746.71
61626 00	Surgery	25.61	25.61	\$2,109.87	\$2,109.87
61630 00	Surgery	39.52	39.52	\$3,255.85	\$3,255.85
61635 00	Surgery	42.01	42.01	\$3,460.98	\$3,460.98
61640 00	Surgery	14.01	14.01	\$1,154.21	\$1,154.21
61641 00	Surgery	4.92	4.92	\$405.33	\$405.33
61642 00	Surgery	9.84	9.84	\$810.67	\$810.67
61645 00	Surgery	24.19	24.19	\$1,992.89	\$1,992.89
61650 00	Surgery	16.51	16.51	\$1,360.17	\$1,360.17
61651 00	Surgery	7.07	7.07	\$582.46	\$582.46
61680 00	Surgery	65.13	65.13	\$5,365.72	\$5,365.72
61682 00	Surgery	123.73	123.73	\$10,193.47	\$10,193.47
61684 00	Surgery	82.32	82.32	\$6,781.91	\$6,781.91
61686 00	Surgery	134.17	134.17	\$11,053.56	\$11,053.56
61690 00	Surgery	63.04	63.04	\$5,193.54	\$5,193.54
61692 00	Surgery	106.11	106.11	\$8,741.85	\$8,741.85
61697 00	Surgery	122.67	122.67	\$10,106.14	\$10,106.14
61698 00	Surgery	138.04	138.04	\$11,372.39	\$11,372.39
61700 00	Surgery	98.77	98.77	\$8,137.14	\$8,137.14
61702 00	Surgery	117.10	117.10	\$9,647.26	\$9,647.26
61703 00	Surgery	39.19	39.19	\$3,228.66	\$3,228.66
61705 00	Surgery	75.29	75.29	\$6,202.75	\$6,202.75
61708 00	Surgery	73.63	73.63	\$6,065.99	\$6,065.99
61710 00	Surgery	62.09	62.09	\$5,115.27	\$5,115.27
61711 00	Surgery	74.94	74.94	\$6,173.91	\$6,173.91
61720 00	Surgery	36.65	36.65	\$3,019.40	\$3,019.40
61735 00	Surgery	45.95	45.95	\$3,785.58	\$3,785.58
61750 00	Surgery	40.64	40.64	\$3,348.12	\$3,348.12
61751 00	Surgery	39.77	39.77	\$3,276.44	\$3,276.44
61760 00	Surgery	45.61	45.61	\$3,757.57	\$3,757.57
61770 00	Surgery	46.84	46.84	\$3,858.90	\$3,858.90
61781 00	Surgery	6.81	6.81	\$561.04	\$561.04
61782 00	Surgery	5.01	5.01	\$412.75	\$412.75

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
61783 00	Surgery	6.76	6.76	\$556.92	\$556.92
61790 00	Surgery	25.31	25.31	\$2,085.16	\$2,085.16
61791 00	Surgery	32.45	32.45	\$2,673.39	\$2,673.39
61796 00	Surgery	29.24	29.24	\$2,408.93	\$2,408.93
61797 00	Surgery	6.35	6.35	\$565.96	\$565.96
61798 00	Surgery	39.80	39.80	\$3,278.91	\$3,278.91
61799 00	Surgery	8.78	8.78	\$723.34	\$723.34
61800 00	Surgery	4.40	4.40	\$362.49	\$362.49
61850 00	Surgery	28.37	28.37	\$2,337.26	\$2,337.26
61860 00	Surgery	45.15	45.15	\$3,719.67	\$3,719.67
61863 00	Surgery	43.35	43.35	\$3,571.38	\$3,571.38
61864 00	Surgery	8.20	8.20	\$675.56	\$675.56
61867 00	Surgery	65.91	65.91	\$5,429.98	\$5,429.98
61868 00	Surgery	14.45	14.45	\$1,190.46	\$1,190.46
61870 00	Surgery	34.16	34.16	\$2,814.26	\$2,814.26
61880 00	Surgery	16.62	16.62	\$1,369.23	\$1,369.23
61885 00	Surgery	14.93	14.93	\$1,230.00	\$1,230.00
61886 00	Surgery	24.69	24.69	\$2,034.08	\$2,034.08
61888 00	Surgery	11.39	11.39	\$938.36	\$938.36
62000 00	Surgery	29.75	29.75	\$2,450.95	\$2,450.95
62005 00	Surgery	36.66	36.66	\$3,020.23	\$3,020.23
62010 00	Surgery	44.28	44.28	\$3,648.00	\$3,648.00
62100 00	Surgery	45.63	45.63	\$3,759.22	\$3,759.22
62115 00	Surgery	48.40	48.40	\$3,987.42	\$3,987.42
62117 00	Surgery	56.77	56.77	\$4,676.98	\$4,676.98
62120 00	Surgery	60.63	60.63	\$4,994.99	\$4,994.99
62121 00	Surgery	45.04	45.04	\$3,710.61	\$3,710.61
62140 00	Surgery	29.58	29.58	\$2,436.94	\$2,436.94
62141 00	Surgery	32.93	32.93	\$2,712.93	\$2,712.93
62142 00	Surgery	25.53	25.53	\$2,103.28	\$2,103.28
62143 00	Surgery	30.03	30.03	\$2,474.01	\$2,474.01
62145 00	Surgery	41.08	41.08	\$3,384.37	\$3,384.37
62146 00	Surgery	32.62	32.62	\$2,687.39	\$2,687.39
62147 00	Surgery	41.03	41.03	\$3,380.25	\$3,380.25
62148 00	Surgery	3.67	3.67	\$302.35	\$302.35
62160 00	Surgery	5.47	5.47	\$450.64	\$450.64
62161 00	Surgery	43.65	43.65	\$3,596.10	\$3,596.10
62162 00	Surgery	54.53	54.53	\$4,492.44	\$4,492.44
62163 00	Surgery	35.35	35.35	\$2,912.30	\$2,912.30
62164 00	Surgery	60.38	60.38	\$4,974.39	\$4,974.39

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
62165 00	Surgery	43.90	43.90	\$3,616.69	\$3,616.69
62180 00	Surgery	46.16	46.16	\$3,802.88	\$3,802.88
62190 00	Surgery	26.68	26.68	\$2,198.03	\$2,198.03
62192 00	Surgery	28.32	28.32	\$2,333.14	\$2,333.14
62194 00	Surgery	14.06	14.06	\$1,158.33	\$1,158.33
62200 00	Surgery	39.72	39.72	\$3,272.32	\$3,272.32
62201 00	Surgery	34.80	34.80	\$2,866.99	\$2,866.99
62220 00	Surgery	28.48	28.48	\$2,346.32	\$2,346.32
62223 00	Surgery	30.02	30.02	\$2,473.19	\$2,473.19
62225 00	Surgery	15.17	15.17	\$1,249.78	\$1,249.78
62230 00	Surgery	24.27	24.27	\$1,999.48	\$1,999.48
62252 00	Surgery	2.31	2.31	\$190.31	\$190.31
62252 26	Surgery	1.33	1.33	\$109.57	\$109.57
62252 TC	Surgery	0.98	0.98	\$80.74	\$80.74
62256 00	Surgery	17.37	17.37	\$1,431.02	\$1,431.02
62258 00	Surgery	32.04	32.04	\$2,639.61	\$2,639.61
62263 00	Surgery	17.50	8.90	\$1,441.73	\$733.22
62264 00	Surgery	12.53	7.01	\$1,032.28	\$577.52
62267 00	Surgery	7.60	4.54	\$626.12	\$374.03
62268 00	Surgery	7.44	7.44	\$707.07	\$707.07
62269 00	Surgery	7.65	7.65	\$773.87	\$773.87
62270 00	Surgery	3.97	1.79	\$327.07	\$181.88
62272 00	Surgery	5.22	2.54	\$430.05	\$209.26
62273 00	Surgery	4.90	3.26	\$403.69	\$268.57
62280 00	Surgery	10.12	4.90	\$833.73	\$403.69
62281 00	Surgery	6.83	4.58	\$562.69	\$377.32
62282 00	Surgery	8.76	4.13	\$721.69	\$340.25
62284 00	Surgery	5.66	2.50	\$466.30	\$211.79
62287 00	Surgery	16.76	16.76	\$1,380.77	\$1,380.77
62290 00	Surgery	10.08	4.79	\$830.44	\$394.62
62291 00	Surgery	9.55	4.57	\$786.77	\$376.50
62292 00	Surgery	16.69	16.69	\$1,375.00	\$1,375.00
62294 00	Surgery	27.37	27.37	\$2,254.87	\$2,254.87
62302 00	Surgery	7.37	3.50	\$607.18	\$288.35
62303 00	Surgery	7.51	3.50	\$618.71	\$288.35
62304 00	Surgery	7.27	3.45	\$598.94	\$284.23
62305 00	Surgery	7.91	3.59	\$651.66	\$296.49
62320 00	Surgery	4.67	2.86	\$384.74	\$235.62
62321 00	Surgery	7.37	3.09	\$607.18	\$254.57
62322 00	Surgery	4.27	2.43	\$351.78	\$200.19

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
62323 00	Surgery	7.29	2.86	\$600.58	\$235.62
62324 00	Surgery	4.06	2.58	\$334.48	\$212.55
62325 00	Surgery	6.94	3.13	\$571.75	\$257.86
62326 00	Surgery	4.18	2.52	\$344.37	\$207.61
62327 00	Surgery	7.07	2.89	\$582.46	\$238.09
62328 00	Surgery	7.40	2.59	\$609.65	\$213.38
62329 00	Surgery	9.19	3.26	\$757.12	\$268.57
62350 00	Surgery	11.45	11.45	\$943.31	\$943.31
62351 00	Surgery	25.12	25.12	\$2,069.51	\$2,069.51
62355 00	Surgery	7.79	7.79	\$641.78	\$641.78
62360 00	Surgery	9.04	9.04	\$744.76	\$744.76
62361 00	Surgery	12.32	12.32	\$1,014.98	\$1,014.98
62362 00	Surgery	11.03	11.03	\$908.70	\$908.70
62365 00	Surgery	8.48	8.48	\$698.62	\$698.62
62367 00	Surgery	0.92	0.73	\$75.79	\$60.14
62368 00	Surgery	1.29	1.03	\$106.28	\$84.86
62369 00	Surgery	2.73	1.03	\$224.91	\$124.75
62370 00	Surgery	2.83	1.34	\$233.15	\$149.40
62380 00	Surgery	35.26	35.26	\$2,904.89	\$2,904.89
63001 00	Surgery	35.72	35.72	\$2,942.78	\$2,942.78
63003 00	Surgery	35.75	35.75	\$2,945.26	\$2,945.26
63005 00	Surgery	34.44	34.44	\$2,837.33	\$2,837.33
63011 00	Surgery	31.42	31.42	\$2,588.53	\$2,588.53
63012 00	Surgery	34.54	34.54	\$2,845.57	\$2,845.57
63015 00	Surgery	42.77	42.77	\$3,523.60	\$3,523.60
63016 00	Surgery	44.01	44.01	\$3,625.75	\$3,625.75
63017 00	Surgery	36.39	36.39	\$2,997.98	\$2,997.98
63020 00	Surgery	33.48	33.48	\$2,758.24	\$2,758.24
63030 00	Surgery	28.11	28.11	\$2,315.84	\$2,315.84
63035 00	Surgery	5.55	5.55	\$457.24	\$457.24
63040 00	Surgery	40.29	40.29	\$3,319.28	\$3,319.28
63042 00	Surgery	37.54	37.54	\$3,092.72	\$3,092.72
63043 00	Surgery	17.48	17.48	\$1,440.09	\$1,440.09
63044 00	Surgery	16.62	16.62	\$1,369.23	\$1,369.23
63045 00	Surgery	37.19	37.19	\$3,063.89	\$3,063.89
63046 00	Surgery	35.49	35.49	\$2,923.84	\$2,923.84
63047 00	Surgery	31.90	31.90	\$2,628.07	\$2,628.07
63048 00	Surgery	6.13	6.13	\$659.19	\$659.19
63050 00	Surgery	43.52	43.52	\$3,585.39	\$3,585.39
63051 00	Surgery	49.37	49.37	\$4,067.34	\$4,067.34

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63055 00	Surgery	47.03	47.03	\$3,874.56	\$3,874.56
63056 00	Surgery	43.08	43.08	\$3,549.14	\$3,549.14
63057 00	Surgery	9.28	9.28	\$764.53	\$764.53
63064 00	Surgery	51.53	51.53	\$4,245.29	\$4,245.29
63066 00	Surgery	5.97	5.97	\$491.84	\$491.84
63075 00	Surgery	39.10	39.10	\$3,221.24	\$3,221.24
63076 00	Surgery	7.14	7.14	\$588.23	\$588.23
63077 00	Surgery	43.62	43.62	\$3,593.62	\$3,593.62
63078 00	Surgery	6.01	6.01	\$495.13	\$495.13
63081 00	Surgery	50.95	50.95	\$4,197.50	\$4,197.50
63082 00	Surgery	7.72	7.72	\$636.01	\$636.01
63085 00	Surgery	55.73	55.73	\$4,591.30	\$4,591.30
63086 00	Surgery	5.53	5.53	\$538.68	\$538.68
63087 00	Surgery	69.80	69.80	\$5,750.46	\$5,750.46
63088 00	Surgery	7.43	7.43	\$612.12	\$612.12
63090 00	Surgery	56.88	56.88	\$4,686.05	\$4,686.05
63091 00	Surgery	5.18	5.18	\$479.90	\$479.90
63101 00	Surgery	67.27	67.27	\$5,542.02	\$5,542.02
63102 00	Surgery	65.53	65.53	\$5,398.67	\$5,398.67
63103 00	Surgery	8.53	8.53	\$702.74	\$702.74
63170 00	Surgery	45.95	45.95	\$3,785.58	\$3,785.58
63172 00	Surgery	40.01	40.01	\$3,296.21	\$3,296.21
63173 00	Surgery	49.79	49.79	\$4,101.94	\$4,101.94
63180 00	Surgery	42.86	42.86	\$3,531.01	\$3,531.01
63182 00	Surgery	47.06	47.06	\$3,877.03	\$3,877.03
63185 00	Surgery	33.15	33.15	\$2,731.06	\$2,731.06
63190 00	Surgery	36.03	36.03	\$2,968.32	\$2,968.32
63191 00	Surgery	39.77	39.77	\$3,276.44	\$3,276.44
63194 00	Surgery	46.06	46.06	\$3,794.64	\$3,794.64
63195 00	Surgery	44.26	44.26	\$3,646.35	\$3,646.35
63196 00	Surgery	51.39	51.39	\$4,233.75	\$4,233.75
63197 00	Surgery	49.37	49.37	\$4,067.34	\$4,067.34
63198 00	Surgery	60.36	60.36	\$4,972.74	\$4,972.74
63199 00	Surgery	63.25	63.25	\$5,210.84	\$5,210.84
63200 00	Surgery	44.19	44.19	\$3,640.58	\$3,640.58
63250 00	Surgery	85.99	85.99	\$7,084.27	\$7,084.27
63251 00	Surgery	87.89	87.89	\$7,240.80	\$7,240.80
63252 00	Surgery	87.87	87.87	\$7,239.15	\$7,239.15
63265 00	Surgery	48.28	48.28	\$3,977.54	\$3,977.54
63266 00	Surgery	49.75	49.75	\$4,098.64	\$4,098.64

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63267 00	Surgery	39.68	39.68	\$3,269.03	\$3,269.03
63268 00	Surgery	40.93	40.93	\$3,372.01	\$3,372.01
63270 00	Surgery	60.01	60.01	\$4,943.91	\$4,943.91
63271 00	Surgery	59.84	59.84	\$4,929.90	\$4,929.90
63272 00	Surgery	54.59	54.59	\$4,497.38	\$4,497.38
63273 00	Surgery	53.88	53.88	\$4,438.89	\$4,438.89
63275 00	Surgery	52.14	52.14	\$4,295.54	\$4,295.54
63276 00	Surgery	51.73	51.73	\$4,261.76	\$4,261.76
63277 00	Surgery	45.09	45.09	\$3,714.73	\$3,714.73
63278 00	Surgery	45.91	45.91	\$3,782.28	\$3,782.28
63280 00	Surgery	61.23	61.23	\$5,044.42	\$5,044.42
63281 00	Surgery	60.52	60.52	\$4,985.93	\$4,985.93
63282 00	Surgery	57.08	57.08	\$4,702.52	\$4,702.52
63283 00	Surgery	54.87	54.87	\$4,520.45	\$4,520.45
63285 00	Surgery	75.65	75.65	\$6,232.41	\$6,232.41
63286 00	Surgery	74.75	74.75	\$6,158.26	\$6,158.26
63287 00	Surgery	79.41	79.41	\$6,542.17	\$6,542.17
63290 00	Surgery	80.78	80.78	\$6,655.04	\$6,655.04
63295 00	Surgery	9.55	9.55	\$786.77	\$786.77
63300 00	Surgery	53.15	53.15	\$4,378.75	\$4,378.75
63301 00	Surgery	63.71	63.71	\$5,248.73	\$5,248.73
63302 00	Surgery	62.94	62.94	\$5,185.30	\$5,185.30
63303 00	Surgery	66.91	66.91	\$5,512.36	\$5,512.36
63304 00	Surgery	67.89	67.89	\$5,593.10	\$5,593.10
63305 00	Surgery	72.30	72.30	\$5,956.42	\$5,956.42
63306 00	Surgery	71.05	71.05	\$5,853.44	\$5,853.44
63307 00	Surgery	69.58	69.58	\$5,732.33	\$5,732.33
63308 00	Surgery	9.37	9.37	\$771.95	\$771.95
63600 00	Surgery	31.48	31.48	\$2,593.47	\$2,593.47
63610 00	Surgery	16.75	16.75	\$1,379.94	\$1,379.94
63620 00	Surgery	32.29	32.29	\$2,660.20	\$2,660.20
63621 00	Surgery	7.30	7.30	\$601.41	\$601.41
63650 00	Surgery	54.18	11.93	\$4,463.61	\$1,160.51
63655 00	Surgery	24.01	24.01	\$1,978.06	\$1,978.06
63661 00	Surgery	18.32	9.33	\$1,509.29	\$768.65
63662 00	Surgery	24.30	24.30	\$2,001.95	\$2,001.95
63663 00	Surgery	24.38	13.00	\$2,008.54	\$1,071.00
63664 00	Surgery	25.29	25.29	\$2,083.51	\$2,083.51
63685 00	Surgery	10.37	10.37	\$854.33	\$854.33
63688 00	Surgery	10.70	10.70	\$881.52	\$881.52

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
63700 00	Surgery	37.62	37.62	\$3,099.31	\$3,099.31
63702 00	Surgery	41.16	41.16	\$3,390.96	\$3,390.96
63704 00	Surgery	47.77	47.77	\$3,935.52	\$3,935.52
63706 00	Surgery	53.16	53.16	\$4,379.57	\$4,379.57
63707 00	Surgery	26.82	26.82	\$2,209.56	\$2,209.56
63709 00	Surgery	32.04	32.04	\$2,639.61	\$2,639.61
63710 00	Surgery	31.40	31.40	\$2,586.88	\$2,586.88
63740 00	Surgery	28.16	28.16	\$2,319.96	\$2,319.96
63741 00	Surgery	19.49	19.49	\$1,605.68	\$1,605.68
63744 00	Surgery	19.64	19.64	\$1,618.04	\$1,618.04
63746 00	Surgery	17.40	17.40	\$1,433.49	\$1,433.49
64400 00	Surgery	3.05	1.44	\$251.27	\$145.67
64405 00	Surgery	2.07	1.55	\$170.54	\$127.70
64408 00	Surgery	1.97	1.25	\$162.30	\$117.72
64415 00	Surgery	3.22	1.83	\$265.28	\$150.76
64416 00	Surgery	1.85	1.85	\$202.00	\$202.00
64417 00	Surgery	3.89	1.75	\$320.48	\$146.65
64418 00	Surgery	2.42	1.64	\$199.37	\$152.60
64420 00	Surgery	2.85	1.72	\$234.80	\$141.70
64421 00	Surgery	0.97	0.73	\$164.13	\$164.13
64425 00	Surgery	3.19	1.60	\$262.81	\$146.65
64430 00	Surgery	2.57	1.59	\$211.73	\$149.20
64435 00	Surgery	2.09	1.26	\$172.18	\$147.84
64445 00	Surgery	3.57	1.55	\$294.11	\$148.69
64446 00	Surgery	1.71	1.71	\$205.00	\$205.00
64447 00	Surgery	2.53	1.53	\$208.43	\$126.05
64448 00	Surgery	1.77	1.77	\$188.50	\$188.50
64449 00	Surgery	1.79	1.79	\$147.47	\$147.47
64450 00	Surgery	2.18	1.23	\$179.60	\$101.33
64451 00	Surgery	5.99	2.29	\$493.48	\$188.66
64454 00	Surgery	6.05	2.36	\$498.43	\$194.43
64455 00	Surgery	1.38	1.00	\$113.69	\$82.38
64461 00	Surgery	3.75	2.22	\$308.94	\$182.89
64462 00	Surgery	2.11	1.42	\$173.83	\$116.99
64463 00	Surgery	5.70	2.39	\$469.59	\$196.90
64479 00	Surgery	7.26	3.77	\$598.11	\$310.59
64480 00	Surgery	3.61	1.80	\$297.41	\$148.29
64483 00	Surgery	6.73	3.21	\$554.45	\$264.46
64484 00	Surgery	2.96	1.50	\$243.86	\$123.58
64486 00	Surgery	3.17	1.62	\$261.16	\$141.13

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64487 00	Surgery	5.16	1.85	\$425.11	\$173.23
64488 00	Surgery	3.89	2.00	\$320.48	\$173.72
64489 00	Surgery	7.99	2.25	\$658.25	\$230.44
64490 00	Surgery	5.42	3.04	\$446.53	\$250.45
64491 00	Surgery	2.72	1.73	\$224.09	\$142.53
64492 00	Surgery	2.74	1.75	\$225.73	\$144.17
64493 00	Surgery	4.93	2.58	\$406.16	\$212.55
64494 00	Surgery	2.53	1.49	\$208.43	\$122.75
64495 00	Surgery	2.53	1.51	\$208.43	\$124.40
64505 00	Surgery	3.62	2.79	\$298.23	\$229.85
64510 00	Surgery	3.95	2.16	\$325.42	\$177.95
64517 00	Surgery	5.47	3.60	\$450.64	\$296.59
64520 00	Surgery	6.09	2.38	\$501.72	\$196.08
64530 00	Surgery	6.12	2.66	\$504.19	\$219.14
64553 00	Surgery	57.50	10.29	\$4,737.12	\$847.74
64555 00	Surgery	53.25	9.87	\$4,386.99	\$813.14
64561 00	Surgery	21.36	8.77	\$1,759.74	\$814.37
64566 00	Surgery	3.59	0.90	\$295.76	\$122.11
64568 00	Surgery	18.06	18.06	\$1,487.87	\$1,487.87
64569 00	Surgery	21.90	21.90	\$1,804.23	\$1,804.23
64570 00	Surgery	21.08	21.08	\$1,736.67	\$1,736.67
64575 00	Surgery	9.80	9.80	\$807.37	\$807.37
64580 00	Surgery	8.97	8.97	\$738.99	\$738.99
64581 00	Surgery	19.17	19.17	\$1,579.32	\$1,579.32
64585 00	Surgery	7.05	4.14	\$580.81	\$341.07
64590 00	Surgery	7.58	4.63	\$624.48	\$381.44
64595 00	Surgery	6.80	3.64	\$560.22	\$299.88
64600 00	Surgery	12.74	6.59	\$1,049.58	\$542.92
64605 00	Surgery	17.82	10.19	\$1,468.10	\$839.50
64610 00	Surgery	22.30	13.99	\$1,837.18	\$1,152.56
64611 00	Surgery	3.47	3.02	\$285.88	\$248.80
64612 00	Surgery	3.82	3.35	\$314.71	\$275.99
64615 00	Surgery	4.32	3.55	\$355.90	\$292.47
64616 00	Surgery	3.82	3.14	\$314.71	\$258.69
64617 00	Surgery	4.63	3.13	\$381.44	\$257.86
64620 00	Surgery	5.96	5.03	\$491.01	\$414.40
64624 00	Surgery	11.57	4.23	\$953.19	\$348.49
64625 00	Surgery	14.14	5.59	\$1,164.92	\$460.53
64630 00	Surgery	6.94	5.44	\$571.75	\$448.17
64632 00	Surgery	2.50	1.94	\$205.96	\$159.83

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64633 00	Surgery	11.94	6.46	\$983.67	\$532.21
64634 00	Surgery	5.34	1.96	\$439.93	\$230.63
64635 00	Surgery	11.81	6.37	\$972.96	\$524.79
64636 00	Surgery	4.87	1.72	\$401.21	\$215.82
64640 00	Surgery	7.05	3.38	\$580.81	\$278.46
64642 00	Surgery	4.19	3.09	\$345.19	\$254.57
64643 00	Surgery	2.65	2.06	\$218.32	\$169.71
64644 00	Surgery	4.89	3.37	\$402.86	\$277.64
64645 00	Surgery	3.35	2.37	\$275.99	\$195.25
64646 00	Surgery	4.41	3.32	\$363.32	\$273.52
64647 00	Surgery	5.09	3.89	\$419.34	\$320.48
64650 00	Surgery	2.30	1.19	\$189.48	\$98.04
64653 00	Surgery	2.79	1.53	\$229.85	\$126.05
64680 00	Surgery	9.55	4.66	\$786.77	\$383.91
64681 00	Surgery	16.12	7.50	\$1,328.04	\$617.89
64702 00	Surgery	14.49	14.49	\$1,193.76	\$1,193.76
64704 00	Surgery	9.26	9.26	\$762.88	\$762.88
64708 00	Surgery	14.51	14.51	\$1,195.40	\$1,195.40
64712 00	Surgery	16.95	16.95	\$1,396.42	\$1,396.42
64713 00	Surgery	22.57	22.57	\$1,859.42	\$1,859.42
64714 00	Surgery	21.13	21.13	\$1,740.79	\$1,740.79
64716 00	Surgery	14.81	14.81	\$1,220.12	\$1,220.12
64718 00	Surgery	17.14	17.14	\$1,412.07	\$1,412.07
64719 00	Surgery	11.59	11.59	\$954.84	\$954.84
64721 00	Surgery	12.54	12.37	\$1,033.10	\$1,019.10
64722 00	Surgery	10.35	10.35	\$852.68	\$852.68
64726 00	Surgery	7.73	7.73	\$636.83	\$636.83
64727 00	Surgery	5.27	5.27	\$434.17	\$434.17
64732 00	Surgery	12.76	12.76	\$1,051.23	\$1,051.23
64734 00	Surgery	14.41	14.41	\$1,187.16	\$1,187.16
64736 00	Surgery	10.01	10.01	\$824.67	\$824.67
64738 00	Surgery	13.00	13.00	\$1,071.00	\$1,071.00
64740 00	Surgery	13.50	13.50	\$1,112.19	\$1,112.19
64742 00	Surgery	14.05	14.05	\$1,157.51	\$1,157.51
64744 00	Surgery	14.28	14.28	\$1,176.45	\$1,176.45
64746 00	Surgery	12.45	12.45	\$1,025.69	\$1,025.69
64755 00	Surgery	26.82	26.82	\$2,209.56	\$2,209.56
64760 00	Surgery	15.02	15.02	\$1,237.42	\$1,237.42
64763 00	Surgery	14.87	14.87	\$1,225.06	\$1,225.06
64766 00	Surgery	18.35	18.35	\$1,511.76	\$1,511.76

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64771 00	Surgery	17.52	17.52	\$1,443.38	\$1,443.38
64772 00	Surgery	16.27	16.27	\$1,340.40	\$1,340.40
64774 00	Surgery	11.81	11.81	\$972.96	\$972.96
64776 00	Surgery	11.23	11.23	\$925.18	\$925.18
64778 00	Surgery	5.29	5.29	\$435.82	\$435.82
64782 00	Surgery	13.13	13.13	\$1,081.71	\$1,081.71
64783 00	Surgery	6.31	6.31	\$519.85	\$519.85
64784 00	Surgery	21.07	21.07	\$1,735.85	\$1,735.85
64786 00	Surgery	29.22	29.22	\$2,407.28	\$2,407.28
64787 00	Surgery	6.96	6.96	\$573.40	\$573.40
64788 00	Surgery	11.60	11.60	\$955.66	\$955.66
64790 00	Surgery	24.13	24.13	\$1,987.94	\$1,987.94
64792 00	Surgery	30.55	30.55	\$2,516.85	\$2,516.85
64795 00	Surgery	5.57	5.57	\$458.88	\$458.88
64802 00	Surgery	24.04	24.04	\$1,980.53	\$1,980.53
64804 00	Surgery	34.16	34.16	\$2,814.26	\$2,814.26
64809 00	Surgery	31.32	31.32	\$2,580.29	\$2,580.29
64818 00	Surgery	22.54	22.54	\$1,856.95	\$1,856.95
64820 00	Surgery	21.04	21.04	\$1,733.38	\$1,733.38
64821 00	Surgery	20.05	20.05	\$1,651.81	\$1,651.81
64822 00	Surgery	20.05	20.05	\$1,651.81	\$1,651.81
64823 00	Surgery	22.79	22.79	\$1,877.55	\$1,877.55
64831 00	Surgery	19.86	19.86	\$1,636.16	\$1,636.16
64832 00	Surgery	9.73	9.73	\$801.60	\$801.60
64834 00	Surgery	21.38	21.38	\$1,761.39	\$1,761.39
64835 00	Surgery	23.59	23.59	\$1,943.46	\$1,943.46
64836 00	Surgery	23.59	23.59	\$1,943.46	\$1,943.46
64837 00	Surgery	10.64	10.64	\$876.57	\$876.57
64840 00	Surgery	27.80	27.80	\$2,290.30	\$2,290.30
64856 00	Surgery	29.23	29.23	\$2,408.11	\$2,408.11
64857 00	Surgery	30.44	30.44	\$2,507.79	\$2,507.79
64858 00	Surgery	34.03	34.03	\$2,803.55	\$2,803.55
64859 00	Surgery	7.23	7.23	\$595.64	\$595.64
64861 00	Surgery	43.73	43.73	\$3,602.69	\$3,602.69
64862 00	Surgery	39.80	39.80	\$3,278.91	\$3,278.91
64864 00	Surgery	24.83	24.83	\$2,045.61	\$2,045.61
64865 00	Surgery	31.29	31.29	\$2,577.82	\$2,577.82
64866 00	Surgery	36.73	36.73	\$3,025.99	\$3,025.99
64868 00	Surgery	28.66	28.66	\$2,361.15	\$2,361.15
64872 00	Surgery	3.39	3.39	\$279.28	\$279.28

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
64874 00	Surgery	5.05	5.05	\$416.04	\$416.04
64876 00	Surgery	5.71	5.71	\$470.42	\$470.42
64885 00	Surgery	31.85	31.85	\$2,623.95	\$2,623.95
64886 00	Surgery	36.75	36.75	\$3,027.64	\$3,027.64
64890 00	Surgery	31.24	31.24	\$2,573.70	\$2,573.70
64891 00	Surgery	33.23	33.23	\$2,737.65	\$2,737.65
64892 00	Surgery	30.37	30.37	\$2,502.03	\$2,502.03
64893 00	Surgery	32.41	32.41	\$2,670.09	\$2,670.09
64895 00	Surgery	38.40	38.40	\$3,163.58	\$3,163.58
64896 00	Surgery	41.41	41.41	\$3,411.55	\$3,411.55
64897 00	Surgery	36.68	36.68	\$3,021.87	\$3,021.87
64898 00	Surgery	39.72	39.72	\$3,272.32	\$3,272.32
64901 00	Surgery	17.32	17.32	\$1,426.90	\$1,426.90
64902 00	Surgery	20.08	20.08	\$1,654.29	\$1,654.29
64905 00	Surgery	29.51	29.51	\$2,431.17	\$2,431.17
64907 00	Surgery	37.68	37.68	\$3,104.26	\$3,104.26
64910 00	Surgery	22.73	22.73	\$1,872.61	\$1,872.61
64911 00	Surgery	29.58	29.58	\$2,436.94	\$2,436.94
64912 00	Surgery	26.35	26.35	\$2,170.84	\$2,170.84
64913 00	Surgery	5.16	5.16	\$425.11	\$425.11
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	19.52	19.52	\$1,608.15	\$1,608.15
65093 00	Surgery	19.33	19.33	\$1,592.50	\$1,592.50
65101 00	Surgery	22.48	22.48	\$1,852.01	\$1,852.01
65103 00	Surgery	23.31	23.31	\$1,920.39	\$1,920.39
65105 00	Surgery	25.56	25.56	\$2,105.75	\$2,105.75
65110 00	Surgery	36.03	36.03	\$2,968.32	\$2,968.32
65112 00	Surgery	41.54	41.54	\$3,422.26	\$3,422.26
65114 00	Surgery	43.46	43.46	\$3,580.44	\$3,580.44
65125 00	Surgery	12.96	8.26	\$1,067.71	\$680.50
65130 00	Surgery	22.37	22.37	\$1,842.95	\$1,842.95
65135 00	Surgery	22.66	22.66	\$1,866.84	\$1,866.84
65140 00	Surgery	24.49	24.49	\$2,017.60	\$2,017.60
65150 00	Surgery	18.05	18.05	\$1,487.05	\$1,487.05
65155 00	Surgery	25.60	25.60	\$2,109.05	\$2,109.05
65175 00	Surgery	20.27	20.27	\$1,669.94	\$1,669.94
65205 00	Surgery	1.06	0.83	\$87.33	\$68.38
65210 00	Surgery	1.30	1.04	\$107.10	\$85.68
65220 00	Surgery	1.70	1.19	\$140.05	\$98.04
65222 00	Surgery	1.93	1.46	\$159.00	\$120.28

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
65235 00	Surgery	20.34	20.34	\$1,675.71	\$1,675.71
65260 00	Surgery	27.52	27.52	\$2,267.23	\$2,267.23
65265 00	Surgery	30.91	30.91	\$2,546.51	\$2,546.51
65270 00	Surgery	7.94	3.99	\$654.14	\$328.72
65272 00	Surgery	14.70	10.00	\$1,211.06	\$823.85
65273 00	Surgery	10.80	10.80	\$889.76	\$889.76
65275 00	Surgery	16.56	13.11	\$1,364.29	\$1,080.06
65280 00	Surgery	19.00	19.00	\$1,565.31	\$1,565.31
65285 00	Surgery	31.42	31.42	\$2,588.53	\$2,588.53
65286 00	Surgery	19.94	14.05	\$1,642.75	\$1,157.51
65290 00	Surgery	13.90	13.90	\$1,145.15	\$1,145.15
65400 00	Surgery	19.41	17.03	\$1,599.09	\$1,403.01
65410 00	Surgery	4.08	2.92	\$336.13	\$244.36
65420 00	Surgery	15.01	10.66	\$1,236.60	\$878.22
65426 00	Surgery	18.83	13.53	\$1,551.31	\$1,114.67
65430 00	Surgery	3.28	2.90	\$270.22	\$238.92
65435 00	Surgery	2.33	1.98	\$191.96	\$163.12
65436 00	Surgery	10.96	10.46	\$902.94	\$861.74
65450 00	Surgery	9.24	9.07	\$761.24	\$747.23
65600 00	Surgery	11.71	9.61	\$964.73	\$791.72
65710 00	Surgery	31.85	31.85	\$2,623.95	\$2,623.95
65730 00	Surgery	35.23	35.23	\$2,902.42	\$2,902.42
65750 00	Surgery	35.42	35.42	\$2,918.07	\$2,918.07
65755 00	Surgery	35.26	35.26	\$2,904.89	\$2,904.89
65756 00	Surgery	33.44	33.44	\$2,754.95	\$2,754.95
65757 00	Surgery	3.65	3.65	\$300.70	\$300.70
65760 00	Surgery	33.29	33.29	\$2,742.59	\$2,742.59
65765 00	Surgery	48.27	48.27	\$3,976.71	\$3,976.71
65767 00	Surgery	44.94	44.94	\$3,702.37	\$3,702.37
65770 00	Surgery	39.56	39.56	\$3,259.14	\$3,259.14
65771 00	Surgery	18.32	18.32	\$1,509.29	\$1,509.29
65772 00	Surgery	12.81	11.45	\$1,055.35	\$943.31
65775 00	Surgery	15.93	15.93	\$1,312.39	\$1,312.39
65778 00	Surgery	39.80	1.55	\$3,278.91	\$1,319.28
65779 00	Surgery	34.43	4.27	\$2,836.51	\$1,122.29
65780 00	Surgery	18.84	18.84	\$1,552.13	\$1,552.13
65781 00	Surgery	37.67	37.67	\$3,103.43	\$3,103.43
65782 00	Surgery	32.52	32.52	\$2,679.15	\$2,679.15
65785 00	Surgery	67.45	12.51	\$5,556.85	\$1,030.63
65800 00	Surgery	3.39	2.58	\$279.28	\$212.55

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
65810 00	Surgery	13.14	13.14	\$1,082.54	\$1,082.54
65815 00	Surgery	18.22	13.48	\$1,501.05	\$1,110.55
65820 00	Surgery	22.21	22.21	\$1,829.77	\$1,829.77
65850 00	Surgery	23.86	23.86	\$1,965.70	\$1,965.70
65855 00	Surgery	6.99	5.87	\$575.87	\$483.60
65860 00	Surgery	8.77	7.11	\$722.51	\$585.76
65865 00	Surgery	13.45	13.45	\$1,108.08	\$1,108.08
65870 00	Surgery	16.77	16.77	\$1,381.59	\$1,381.59
65875 00	Surgery	17.87	17.87	\$1,472.22	\$1,472.22
65880 00	Surgery	18.81	18.81	\$1,549.66	\$1,549.66
65900 00	Surgery	27.75	27.75	\$2,286.18	\$2,286.18
65920 00	Surgery	22.37	22.37	\$1,842.95	\$1,842.95
65930 00	Surgery	18.11	18.11	\$1,491.99	\$1,491.99
66020 00	Surgery	5.49	3.70	\$452.29	\$304.82
66030 00	Surgery	4.91	3.12	\$404.51	\$257.04
66130 00	Surgery	19.93	16.02	\$1,641.93	\$1,319.80
66150 00	Surgery	24.82	24.82	\$2,044.79	\$2,044.79
66155 00	Surgery	24.80	24.80	\$2,043.14	\$2,043.14
66160 00	Surgery	27.93	27.93	\$2,301.01	\$2,301.01
66170 00	Surgery	30.94	30.94	\$2,548.98	\$2,548.98
66172 00	Surgery	33.70	33.70	\$2,776.37	\$2,776.37
66174 00	Surgery	26.77	26.77	\$2,205.44	\$2,205.44
66175 00	Surgery	28.04	28.04	\$2,310.07	\$2,310.07
66179 00	Surgery	30.53	30.53	\$2,515.21	\$2,515.21
66180 00	Surgery	32.23	32.23	\$2,655.26	\$2,655.26
66183 00	Surgery	29.12	29.12	\$2,399.04	\$2,399.04
66184 00	Surgery	22.25	22.25	\$1,833.06	\$1,833.06
66185 00	Surgery	23.96	23.96	\$1,973.94	\$1,973.94
66225 00	Surgery	26.40	26.40	\$2,174.96	\$2,174.96
66250 00	Surgery	21.36	15.74	\$1,759.74	\$1,296.74
66500 00	Surgery	10.56	10.56	\$869.98	\$869.98
66505 00	Surgery	11.53	11.53	\$949.90	\$949.90
66600 00	Surgery	24.61	24.61	\$2,027.49	\$2,027.49
66605 00	Surgery	30.54	30.54	\$2,516.03	\$2,516.03
66625 00	Surgery	12.13	12.13	\$999.33	\$999.33
66630 00	Surgery	16.06	16.06	\$1,323.10	\$1,323.10
66635 00	Surgery	16.20	16.20	\$1,334.63	\$1,334.63
66680 00	Surgery	14.69	14.69	\$1,210.23	\$1,210.23
66682 00	Surgery	19.08	19.08	\$1,571.90	\$1,571.90
66700 00	Surgery	12.81	11.09	\$1,055.35	\$913.65

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
66710 00	Surgery	12.56	11.09	\$1,034.75	\$913.65
66711 00	Surgery	14.23	14.23	\$1,172.34	\$1,172.34
66720 00	Surgery	13.09	11.53	\$1,078.42	\$949.90
66740 00	Surgery	12.45	11.09	\$1,025.69	\$913.65
66761 00	Surgery	8.49	6.68	\$699.45	\$550.33
66762 00	Surgery	13.51	12.01	\$1,113.02	\$989.44
66770 00	Surgery	15.01	13.63	\$1,236.60	\$1,122.90
66820 00	Surgery	12.18	12.18	\$1,003.45	\$1,003.45
66821 00	Surgery	9.40	8.81	\$774.42	\$725.81
66825 00	Surgery	22.49	22.49	\$1,852.83	\$1,852.83
66830 00	Surgery	20.08	20.08	\$1,654.29	\$1,654.29
66840 00	Surgery	19.64	19.64	\$1,618.04	\$1,618.04
66850 00	Surgery	22.38	22.38	\$1,843.77	\$1,843.77
66852 00	Surgery	23.84	23.84	\$1,964.05	\$1,964.05
66920 00	Surgery	21.28	21.28	\$1,753.15	\$1,753.15
66930 00	Surgery	24.25	24.25	\$1,997.83	\$1,997.83
66940 00	Surgery	22.16	22.16	\$1,825.65	\$1,825.65
66982 00	Surgery	21.20	21.20	\$1,746.56	\$1,746.56
66983 00	Surgery	21.99	21.99	\$1,811.64	\$1,811.64
66984 00	Surgery	15.45	15.45	\$1,272.84	\$1,272.84
66985 00	Surgery	21.72	21.72	\$1,789.40	\$1,789.40
66986 00	Surgery	25.64	25.64	\$2,112.35	\$2,112.35
66987 00	Surgery	0.00	0.00	BR	BR
66988 00	Surgery	0.00	0.00	BR	BR
66990 00	Surgery	2.55	2.55	\$210.08	\$210.08
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	13.36	13.36	\$1,100.66	\$1,100.66
67010 00	Surgery	15.32	15.32	\$1,493.50	\$1,493.50
67015 00	Surgery	16.75	16.75	\$1,379.94	\$1,379.94
67025 00	Surgery	20.90	17.86	\$1,721.84	\$1,471.39
67027 00	Surgery	24.07	24.07	\$1,983.00	\$1,983.00
67028 00	Surgery	2.86	2.79	\$319.27	\$319.27
67030 00	Surgery	15.38	15.38	\$1,267.08	\$1,267.08
67031 00	Surgery	11.06	10.06	\$911.18	\$828.79
67036 00	Surgery	25.44	25.44	\$2,095.87	\$2,095.87
67039 00	Surgery	27.24	27.24	\$2,244.16	\$2,244.16
67040 00	Surgery	29.44	29.44	\$2,425.41	\$2,425.41
67041 00	Surgery	32.54	32.54	\$2,680.80	\$2,680.80
67042 00	Surgery	32.53	32.53	\$2,679.98	\$2,679.98
67043 00	Surgery	34.33	34.33	\$2,828.27	\$2,828.27

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67101 00	Surgery	9.39	8.05	\$1,098.61	\$1,098.61
67105 00	Surgery	8.40	7.77	\$990.69	\$990.69
67107 00	Surgery	31.97	31.97	\$2,633.84	\$2,633.84
67108 00	Surgery	33.87	33.87	\$2,790.37	\$2,790.37
67110 00	Surgery	25.11	22.99	\$2,068.68	\$1,894.03
67113 00	Surgery	37.85	37.85	\$3,118.26	\$3,118.26
67115 00	Surgery	14.10	14.10	\$1,161.63	\$1,161.63
67120 00	Surgery	18.89	15.71	\$1,556.25	\$1,294.26
67121 00	Surgery	25.63	25.63	\$2,111.52	\$2,111.52
67141 00	Surgery	14.85	13.75	\$1,223.41	\$1,132.79
67145 00	Surgery	14.95	14.05	\$1,231.65	\$1,157.51
67208 00	Surgery	17.00	16.31	\$1,400.54	\$1,343.70
67210 00	Surgery	14.65	14.12	\$1,206.94	\$1,163.27
67218 00	Surgery	39.41	39.41	\$3,246.78	\$3,246.78
67220 00	Surgery	15.09	14.12	\$1,243.19	\$1,163.27
67221 00	Surgery	7.96	6.02	\$655.78	\$495.96
67225 00	Surgery	0.85	0.81	\$70.03	\$66.73
67227 00	Surgery	8.33	7.24	\$728.55	\$728.55
67228 00	Surgery	9.67	8.64	\$1,053.42	\$1,053.42
67229 00	Surgery	32.95	32.95	\$2,714.58	\$2,714.58
67250 00	Surgery	23.83	23.83	\$1,963.23	\$1,963.23
67255 00	Surgery	19.35	19.35	\$1,594.15	\$1,594.15
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	16.89	16.89	\$1,391.48	\$1,391.48
67312 00	Surgery	20.30	20.30	\$1,672.41	\$1,672.41
67314 00	Surgery	19.18	19.18	\$1,580.14	\$1,580.14
67316 00	Surgery	22.76	22.76	\$1,875.08	\$1,875.08
67318 00	Surgery	20.02	20.02	\$1,649.34	\$1,649.34
67320 00	Surgery	9.10	9.10	\$838.04	\$838.04
67331 00	Surgery	8.65	8.65	\$713.83	\$713.83
67332 00	Surgery	9.37	9.37	\$876.61	\$876.61
67334 00	Surgery	8.52	8.52	\$701.92	\$701.92
67335 00	Surgery	4.17	4.17	\$343.54	\$343.54
67340 00	Surgery	10.12	10.12	\$833.73	\$833.73
67343 00	Surgery	18.60	18.60	\$1,532.36	\$1,532.36
67345 00	Surgery	6.92	6.18	\$570.10	\$509.14
67346 00	Surgery	5.45	5.45	\$449.00	\$449.00
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	27.87	27.87	\$2,296.06	\$2,296.06
67405 00	Surgery	23.96	23.96	\$1,973.94	\$1,973.94

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67412 00	Surgery	26.11	26.11	\$2,151.07	\$2,151.07
67413 00	Surgery	25.80	25.80	\$2,125.53	\$2,125.53
67414 00	Surgery	39.58	39.58	\$3,260.79	\$3,260.79
67415 00	Surgery	2.96	2.96	\$243.86	\$243.86
67420 00	Surgery	47.57	47.57	\$3,919.04	\$3,919.04
67430 00	Surgery	37.32	37.32	\$3,074.60	\$3,074.60
67440 00	Surgery	36.15	36.15	\$2,978.21	\$2,978.21
67445 00	Surgery	41.68	41.68	\$3,433.80	\$3,433.80
67450 00	Surgery	37.52	37.52	\$3,091.08	\$3,091.08
67500 00	Surgery	2.07	1.74	\$170.54	\$143.35
67505 00	Surgery	2.35	1.98	\$193.60	\$163.12
67515 00	Surgery	1.81	1.67	\$149.12	\$137.58
67550 00	Surgery	29.02	29.02	\$2,390.81	\$2,390.81
67560 00	Surgery	29.73	29.73	\$2,449.30	\$2,449.30
67570 00	Surgery	35.68	35.68	\$2,939.49	\$2,939.49
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	7.92	3.28	\$652.49	\$270.22
67710 00	Surgery	6.68	2.75	\$550.33	\$226.56
67715 00	Surgery	7.19	3.03	\$592.35	\$249.63
67800 00	Surgery	3.64	2.91	\$299.88	\$239.74
67801 00	Surgery	4.61	3.74	\$379.79	\$308.12
67805 00	Surgery	5.72	4.63	\$471.24	\$381.44
67808 00	Surgery	10.42	10.42	\$858.45	\$858.45
67810 00	Surgery	5.13	2.00	\$422.63	\$164.77
67820 00	Surgery	0.75	0.80	\$61.79	\$65.91
67825 00	Surgery	3.77	3.43	\$310.59	\$282.58
67830 00	Surgery	7.62	3.88	\$627.77	\$319.65
67835 00	Surgery	12.43	12.43	\$1,024.04	\$1,024.04
67840 00	Surgery	7.91	4.46	\$651.66	\$367.44
67850 00	Surgery	6.12	3.75	\$504.19	\$308.94
67875 00	Surgery	5.01	2.72	\$412.75	\$224.09
67880 00	Surgery	13.10	10.39	\$1,079.24	\$855.98
67882 00	Surgery	16.10	13.34	\$1,326.39	\$1,099.01
67900 00	Surgery	18.30	14.38	\$1,507.64	\$1,184.69
67901 00	Surgery	22.13	16.54	\$1,823.17	\$1,362.64
67902 00	Surgery	20.50	20.50	\$1,688.89	\$1,688.89
67903 00	Surgery	17.00	13.66	\$1,400.54	\$1,125.38
67904 00	Surgery	20.92	16.88	\$1,723.49	\$1,390.65
67906 00	Surgery	14.33	14.33	\$1,180.57	\$1,180.57
67908 00	Surgery	14.62	12.11	\$1,204.47	\$997.68

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
67909 00	Surgery	15.43	12.41	\$1,271.20	\$1,022.39
67911 00	Surgery	15.86	15.86	\$1,306.62	\$1,306.62
67912 00	Surgery	25.69	13.78	\$2,116.46	\$1,135.26
67914 00	Surgery	13.65	9.24	\$1,124.55	\$761.24
67915 00	Surgery	8.66	5.56	\$713.45	\$458.06
67916 00	Surgery	17.16	12.15	\$1,413.72	\$1,000.97
67917 00	Surgery	17.50	12.93	\$1,441.73	\$1,065.24
67921 00	Surgery	13.38	8.76	\$1,102.31	\$721.69
67922 00	Surgery	8.42	5.52	\$693.68	\$454.76
67923 00	Surgery	17.16	12.17	\$1,413.72	\$1,002.62
67924 00	Surgery	18.27	12.93	\$1,505.17	\$1,065.24
67930 00	Surgery	10.45	6.78	\$860.92	\$558.57
67935 00	Surgery	16.92	12.52	\$1,393.95	\$1,031.46
67938 00	Surgery	7.36	3.28	\$606.35	\$270.22
67950 00	Surgery	16.43	13.10	\$1,353.58	\$1,079.24
67961 00	Surgery	16.49	12.86	\$1,358.52	\$1,059.47
67966 00	Surgery	21.96	18.57	\$1,809.17	\$1,529.89
67971 00	Surgery	20.45	20.45	\$1,684.77	\$1,684.77
67973 00	Surgery	26.31	26.31	\$2,167.54	\$2,167.54
67974 00	Surgery	26.25	26.25	\$2,162.60	\$2,162.60
67975 00	Surgery	19.38	19.38	\$1,596.62	\$1,596.62
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.41	3.11	\$280.93	\$256.22
68040 00	Surgery	1.78	1.40	\$146.64	\$115.34
68100 00	Surgery	5.06	2.72	\$416.87	\$224.09
68110 00	Surgery	6.63	4.18	\$546.21	\$344.37
68115 00	Surgery	9.19	5.18	\$757.12	\$426.75
68130 00	Surgery	15.51	11.64	\$1,277.79	\$958.96
68135 00	Surgery	4.46	4.24	\$367.44	\$349.31
68200 00	Surgery	1.19	0.99	\$98.04	\$81.56
68320 00	Surgery	20.88	15.24	\$1,720.19	\$1,255.54
68325 00	Surgery	18.56	18.56	\$1,529.06	\$1,529.06
68326 00	Surgery	18.22	18.22	\$1,501.05	\$1,501.05
68328 00	Surgery	20.04	20.04	\$1,650.99	\$1,650.99
68330 00	Surgery	17.46	13.01	\$1,438.44	\$1,071.83
68335 00	Surgery	18.28	18.28	\$1,505.99	\$1,505.99
68340 00	Surgery	16.44	11.25	\$1,354.41	\$926.83
68360 00	Surgery	15.26	11.59	\$1,257.19	\$954.84
68362 00	Surgery	18.52	18.52	\$1,525.77	\$1,525.77
68371 00	Surgery	11.67	11.67	\$961.43	\$961.43

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.30	3.71	\$683.79	\$305.65
68420 00	Surgery	9.35	4.75	\$770.30	\$391.33
68440 00	Surgery	2.92	2.80	\$240.56	\$230.68
68500 00	Surgery	28.68	28.68	\$2,362.80	\$2,362.80
68505 00	Surgery	28.55	28.55	\$2,352.09	\$2,352.09
68510 00	Surgery	12.91	8.26	\$1,063.59	\$680.50
68520 00	Surgery	20.08	20.08	\$1,654.29	\$1,654.29
68525 00	Surgery	7.47	7.47	\$615.41	\$615.41
68530 00	Surgery	12.28	7.23	\$1,011.68	\$595.64
68540 00	Surgery	27.01	27.01	\$2,225.21	\$2,225.21
68550 00	Surgery	33.35	33.35	\$2,747.53	\$2,747.53
68700 00	Surgery	17.07	17.07	\$1,406.31	\$1,406.31
68705 00	Surgery	7.19	4.68	\$592.35	\$385.56
68720 00	Surgery	22.13	22.13	\$1,823.17	\$1,823.17
68745 00	Surgery	22.21	22.21	\$1,829.77	\$1,829.77
68750 00	Surgery	23.17	23.17	\$1,908.86	\$1,908.86
68760 00	Surgery	6.07	4.11	\$500.08	\$338.60
68761 00	Surgery	4.20	3.32	\$346.02	\$273.52
68770 00	Surgery	17.76	17.76	\$1,463.15	\$1,463.15
68801 00	Surgery	2.60	2.18	\$214.20	\$179.60
68810 00	Surgery	4.51	3.60	\$371.56	\$296.59
68811 00	Surgery	3.82	3.82	\$314.71	\$314.71
68815 00	Surgery	11.04	6.27	\$909.53	\$516.55
68816 00	Surgery	22.26	4.45	\$1,833.88	\$637.51
68840 00	Surgery	3.70	3.27	\$304.82	\$269.40
68850 00	Surgery	1.80	1.59	\$148.29	\$130.99
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.34	3.47	\$439.93	\$285.88
69005 00	Surgery	6.18	4.50	\$509.14	\$370.73
69020 00	Surgery	6.55	4.01	\$539.62	\$330.36
69090 00	Surgery	0.88	0.88	\$72.50	\$72.50
69100 00	Surgery	2.79	1.37	\$229.85	\$112.87
69105 00	Surgery	4.00	1.78	\$329.54	\$146.64
69110 00	Surgery	13.16	9.28	\$1,084.18	\$764.53
69120 00	Surgery	11.16	11.16	\$919.41	\$919.41
69140 00	Surgery	24.87	24.87	\$2,048.91	\$2,048.91
69145 00	Surgery	11.34	7.14	\$934.24	\$588.23
69150 00	Surgery	29.25	29.25	\$2,409.75	\$2,409.75
69155 00	Surgery	46.65	46.65	\$3,843.25	\$3,843.25

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
69200 00	Surgery	2.31	1.35	\$190.31	\$111.22
69205 00	Surgery	2.77	2.77	\$228.21	\$228.21
69209 00	Surgery	0.40	0.40	\$32.95	\$32.95
69210 00	Surgery	1.36	0.96	\$112.04	\$79.09
69220 00	Surgery	2.25	1.46	\$185.37	\$120.28
69222 00	Surgery	6.02	3.81	\$495.96	\$313.89
69300 00	Surgery	17.65	13.13	\$1,454.09	\$1,081.71
69310 00	Surgery	30.99	30.99	\$2,553.10	\$2,553.10
69320 00	Surgery	43.47	43.47	\$3,581.27	\$3,581.27
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.31	3.39	\$437.46	\$279.28
69421 00	Surgery	4.21	4.21	\$346.84	\$346.84
69424 00	Surgery	3.62	1.73	\$298.23	\$142.53
69433 00	Surgery	5.62	3.72	\$463.00	\$306.47
69436 00	Surgery	4.48	4.48	\$369.08	\$369.08
69440 00	Surgery	19.51	19.51	\$1,607.33	\$1,607.33
69450 00	Surgery	15.43	15.43	\$1,271.20	\$1,271.20
69501 00	Surgery	20.39	20.39	\$1,679.83	\$1,679.83
69502 00	Surgery	27.11	27.11	\$2,233.45	\$2,233.45
69505 00	Surgery	34.22	34.22	\$2,819.21	\$2,819.21
69511 00	Surgery	35.06	35.06	\$2,888.41	\$2,888.41
69530 00	Surgery	47.02	47.02	\$3,873.73	\$3,873.73
69535 00	Surgery	75.45	75.45	\$6,215.93	\$6,215.93
69540 00	Surgery	5.83	3.58	\$480.30	\$294.94
69550 00	Surgery	29.57	29.57	\$2,436.12	\$2,436.12
69552 00	Surgery	44.64	44.64	\$3,677.66	\$3,677.66
69554 00	Surgery	71.59	71.59	\$5,897.93	\$5,897.93
69601 00	Surgery	29.21	29.21	\$2,406.46	\$2,406.46
69602 00	Surgery	30.89	30.89	\$2,544.87	\$2,544.87
69603 00	Surgery	35.83	35.83	\$2,951.85	\$2,951.85
69604 00	Surgery	31.57	31.57	\$2,600.89	\$2,600.89
69605 00	Surgery	44.36	44.36	\$3,654.59	\$3,654.59
69610 00	Surgery	10.75	8.24	\$885.64	\$678.85
69620 00	Surgery	20.05	13.90	\$1,651.81	\$1,145.15
69631 00	Surgery	25.09	25.09	\$2,067.03	\$2,067.03
69632 00	Surgery	30.57	30.57	\$2,518.50	\$2,518.50
69633 00	Surgery	29.62	29.62	\$2,440.24	\$2,440.24
69635 00	Surgery	35.09	35.09	\$2,890.88	\$2,890.88
69636 00	Surgery	39.25	39.25	\$3,233.60	\$3,233.60
69637 00	Surgery	39.07	39.07	\$3,218.77	\$3,218.77

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
69641 00	Surgery	29.55	29.55	\$2,434.47	\$2,434.47
69642 00	Surgery	37.97	37.97	\$3,128.15	\$3,128.15
69643 00	Surgery	34.69	34.69	\$2,857.93	\$2,857.93
69644 00	Surgery	42.03	42.03	\$3,462.63	\$3,462.63
69645 00	Surgery	41.36	41.36	\$3,407.43	\$3,407.43
69646 00	Surgery	43.84	43.84	\$3,611.75	\$3,611.75
69650 00	Surgery	22.76	22.76	\$1,875.08	\$1,875.08
69660 00	Surgery	26.27	26.27	\$2,164.25	\$2,164.25
69661 00	Surgery	34.29	34.29	\$2,824.97	\$2,824.97
69662 00	Surgery	32.72	32.72	\$2,695.63	\$2,695.63
69666 00	Surgery	22.95	22.95	\$1,890.73	\$1,890.73
69667 00	Surgery	22.93	22.93	\$1,889.08	\$1,889.08
69670 00	Surgery	26.84	26.84	\$2,211.21	\$2,211.21
69676 00	Surgery	23.56	23.56	\$1,940.99	\$1,940.99
69700 00	Surgery	19.10	19.10	\$1,573.55	\$1,573.55
69710 00	Surgery	0.00	0.00	BR	BR
69711 00	Surgery	24.02	24.02	\$1,978.88	\$1,978.88
69714 00	Surgery	30.12	30.12	\$2,481.43	\$2,481.43
69715 00	Surgery	37.28	37.28	\$3,071.30	\$3,071.30
69717 00	Surgery	31.61	31.61	\$2,604.18	\$2,604.18
69718 00	Surgery	37.67	37.67	\$3,103.43	\$3,103.43
69720 00	Surgery	33.74	33.74	\$2,779.66	\$2,779.66
69725 00	Surgery	53.38	53.38	\$4,397.70	\$4,397.70
69740 00	Surgery	33.09	33.09	\$2,726.11	\$2,726.11
69745 00	Surgery	35.26	35.26	\$2,904.89	\$2,904.89
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.05	3.55	\$948.24	\$948.24
69805 00	Surgery	29.53	29.53	\$2,432.82	\$2,432.82
69806 00	Surgery	26.46	26.46	\$2,179.90	\$2,179.90
69905 00	Surgery	26.02	26.02	\$2,143.65	\$2,143.65
69910 00	Surgery	28.47	28.47	\$2,345.49	\$2,345.49
69915 00	Surgery	43.24	43.24	\$3,562.32	\$3,562.32
69930 00	Surgery	34.75	34.75	\$2,862.87	\$2,862.87
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	50.24	50.24	\$4,139.01	\$4,139.01
69955 00	Surgery	56.18	56.18	\$4,628.38	\$4,628.38
69960 00	Surgery	54.20	54.20	\$4,465.25	\$4,465.25
69970 00	Surgery	60.85	60.85	\$5,013.11	\$5,013.11
69979 00	Surgery	0.00	0.00	BR	BR
69990 00	Surgery	6.30	6.30	\$519.02	\$519.02

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**Historical Note**

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## RADIOLOGY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT<sup>®</sup>-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT<sup>®</sup> codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT<sup>®</sup>-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications (e.g. CMS Guidelines) adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT<sup>®</sup> guidelines, and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT<sup>®</sup>-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

## A. GENERAL GUIDELINES

1. Values include usual contrast media, equipment and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.
2. Values include consultation and written reports to the referring healthcare provider.
3. X-ray findings and attending healthcare provider's written order for x-rays must be included with statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

## B. MODIFIERS

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2020 CPT<sup>®</sup>-4 publications for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of professional and technical value of providing that service. The following sections, provide additional definitions for each component.
2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service. Note that modifier TC is not CPT<sup>®</sup> compatible.

## C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. A total charge for the radiology service, to include both professional fees and technical costs, is made by radiologists working in offices, clinics and, under some circumstances, in hospital x-ray departments.

In a majority of voluntary hospital radiology departments, the radiologist submits a separate statement to the patient for his professional services. The hospital charges for use of the department facilities and the services of its employees. This pattern is similar to the charges made by the hospital for the use of delivery rooms or surgical suites. Such charges are entirely separate from the fees charged by obstetricians and surgeons. In most separate radiology billing situations, the total will approximate the amount billed singly by the radiologist in their office or billed singly by the hospital.

The two separate scales in Radiology Relative Values have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine or pathology. The two scales are compatible only within themselves. Within each of the two separate headings, the total dollar value and the PC or professional components dollar value, where appropriate, can be used. Some procedures are noted as a "BR" value or "By Report". This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include charges made by the hospital in which the procedure was accomplished. Such charges by the hospital cover the services of technologists and other helpers, the films, contrast media, radioactive agents, chemical and other materials, the use of the

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**CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA**

space and facilities of the x-ray department plus any other hospital costs. Most hospitals have derived their own schedule of charges of these items. The establishment of the hospital's charges is not properly the subject of this publication.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient, and he must retain full responsibility for his own activity and also full responsibility for the supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards and the general administration of the radiology department.

**D. REVIEW OF DIAGNOSTIC STUDIES**

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT<sup>®</sup> code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

**Historical Note**

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiation Guidelines repealed; new Appendix A, Radiation Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## ARIZONA PHYSICIANS' FEE SCHEDULE

**RADIOLOGY CODES 2020-2021**

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
70010 00	Radiology	1.72	1.72	\$185.00	\$185.00
70010 26	Radiology	0.45	0.45	\$73.78	\$73.78
70010 TC	Radiology	1.27	1.27	\$111.23	\$111.23
70015 00	Radiology	4.60	4.60	\$378.97	\$378.97
70015 26	Radiology	1.69	1.69	\$139.23	\$139.23
70015 TC	Radiology	2.91	2.91	\$239.74	\$239.74
70030 00	Radiology	0.87	0.87	\$71.67	\$71.67
70030 26	Radiology	0.24	0.24	\$19.77	\$19.77
70030 TC	Radiology	0.63	0.63	\$51.90	\$51.90
70100 00	Radiology	1.03	1.03	\$84.86	\$84.86
70100 26	Radiology	0.26	0.26	\$21.42	\$21.42
70100 TC	Radiology	0.77	0.77	\$63.44	\$63.44
70110 00	Radiology	1.19	1.19	\$98.04	\$98.04
70110 26	Radiology	0.36	0.36	\$29.66	\$29.66
70110 TC	Radiology	0.83	0.83	\$68.38	\$68.38
70120 00	Radiology	1.03	1.03	\$84.86	\$84.86
70120 26	Radiology	0.26	0.26	\$21.42	\$21.42
70120 TC	Radiology	0.77	0.77	\$63.44	\$63.44
70130 00	Radiology	1.68	1.68	\$138.41	\$138.41
70130 26	Radiology	0.49	0.49	\$40.37	\$40.37
70130 TC	Radiology	1.19	1.19	\$98.04	\$98.04
70134 00	Radiology	1.59	1.59	\$130.99	\$130.99
70134 26	Radiology	0.50	0.50	\$41.19	\$41.19
70134 TC	Radiology	1.09	1.09	\$89.80	\$89.80
70140 00	Radiology	0.88	0.88	\$72.50	\$72.50
70140 26	Radiology	0.29	0.29	\$23.89	\$23.89
70140 TC	Radiology	0.59	0.59	\$48.61	\$48.61
70150 00	Radiology	1.29	1.29	\$106.28	\$106.28
70150 26	Radiology	0.38	0.38	\$31.31	\$31.31
70150 TC	Radiology	0.91	0.91	\$74.97	\$74.97
70160 00	Radiology	1.02	1.02	\$84.03	\$84.03
70160 26	Radiology	0.25	0.25	\$20.60	\$20.60
70160 TC	Radiology	0.77	0.77	\$63.44	\$63.44
70170 00	Radiology	1.45	1.45	\$119.46	\$119.46
70170 26	Radiology	0.42	0.42	\$34.60	\$34.60
70170 TC	Radiology	1.03	1.03	\$84.86	\$84.86
70190 00	Radiology	1.08	1.08	\$88.98	\$88.98
70190 26	Radiology	0.32	0.32	\$26.36	\$26.36
70190 TC	Radiology	0.76	0.76	\$62.61	\$62.61

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**RADIOLOGY CODES 2020-2021**

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
70200 00	Radiology	1.31	1.31	\$107.92	\$107.92
70200 26	Radiology	0.40	0.40	\$32.95	\$32.95
70200 TC	Radiology	0.91	0.91	\$74.97	\$74.97
70210 00	Radiology	0.87	0.87	\$71.67	\$71.67
70210 26	Radiology	0.25	0.25	\$20.60	\$20.60
70210 TC	Radiology	0.62	0.62	\$51.08	\$51.08
70220 00	Radiology	1.03	1.03	\$84.86	\$84.86
70220 26	Radiology	0.32	0.32	\$26.36	\$26.36
70220 TC	Radiology	0.71	0.71	\$58.49	\$58.49
70240 00	Radiology	0.94	0.94	\$77.44	\$77.44
70240 26	Radiology	0.28	0.28	\$23.07	\$23.07
70240 TC	Radiology	0.66	0.66	\$54.37	\$54.37
70250 00	Radiology	1.00	1.00	\$82.38	\$82.38
70250 26	Radiology	0.29	0.29	\$23.89	\$23.89
70250 TC	Radiology	0.71	0.71	\$58.49	\$58.49
70260 00	Radiology	1.24	1.24	\$102.16	\$102.16
70260 26	Radiology	0.41	0.41	\$33.78	\$33.78
70260 TC	Radiology	0.83	0.83	\$68.38	\$68.38
70300 00	Radiology	0.39	0.39	\$32.13	\$32.13
70300 26	Radiology	0.16	0.16	\$13.18	\$13.18
70300 TC	Radiology	0.23	0.23	\$18.95	\$18.95
70310 00	Radiology	1.10	1.10	\$90.62	\$90.62
70310 26	Radiology	0.22	0.22	\$18.12	\$18.12
70310 TC	Radiology	0.88	0.88	\$72.50	\$72.50
70320 00	Radiology	1.56	1.56	\$128.52	\$128.52
70320 26	Radiology	0.33	0.33	\$27.19	\$27.19
70320 TC	Radiology	1.23	1.23	\$101.33	\$101.33
70328 00	Radiology	0.94	0.94	\$77.44	\$77.44
70328 26	Radiology	0.26	0.26	\$21.42	\$21.42
70328 TC	Radiology	0.68	0.68	\$56.02	\$56.02
70330 00	Radiology	1.45	1.45	\$119.46	\$119.46
70330 26	Radiology	0.35	0.35	\$28.83	\$28.83
70330 TC	Radiology	1.10	1.10	\$90.62	\$90.62
70332 00	Radiology	2.29	2.29	\$188.66	\$188.66
70332 26	Radiology	0.77	0.77	\$63.44	\$63.44
70332 TC	Radiology	1.52	1.52	\$125.22	\$125.22
70336 00	Radiology	8.68	8.68	\$715.10	\$715.10
70336 26	Radiology	2.10	2.10	\$173.01	\$173.01
70336 TC	Radiology	6.58	6.58	\$542.09	\$542.09

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
70350 00	Radiology	0.49	0.49	\$40.37	\$40.37
70350 26	Radiology	0.26	0.26	\$21.42	\$21.42
70350 TC	Radiology	0.23	0.23	\$18.95	\$18.95
70355 00	Radiology	0.54	0.54	\$44.49	\$44.49
70355 26	Radiology	0.30	0.30	\$24.72	\$24.72
70355 TC	Radiology	0.24	0.24	\$20.04	\$20.04
70360 00	Radiology	0.86	0.86	\$70.85	\$70.85
70360 26	Radiology	0.26	0.26	\$21.42	\$21.42
70360 TC	Radiology	0.60	0.60	\$49.43	\$49.43
70370 00	Radiology	2.49	2.49	\$205.14	\$205.14
70370 26	Radiology	0.42	0.42	\$34.60	\$34.60
70370 TC	Radiology	2.07	2.07	\$170.54	\$170.54
70371 00	Radiology	3.03	3.03	\$249.63	\$249.63
70371 26	Radiology	1.21	1.21	\$99.69	\$99.69
70371 TC	Radiology	1.82	1.82	\$149.94	\$149.94
70380 00	Radiology	1.01	1.01	\$83.21	\$83.21
70380 26	Radiology	0.24	0.24	\$19.77	\$19.77
70380 TC	Radiology	0.77	0.77	\$63.44	\$63.44
70390 00	Radiology	3.16	3.16	\$260.34	\$260.34
70390 26	Radiology	0.54	0.54	\$44.49	\$44.49
70390 TC	Radiology	2.62	2.62	\$215.85	\$215.85
70450 00	Radiology	3.25	3.25	\$267.75	\$267.75
70450 26	Radiology	1.21	1.21	\$99.69	\$99.69
70450 TC	Radiology	2.04	2.04	\$168.06	\$168.06
70460 00	Radiology	4.59	4.59	\$378.15	\$378.15
70460 26	Radiology	1.60	1.60	\$131.82	\$131.82
70460 TC	Radiology	2.99	2.99	\$246.33	\$246.33
70470 00	Radiology	5.38	5.38	\$443.23	\$443.23
70470 26	Radiology	1.80	1.80	\$148.29	\$148.29
70470 TC	Radiology	3.58	3.58	\$294.94	\$294.94
70480 00	Radiology	5.64	5.64	\$464.65	\$464.65
70480 26	Radiology	1.81	1.81	\$149.12	\$149.12
70480 TC	Radiology	3.83	3.83	\$315.53	\$315.53
70481 00	Radiology	6.29	6.29	\$518.20	\$518.20
70481 26	Radiology	1.60	1.60	\$131.82	\$131.82
70481 TC	Radiology	4.69	4.69	\$386.38	\$386.38
70482 00	Radiology	6.97	6.97	\$574.22	\$574.22
70482 26	Radiology	1.79	1.79	\$147.47	\$147.47
70482 TC	Radiology	5.18	5.18	\$426.75	\$426.75

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**RADIOLOGY CODES 2020-2021**

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
70486 00	Radiology	3.92	3.92	\$322.95	\$322.95
70486 26	Radiology	1.22	1.22	\$100.51	\$100.51
70486 TC	Radiology	2.70	2.70	\$222.44	\$222.44
70487 00	Radiology	4.70	4.70	\$387.21	\$387.21
70487 26	Radiology	1.60	1.60	\$131.82	\$131.82
70487 TC	Radiology	3.10	3.10	\$255.39	\$255.39
70488 00	Radiology	5.73	5.73	\$472.06	\$472.06
70488 26	Radiology	1.80	1.80	\$148.29	\$148.29
70488 TC	Radiology	3.93	3.93	\$323.77	\$323.77
70490 00	Radiology	4.63	4.63	\$381.44	\$381.44
70490 26	Radiology	1.82	1.82	\$149.94	\$149.94
70490 TC	Radiology	2.81	2.81	\$231.50	\$231.50
70491 00	Radiology	5.70	5.70	\$469.59	\$469.59
70491 26	Radiology	1.96	1.96	\$161.47	\$161.47
70491 TC	Radiology	3.74	3.74	\$308.12	\$308.12
70492 00	Radiology	6.89	6.89	\$567.63	\$567.63
70492 26	Radiology	2.31	2.31	\$190.31	\$190.31
70492 TC	Radiology	4.58	4.58	\$377.32	\$377.32
70496 00	Radiology	8.35	8.35	\$687.91	\$687.91
70496 26	Radiology	2.48	2.48	\$204.31	\$204.31
70496 TC	Radiology	5.87	5.87	\$483.60	\$483.60
70498 00	Radiology	8.34	8.34	\$687.09	\$687.09
70498 26	Radiology	2.48	2.48	\$204.31	\$204.31
70498 TC	Radiology	5.86	5.86	\$482.77	\$482.77
70540 00	Radiology	7.34	7.34	\$604.70	\$604.70
70540 26	Radiology	1.90	1.90	\$156.53	\$156.53
70540 TC	Radiology	5.44	5.44	\$448.17	\$448.17
70542 00	Radiology	8.72	8.72	\$718.40	\$718.40
70542 26	Radiology	2.31	2.31	\$190.31	\$190.31
70542 TC	Radiology	6.41	6.41	\$528.09	\$528.09
70543 00	Radiology	10.96	10.96	\$930.00	\$930.00
70543 26	Radiology	3.03	3.03	\$249.63	\$249.63
70543 TC	Radiology	7.93	7.93	\$802.04	\$802.04
70544 00	Radiology	6.90	6.90	\$568.45	\$568.45
70544 26	Radiology	1.70	1.70	\$140.05	\$140.05
70544 TC	Radiology	5.20	5.20	\$448.46	\$448.46
70545 00	Radiology	7.21	7.21	\$593.99	\$593.99
70545 26	Radiology	1.70	1.70	\$140.05	\$140.05
70545 TC	Radiology	5.51	5.51	\$455.20	\$455.20

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
70546 00	Radiology	10.46	10.46	\$1,021.00	\$1,021.00
70546 26	Radiology	2.11	2.11	\$173.83	\$173.83
70546 TC	Radiology	8.35	8.35	\$895.16	\$895.16
70547 00	Radiology	6.93	6.93	\$570.93	\$570.93
70547 26	Radiology	1.71	1.71	\$140.88	\$140.88
70547 TC	Radiology	5.22	5.22	\$447.46	\$447.46
70548 00	Radiology	7.74	7.74	\$637.66	\$637.66
70548 26	Radiology	2.13	2.13	\$175.48	\$175.48
70548 TC	Radiology	5.61	5.61	\$463.15	\$463.15
70549 00	Radiology	10.97	10.97	\$903.76	\$903.76
70549 26	Radiology	2.56	2.56	\$210.91	\$210.91
70549 TC	Radiology	8.41	8.41	\$755.16	\$755.16
70551 00	Radiology	6.28	6.28	\$539.50	\$539.50
70551 26	Radiology	2.11	2.11	\$173.83	\$173.83
70551 TC	Radiology	4.17	4.17	\$449.99	\$449.99
70552 00	Radiology	8.69	8.69	\$715.92	\$715.92
70552 26	Radiology	2.53	2.53	\$208.43	\$208.43
70552 TC	Radiology	6.16	6.16	\$507.49	\$507.49
70553 00	Radiology	10.27	10.27	\$846.09	\$846.09
70553 26	Radiology	3.25	3.25	\$267.75	\$267.75
70553 TC	Radiology	7.02	7.02	\$670.12	\$670.12
70554 00	Radiology	12.16	12.16	\$1,001.80	\$1,001.80
70554 26	Radiology	2.99	2.99	\$246.33	\$246.33
70554 TC	Radiology	9.17	9.17	\$755.47	\$755.47
70555 00	Radiology	21.00	21.00	\$1,730.08	\$1,730.08
70555 26	Radiology	3.57	3.57	\$294.11	\$294.11
70555 TC	Radiology	17.43	17.43	\$1,435.97	\$1,435.97
70557 00	Radiology	41.64	41.64	\$3,430.50	\$3,430.50
70557 26	Radiology	4.58	4.58	\$377.32	\$377.32
70557 TC	Radiology	37.06	37.06	\$3,053.18	\$3,053.18
70558 00	Radiology	44.27	44.27	\$3,647.17	\$3,647.17
70558 26	Radiology	4.87	4.87	\$401.21	\$401.21
70558 TC	Radiology	39.40	39.40	\$3,245.96	\$3,245.96
70559 00	Radiology	42.45	42.45	\$3,497.23	\$3,497.23
70559 26	Radiology	4.67	4.67	\$384.74	\$384.74
70559 TC	Radiology	37.78	37.78	\$3,112.50	\$3,112.50
71045 00	Radiology	0.72	0.72	\$59.32	\$59.32
71045 26	Radiology	0.26	0.26	\$21.42	\$21.42
71045 TC	Radiology	0.46	0.46	\$37.90	\$37.90

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
71046 00	Radiology	0.92	0.92	\$75.79	\$75.79
71046 26	Radiology	0.31	0.31	\$25.54	\$25.54
71046 TC	Radiology	0.61	0.61	\$50.25	\$50.25
71047 00	Radiology	1.16	1.16	\$95.57	\$95.57
71047 26	Radiology	0.39	0.39	\$32.13	\$32.13
71047 TC	Radiology	0.77	0.77	\$63.44	\$63.44
71048 00	Radiology	1.26	1.26	\$103.80	\$103.80
71048 26	Radiology	0.46	0.46	\$37.90	\$37.90
71048 TC	Radiology	0.80	0.80	\$65.91	\$65.91
71100 00	Radiology	1.00	1.00	\$82.38	\$82.38
71100 26	Radiology	0.32	0.32	\$26.36	\$26.36
71100 TC	Radiology	0.68	0.68	\$56.02	\$56.02
71101 00	Radiology	1.15	1.15	\$94.74	\$94.74
71101 26	Radiology	0.38	0.38	\$31.31	\$31.31
71101 TC	Radiology	0.77	0.77	\$63.44	\$63.44
71110 00	Radiology	1.21	1.21	\$99.69	\$99.69
71110 26	Radiology	0.42	0.42	\$34.60	\$34.60
71110 TC	Radiology	0.79	0.79	\$65.08	\$65.08
71111 00	Radiology	1.44	1.44	\$118.63	\$118.63
71111 26	Radiology	0.46	0.46	\$37.90	\$37.90
71111 TC	Radiology	0.98	0.98	\$80.74	\$80.74
71120 00	Radiology	0.92	0.92	\$75.79	\$75.79
71120 26	Radiology	0.29	0.29	\$23.89	\$23.89
71120 TC	Radiology	0.63	0.63	\$51.90	\$51.90
71130 00	Radiology	1.12	1.12	\$92.27	\$92.27
71130 26	Radiology	0.32	0.32	\$26.36	\$26.36
71130 TC	Radiology	0.80	0.80	\$65.91	\$65.91
71250 00	Radiology	4.45	4.45	\$366.61	\$366.61
71250 26	Radiology	1.64	1.64	\$135.11	\$135.11
71250 TC	Radiology	2.81	2.81	\$231.50	\$231.50
71260 00	Radiology	5.52	5.52	\$454.76	\$454.76
71260 26	Radiology	1.77	1.77	\$145.82	\$145.82
71260 TC	Radiology	3.75	3.75	\$308.94	\$308.94
71270 00	Radiology	6.53	6.53	\$537.97	\$537.97
71270 26	Radiology	1.95	1.95	\$160.65	\$160.65
71270 TC	Radiology	4.58	4.58	\$377.32	\$377.32
71275 00	Radiology	8.53	8.53	\$702.74	\$702.74
71275 26	Radiology	2.58	2.58	\$212.55	\$212.55
71275 TC	Radiology	5.95	5.95	\$490.19	\$490.19

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
71550 00	Radiology	11.16	11.16	\$919.41	\$919.41
71550 26	Radiology	2.08	2.08	\$171.36	\$171.36
71550 TC	Radiology	9.08	9.08	\$748.05	\$748.05
71551 00	Radiology	12.31	12.31	\$1,014.16	\$1,014.16
71551 26	Radiology	2.45	2.45	\$201.84	\$201.84
71551 TC	Radiology	9.86	9.86	\$812.31	\$812.31
71552 00	Radiology	15.58	15.58	\$1,283.55	\$1,283.55
71552 26	Radiology	3.18	3.18	\$261.98	\$261.98
71552 TC	Radiology	12.40	12.40	\$1,021.57	\$1,021.57
71555 00	Radiology	10.81	10.81	\$890.58	\$890.58
71555 26	Radiology	2.54	2.54	\$209.26	\$209.26
71555 TC	Radiology	8.27	8.27	\$681.32	\$681.32
72020 00	Radiology	0.68	0.68	\$73.00	\$73.00
72020 26	Radiology	0.23	0.23	\$23.32	\$23.32
72020 TC	Radiology	0.45	0.45	\$49.68	\$49.68
72040 00	Radiology	1.07	1.07	\$88.15	\$88.15
72040 26	Radiology	0.32	0.32	\$26.36	\$26.36
72040 TC	Radiology	0.75	0.75	\$61.79	\$61.79
72050 00	Radiology	1.42	1.42	\$116.99	\$116.99
72050 26	Radiology	0.39	0.39	\$32.13	\$32.13
72050 TC	Radiology	1.03	1.03	\$84.86	\$84.86
72052 00	Radiology	1.67	1.67	\$137.58	\$137.58
72052 26	Radiology	0.43	0.43	\$35.43	\$35.43
72052 TC	Radiology	1.24	1.24	\$102.16	\$102.16
72070 00	Radiology	0.89	0.89	\$73.32	\$73.32
72070 26	Radiology	0.29	0.29	\$23.89	\$23.89
72070 TC	Radiology	0.60	0.60	\$49.43	\$49.43
72072 00	Radiology	1.08	1.08	\$88.98	\$88.98
72072 26	Radiology	0.33	0.33	\$27.19	\$27.19
72072 TC	Radiology	0.75	0.75	\$61.79	\$61.79
72074 00	Radiology	1.21	1.21	\$99.69	\$99.69
72074 26	Radiology	0.35	0.35	\$28.83	\$28.83
72074 TC	Radiology	0.86	0.86	\$70.85	\$70.85
72080 00	Radiology	0.96	0.96	\$79.09	\$79.09
72080 26	Radiology	0.31	0.31	\$25.54	\$25.54
72080 TC	Radiology	0.65	0.65	\$53.55	\$53.55
72081 00	Radiology	1.17	1.17	\$96.39	\$96.39
72081 26	Radiology	0.38	0.38	\$31.31	\$31.31
72081 TC	Radiology	0.79	0.79	\$65.08	\$65.08

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
72082 00	Radiology	1.90	1.90	\$156.53	\$156.53
72082 26	Radiology	0.46	0.46	\$37.90	\$37.90
72082 TC	Radiology	1.44	1.44	\$118.63	\$118.63
72083 00	Radiology	2.21	2.21	\$182.07	\$182.07
72083 26	Radiology	0.52	0.52	\$42.84	\$42.84
72083 TC	Radiology	1.69	1.69	\$139.23	\$139.23
72084 00	Radiology	2.62	2.62	\$215.85	\$215.85
72084 26	Radiology	0.59	0.59	\$48.61	\$48.61
72084 TC	Radiology	2.03	2.03	\$167.24	\$167.24
72100 00	Radiology	1.07	1.07	\$88.15	\$88.15
72100 26	Radiology	0.32	0.32	\$26.36	\$26.36
72100 TC	Radiology	0.75	0.75	\$61.79	\$61.79
72110 00	Radiology	1.36	1.36	\$112.04	\$112.04
72110 26	Radiology	0.37	0.37	\$30.48	\$30.48
72110 TC	Radiology	0.99	0.99	\$81.56	\$81.56
72114 00	Radiology	1.67	1.67	\$137.58	\$137.58
72114 26	Radiology	0.43	0.43	\$35.43	\$35.43
72114 TC	Radiology	1.24	1.24	\$102.16	\$102.16
72120 00	Radiology	1.11	1.11	\$91.45	\$91.45
72120 26	Radiology	0.32	0.32	\$26.36	\$26.36
72120 TC	Radiology	0.79	0.79	\$65.08	\$65.08
72125 00	Radiology	4.38	4.38	\$360.85	\$360.85
72125 26	Radiology	1.42	1.42	\$116.99	\$116.99
72125 TC	Radiology	2.96	2.96	\$243.86	\$243.86
72126 00	Radiology	5.50	5.50	\$453.12	\$453.12
72126 26	Radiology	1.73	1.73	\$142.53	\$142.53
72126 TC	Radiology	3.77	3.77	\$310.59	\$310.59
72127 00	Radiology	6.48	6.48	\$533.85	\$533.85
72127 26	Radiology	1.80	1.80	\$148.29	\$148.29
72127 TC	Radiology	4.68	4.68	\$385.56	\$385.56
72128 00	Radiology	4.38	4.38	\$360.85	\$360.85
72128 26	Radiology	1.42	1.42	\$116.99	\$116.99
72128 TC	Radiology	2.96	2.96	\$243.86	\$243.86
72129 00	Radiology	5.54	5.54	\$456.41	\$456.41
72129 26	Radiology	1.73	1.73	\$142.53	\$142.53
72129 TC	Radiology	3.81	3.81	\$313.89	\$313.89
72130 00	Radiology	6.49	6.49	\$534.68	\$534.68
72130 26	Radiology	1.80	1.80	\$148.29	\$148.29
72130 TC	Radiology	4.69	4.69	\$386.38	\$386.38

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
72131 00	Radiology	4.36	4.36	\$359.20	\$359.20
72131 26	Radiology	1.42	1.42	\$116.99	\$116.99
72131 TC	Radiology	2.94	2.94	\$242.21	\$242.21
72132 00	Radiology	5.51	5.51	\$453.94	\$453.94
72132 26	Radiology	1.73	1.73	\$142.53	\$142.53
72132 TC	Radiology	3.78	3.78	\$311.41	\$311.41
72133 00	Radiology	6.45	6.45	\$531.38	\$531.38
72133 26	Radiology	1.79	1.79	\$147.47	\$147.47
72133 TC	Radiology	4.66	4.66	\$383.91	\$383.91
72141 00	Radiology	6.11	6.11	\$515.50	\$515.50
72141 26	Radiology	2.11	2.11	\$173.83	\$173.83
72141 TC	Radiology	4.00	4.00	\$425.70	\$425.70
72142 00	Radiology	8.88	8.88	\$731.58	\$731.58
72142 26	Radiology	2.54	2.54	\$209.26	\$209.26
72142 TC	Radiology	6.34	6.34	\$522.32	\$522.32
72146 00	Radiology	6.11	6.11	\$506.00	\$506.00
72146 26	Radiology	2.11	2.11	\$173.83	\$173.83
72146 TC	Radiology	4.00	4.00	\$414.34	\$414.34
72147 00	Radiology	8.82	8.82	\$726.63	\$726.63
72147 26	Radiology	2.53	2.53	\$208.43	\$208.43
72147 TC	Radiology	6.29	6.29	\$518.20	\$518.20
72148 00	Radiology	6.12	6.12	\$504.19	\$504.19
72148 26	Radiology	2.11	2.11	\$173.83	\$173.83
72148 TC	Radiology	4.01	4.01	\$411.63	\$411.63
72149 00	Radiology	8.74	8.74	\$720.04	\$720.04
72149 26	Radiology	2.53	2.53	\$208.43	\$208.43
72149 TC	Radiology	6.21	6.21	\$511.61	\$511.61
72156 00	Radiology	10.35	10.35	\$852.68	\$852.68
72156 26	Radiology	3.25	3.25	\$267.75	\$267.75
72156 TC	Radiology	7.10	7.10	\$673.70	\$673.70
72157 00	Radiology	10.37	10.37	\$854.33	\$854.33
72157 26	Radiology	3.25	3.25	\$267.75	\$267.75
72157 TC	Radiology	7.12	7.12	\$654.20	\$654.20
72158 00	Radiology	10.33	10.33	\$851.03	\$851.03
72158 26	Radiology	3.25	3.25	\$267.75	\$267.75
72158 TC	Radiology	7.08	7.08	\$665.12	\$665.12
72159 00	Radiology	11.22	11.22	\$924.36	\$924.36
72159 26	Radiology	2.56	2.56	\$210.91	\$210.91
72159 TC	Radiology	8.66	8.66	\$713.45	\$713.45

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
72170 00	Radiology	0.80	0.80	\$65.91	\$65.91
72170 26	Radiology	0.25	0.25	\$20.60	\$20.60
72170 TC	Radiology	0.55	0.55	\$45.31	\$45.31
72190 00	Radiology	1.14	1.14	\$93.92	\$93.92
72190 26	Radiology	0.36	0.36	\$29.66	\$29.66
72190 TC	Radiology	0.78	0.78	\$64.26	\$64.26
72191 00	Radiology	9.08	9.08	\$748.05	\$748.05
72191 26	Radiology	2.54	2.54	\$209.26	\$209.26
72191 TC	Radiology	6.54	6.54	\$538.80	\$538.80
72192 00	Radiology	4.09	4.09	\$336.95	\$336.95
72192 26	Radiology	1.54	1.54	\$126.87	\$126.87
72192 TC	Radiology	2.55	2.55	\$210.08	\$210.08
72193 00	Radiology	6.81	6.81	\$561.04	\$561.04
72193 26	Radiology	1.64	1.64	\$135.11	\$135.11
72193 TC	Radiology	5.17	5.17	\$425.93	\$425.93
72194 00	Radiology	7.66	7.66	\$631.07	\$631.07
72194 26	Radiology	1.73	1.73	\$142.53	\$142.53
72194 TC	Radiology	5.93	5.93	\$488.54	\$488.54
72195 00	Radiology	7.49	7.49	\$617.06	\$617.06
72195 26	Radiology	2.08	2.08	\$171.36	\$171.36
72195 TC	Radiology	5.41	5.41	\$445.70	\$445.70
72196 00	Radiology	8.74	8.74	\$720.04	\$720.04
72196 26	Radiology	2.46	2.46	\$202.67	\$202.67
72196 TC	Radiology	6.28	6.28	\$517.38	\$517.38
72197 00	Radiology	10.99	10.99	\$935.50	\$935.50
72197 26	Radiology	3.10	3.10	\$255.39	\$255.39
72197 TC	Radiology	7.89	7.89	\$806.34	\$806.34
72198 00	Radiology	10.86	10.86	\$894.70	\$894.70
72198 26	Radiology	2.52	2.52	\$207.61	\$207.61
72198 TC	Radiology	8.34	8.34	\$687.09	\$687.09
72200 00	Radiology	0.90	0.90	\$74.15	\$74.15
72200 26	Radiology	0.25	0.25	\$20.60	\$20.60
72200 TC	Radiology	0.65	0.65	\$53.55	\$53.55
72202 00	Radiology	1.07	1.07	\$88.15	\$88.15
72202 26	Radiology	0.33	0.33	\$27.19	\$27.19
72202 TC	Radiology	0.74	0.74	\$60.96	\$60.96
72220 00	Radiology	0.88	0.88	\$72.50	\$72.50
72220 26	Radiology	0.25	0.25	\$20.60	\$20.60
72220 TC	Radiology	0.63	0.63	\$51.90	\$51.90

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
72240 00	Radiology	3.14	3.14	\$258.69	\$258.69
72240 26	Radiology	1.30	1.30	\$107.10	\$107.10
72240 TC	Radiology	1.84	1.84	\$151.59	\$151.59
72255 00	Radiology	3.19	3.19	\$262.81	\$262.81
72255 26	Radiology	1.35	1.35	\$111.22	\$111.22
72255 TC	Radiology	1.84	1.84	\$151.59	\$151.59
72265 00	Radiology	2.90	2.90	\$238.92	\$238.92
72265 26	Radiology	1.16	1.16	\$95.57	\$95.57
72265 TC	Radiology	1.74	1.74	\$143.35	\$143.35
72270 00	Radiology	4.00	4.00	\$329.54	\$329.54
72270 26	Radiology	1.91	1.91	\$157.35	\$157.35
72270 TC	Radiology	2.09	2.09	\$172.18	\$172.18
72275 00	Radiology	3.69	3.69	\$304.00	\$304.00
72275 26	Radiology	1.12	1.12	\$92.27	\$92.27
72275 TC	Radiology	2.57	2.57	\$211.73	\$211.73
72285 00	Radiology	3.45	3.45	\$310.00	\$310.00
72285 26	Radiology	1.68	1.68	\$138.41	\$138.41
72285 TC	Radiology	1.77	1.77	\$230.83	\$230.83
72295 00	Radiology	3.02	3.02	\$289.50	\$289.50
72295 26	Radiology	1.21	1.21	\$99.69	\$99.69
72295 TC	Radiology	1.81	1.81	\$213.97	\$213.97
73000 00	Radiology	0.88	0.88	\$72.50	\$72.50
73000 26	Radiology	0.24	0.24	\$19.77	\$19.77
73000 TC	Radiology	0.64	0.64	\$52.73	\$52.73
73010 00	Radiology	0.78	0.78	\$64.26	\$64.26
73010 26	Radiology	0.26	0.26	\$21.42	\$21.42
73010 TC	Radiology	0.52	0.52	\$42.84	\$42.84
73020 00	Radiology	0.60	0.60	\$49.43	\$49.43
73020 26	Radiology	0.22	0.22	\$18.12	\$18.12
73020 TC	Radiology	0.38	0.38	\$31.31	\$31.31
73030 00	Radiology	0.93	0.93	\$76.62	\$76.62
73030 26	Radiology	0.27	0.27	\$22.24	\$22.24
73030 TC	Radiology	0.66	0.66	\$54.37	\$54.37
73040 00	Radiology	3.39	3.39	\$279.28	\$279.28
73040 26	Radiology	0.78	0.78	\$64.26	\$64.26
73040 TC	Radiology	2.61	2.61	\$215.02	\$215.02
73050 00	Radiology	0.88	0.88	\$72.50	\$72.50
73050 26	Radiology	0.27	0.27	\$22.24	\$22.24
73050 TC	Radiology	0.61	0.61	\$50.25	\$50.25

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
73060 00	Radiology	0.88	0.88	\$72.50	\$72.50
73060 26	Radiology	0.24	0.24	\$19.77	\$19.77
73060 TC	Radiology	0.64	0.64	\$52.73	\$52.73
73070 00	Radiology	0.80	0.80	\$65.91	\$65.91
73070 26	Radiology	0.24	0.24	\$19.77	\$19.77
73070 TC	Radiology	0.56	0.56	\$46.14	\$46.14
73080 00	Radiology	0.87	0.87	\$71.67	\$71.67
73080 26	Radiology	0.25	0.25	\$20.60	\$20.60
73080 TC	Radiology	0.62	0.62	\$51.08	\$51.08
73085 00	Radiology	3.18	3.18	\$261.98	\$261.98
73085 26	Radiology	0.83	0.83	\$68.38	\$68.38
73085 TC	Radiology	2.35	2.35	\$193.60	\$193.60
73090 00	Radiology	0.81	0.81	\$66.73	\$66.73
73090 26	Radiology	0.24	0.24	\$19.77	\$19.77
73090 TC	Radiology	0.57	0.57	\$46.96	\$46.96
73092 00	Radiology	0.85	0.85	\$70.03	\$70.03
73092 26	Radiology	0.23	0.23	\$18.95	\$18.95
73092 TC	Radiology	0.62	0.62	\$51.08	\$51.08
73100 00	Radiology	0.92	0.92	\$75.79	\$75.79
73100 26	Radiology	0.24	0.24	\$19.77	\$19.77
73100 TC	Radiology	0.68	0.68	\$56.02	\$56.02
73110 00	Radiology	1.09	1.09	\$89.80	\$89.80
73110 26	Radiology	0.25	0.25	\$20.60	\$20.60
73110 TC	Radiology	0.84	0.84	\$69.20	\$69.20
73115 00	Radiology	3.56	3.56	\$293.29	\$293.29
73115 26	Radiology	0.80	0.80	\$65.91	\$65.91
73115 TC	Radiology	2.76	2.76	\$227.38	\$227.38
73120 00	Radiology	0.85	0.85	\$70.03	\$70.03
73120 26	Radiology	0.24	0.24	\$19.77	\$19.77
73120 TC	Radiology	0.61	0.61	\$50.25	\$50.25
73130 00	Radiology	0.98	0.98	\$80.74	\$80.74
73130 26	Radiology	0.25	0.25	\$20.60	\$20.60
73130 TC	Radiology	0.73	0.73	\$60.14	\$60.14
73140 00	Radiology	1.00	1.00	\$82.38	\$82.38
73140 26	Radiology	0.20	0.20	\$16.48	\$16.48
73140 TC	Radiology	0.80	0.80	\$65.91	\$65.91
73200 00	Radiology	5.03	5.03	\$414.40	\$414.40
73200 26	Radiology	1.42	1.42	\$116.99	\$116.99
73200 TC	Radiology	3.61	3.61	\$297.41	\$297.41

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
73201 00	Radiology	6.26	6.26	\$515.73	\$515.73
73201 26	Radiology	1.64	1.64	\$135.11	\$135.11
73201 TC	Radiology	4.62	4.62	\$380.62	\$380.62
73202 00	Radiology	7.82	7.82	\$644.25	\$644.25
73202 26	Radiology	1.73	1.73	\$142.53	\$142.53
73202 TC	Radiology	6.09	6.09	\$501.72	\$501.72
73206 00	Radiology	9.24	9.24	\$761.24	\$761.24
73206 26	Radiology	2.54	2.54	\$209.26	\$209.26
73206 TC	Radiology	6.70	6.70	\$551.98	\$551.98
73218 00	Radiology	9.93	9.93	\$818.08	\$818.08
73218 26	Radiology	1.92	1.92	\$158.18	\$158.18
73218 TC	Radiology	8.01	8.01	\$659.90	\$659.90
73219 00	Radiology	10.98	10.98	\$904.58	\$904.58
73219 26	Radiology	2.32	2.32	\$191.13	\$191.13
73219 TC	Radiology	8.66	8.66	\$713.45	\$713.45
73220 00	Radiology	13.48	13.48	\$1,110.55	\$1,110.55
73220 26	Radiology	3.04	3.04	\$250.45	\$250.45
73220 TC	Radiology	10.44	10.44	\$860.10	\$860.10
73221 00	Radiology	6.47	6.47	\$533.03	\$533.03
73221 26	Radiology	1.95	1.95	\$160.65	\$160.65
73221 TC	Radiology	4.52	4.52	\$418.25	\$418.25
73222 00	Radiology	10.29	10.29	\$847.74	\$847.74
73222 26	Radiology	2.32	2.32	\$191.13	\$191.13
73222 TC	Radiology	7.97	7.97	\$656.61	\$656.61
73223 00	Radiology	12.72	12.72	\$1,047.93	\$1,047.93
73223 26	Radiology	3.04	3.04	\$250.45	\$250.45
73223 TC	Radiology	9.68	9.68	\$799.96	\$799.96
73225 00	Radiology	11.13	11.13	\$916.94	\$916.94
73225 26	Radiology	2.47	2.47	\$203.49	\$203.49
73225 TC	Radiology	8.66	8.66	\$713.45	\$713.45
73501 00	Radiology	0.89	0.89	\$73.32	\$73.32
73501 26	Radiology	0.27	0.27	\$22.24	\$22.24
73501 TC	Radiology	0.62	0.62	\$51.08	\$51.08
73502 00	Radiology	1.27	1.27	\$104.63	\$104.63
73502 26	Radiology	0.32	0.32	\$26.36	\$26.36
73502 TC	Radiology	0.95	0.95	\$78.27	\$78.27
73503 00	Radiology	1.57	1.57	\$129.34	\$129.34
73503 26	Radiology	0.39	0.39	\$32.13	\$32.13
73503 TC	Radiology	1.18	1.18	\$97.21	\$97.21

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
73521 00	Radiology	1.12	1.12	\$92.27	\$92.27
73521 26	Radiology	0.32	0.32	\$26.36	\$26.36
73521 TC	Radiology	0.80	0.80	\$65.91	\$65.91
73522 00	Radiology	1.46	1.46	\$120.28	\$120.28
73522 26	Radiology	0.42	0.42	\$34.60	\$34.60
73522 TC	Radiology	1.04	1.04	\$85.68	\$85.68
73523 00	Radiology	1.66	1.66	\$136.76	\$136.76
73523 26	Radiology	0.45	0.45	\$37.07	\$37.07
73523 TC	Radiology	1.21	1.21	\$99.69	\$99.69
73525 00	Radiology	3.47	3.47	\$285.88	\$285.88
73525 26	Radiology	0.84	0.84	\$69.20	\$69.20
73525 TC	Radiology	2.63	2.63	\$216.67	\$216.67
73551 00	Radiology	0.82	0.82	\$67.56	\$67.56
73551 26	Radiology	0.24	0.24	\$19.77	\$19.77
73551 TC	Radiology	0.58	0.58	\$47.78	\$47.78
73552 00	Radiology	0.97	0.97	\$79.91	\$79.91
73552 26	Radiology	0.26	0.26	\$21.42	\$21.42
73552 TC	Radiology	0.71	0.71	\$58.49	\$58.49
73560 00	Radiology	0.94	0.94	\$77.44	\$77.44
73560 26	Radiology	0.24	0.24	\$19.77	\$19.77
73560 TC	Radiology	0.70	0.70	\$57.67	\$57.67
73562 00	Radiology	1.10	1.10	\$90.62	\$90.62
73562 26	Radiology	0.27	0.27	\$22.24	\$22.24
73562 TC	Radiology	0.83	0.83	\$68.38	\$68.38
73564 00	Radiology	1.23	1.23	\$101.33	\$101.33
73564 26	Radiology	0.32	0.32	\$26.36	\$26.36
73564 TC	Radiology	0.91	0.91	\$74.97	\$74.97
73565 00	Radiology	1.09	1.09	\$89.80	\$89.80
73565 26	Radiology	0.25	0.25	\$20.60	\$20.60
73565 TC	Radiology	0.84	0.84	\$69.20	\$69.20
73580 00	Radiology	3.84	3.84	\$316.36	\$316.36
73580 26	Radiology	0.82	0.82	\$67.56	\$67.56
73580 TC	Radiology	3.02	3.02	\$248.80	\$248.80
73590 00	Radiology	0.86	0.86	\$70.85	\$70.85
73590 26	Radiology	0.23	0.23	\$18.95	\$18.95
73590 TC	Radiology	0.63	0.63	\$51.90	\$51.90
73592 00	Radiology	0.85	0.85	\$70.03	\$70.03
73592 26	Radiology	0.23	0.23	\$18.95	\$18.95
73592 TC	Radiology	0.62	0.62	\$51.08	\$51.08

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
73600 00	Radiology	0.89	0.89	\$73.32	\$73.32
73600 26	Radiology	0.24	0.24	\$19.77	\$19.77
73600 TC	Radiology	0.65	0.65	\$53.55	\$53.55
73610 00	Radiology	0.98	0.98	\$80.74	\$80.74
73610 26	Radiology	0.25	0.25	\$20.60	\$20.60
73610 TC	Radiology	0.73	0.73	\$60.14	\$60.14
73615 00	Radiology	3.61	3.61	\$297.41	\$297.41
73615 26	Radiology	0.83	0.83	\$68.38	\$68.38
73615 TC	Radiology	2.78	2.78	\$229.03	\$229.03
73620 00	Radiology	0.78	0.78	\$64.26	\$64.26
73620 26	Radiology	0.22	0.22	\$18.12	\$18.12
73620 TC	Radiology	0.56	0.56	\$46.14	\$46.14
73630 00	Radiology	0.92	0.92	\$75.79	\$75.79
73630 26	Radiology	0.24	0.24	\$19.77	\$19.77
73630 TC	Radiology	0.68	0.68	\$56.02	\$56.02
73650 00	Radiology	0.79	0.79	\$65.08	\$65.08
73650 26	Radiology	0.23	0.23	\$18.95	\$18.95
73650 TC	Radiology	0.56	0.56	\$46.14	\$46.14
73660 00	Radiology	0.79	0.79	\$65.08	\$65.08
73660 26	Radiology	0.19	0.19	\$15.65	\$15.65
73660 TC	Radiology	0.60	0.60	\$49.43	\$49.43
73700 00	Radiology	4.36	4.36	\$359.20	\$359.20
73700 26	Radiology	1.42	1.42	\$116.99	\$116.99
73700 TC	Radiology	2.94	2.94	\$242.21	\$242.21
73701 00	Radiology	5.45	5.45	\$449.00	\$449.00
73701 26	Radiology	1.64	1.64	\$135.11	\$135.11
73701 TC	Radiology	3.81	3.81	\$313.89	\$313.89
73702 00	Radiology	6.56	6.56	\$540.44	\$540.44
73702 26	Radiology	1.72	1.72	\$141.70	\$141.70
73702 TC	Radiology	4.84	4.84	\$398.74	\$398.74
73706 00	Radiology	10.00	10.00	\$823.85	\$823.85
73706 26	Radiology	2.66	2.66	\$219.14	\$219.14
73706 TC	Radiology	7.34	7.34	\$604.70	\$604.70
73718 00	Radiology	7.25	7.25	\$597.29	\$597.29
73718 26	Radiology	1.91	1.91	\$157.35	\$157.35
73718 TC	Radiology	5.34	5.34	\$439.93	\$439.93
73719 00	Radiology	8.58	8.58	\$706.86	\$706.86
73719 26	Radiology	2.31	2.31	\$190.31	\$190.31
73719 TC	Radiology	6.27	6.27	\$516.55	\$516.55

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
73720 00	Radiology	10.98	10.98	\$904.58	\$904.58
73720 26	Radiology	3.03	3.03	\$249.63	\$249.63
73720 TC	Radiology	7.95	7.95	\$654.96	\$654.96
73721 00	Radiology	6.44	6.44	\$530.56	\$530.56
73721 26	Radiology	1.92	1.92	\$158.18	\$158.18
73721 TC	Radiology	4.52	4.52	\$406.75	\$406.75
73722 00	Radiology	10.31	10.31	\$849.39	\$849.39
73722 26	Radiology	2.32	2.32	\$191.13	\$191.13
73722 TC	Radiology	7.99	7.99	\$658.25	\$658.25
73723 00	Radiology	12.70	12.70	\$1,046.29	\$1,046.29
73723 26	Radiology	3.04	3.04	\$250.45	\$250.45
73723 TC	Radiology	9.66	9.66	\$795.84	\$795.84
73725 00	Radiology	10.88	10.88	\$896.35	\$896.35
73725 26	Radiology	2.55	2.55	\$210.08	\$210.08
73725 TC	Radiology	8.33	8.33	\$686.27	\$686.27
74018 00	Radiology	0.82	0.82	\$67.56	\$67.56
74018 26	Radiology	0.26	0.26	\$21.42	\$21.42
74018 TC	Radiology	0.56	0.56	\$46.14	\$46.14
74019 00	Radiology	1.01	1.01	\$83.21	\$83.21
74019 26	Radiology	0.33	0.33	\$27.19	\$27.19
74019 TC	Radiology	0.68	0.68	\$56.02	\$56.02
74021 00	Radiology	1.17	1.17	\$96.39	\$96.39
74021 26	Radiology	0.38	0.38	\$31.31	\$31.31
74021 TC	Radiology	0.79	0.79	\$65.08	\$65.08
74022 00	Radiology	1.36	1.36	\$112.04	\$112.04
74022 26	Radiology	0.45	0.45	\$37.07	\$37.07
74022 TC	Radiology	0.91	0.91	\$74.97	\$74.97
74150 00	Radiology	4.20	4.20	\$346.02	\$346.02
74150 26	Radiology	1.69	1.69	\$139.23	\$139.23
74150 TC	Radiology	2.51	2.51	\$206.79	\$206.79
74160 00	Radiology	6.96	6.96	\$573.40	\$573.40
74160 26	Radiology	1.81	1.81	\$149.12	\$149.12
74160 TC	Radiology	5.15	5.15	\$424.28	\$424.28
74170 00	Radiology	7.85	7.85	\$646.72	\$646.72
74170 26	Radiology	1.99	1.99	\$163.95	\$163.95
74170 TC	Radiology	5.86	5.86	\$482.77	\$482.77
74174 00	Radiology	11.40	11.40	\$939.19	\$939.19
74174 26	Radiology	3.10	3.10	\$255.39	\$255.39
74174 TC	Radiology	8.30	8.30	\$683.79	\$683.79

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
74175 00	Radiology	9.10	9.10	\$749.70	\$749.70
74175 26	Radiology	2.57	2.57	\$211.73	\$211.73
74175 TC	Radiology	6.53	6.53	\$537.97	\$537.97
74176 00	Radiology	5.63	5.63	\$463.83	\$463.83
74176 26	Radiology	2.47	2.47	\$203.49	\$203.49
74176 TC	Radiology	3.16	3.16	\$260.34	\$260.34
74177 00	Radiology	9.21	9.21	\$758.76	\$758.76
74177 26	Radiology	2.59	2.59	\$213.38	\$213.38
74177 TC	Radiology	6.62	6.62	\$545.39	\$545.39
74178 00	Radiology	10.35	10.35	\$852.68	\$852.68
74178 26	Radiology	2.84	2.84	\$233.97	\$233.97
74178 TC	Radiology	7.51	7.51	\$618.71	\$618.71
74181 00	Radiology	6.34	6.34	\$522.32	\$522.32
74181 26	Radiology	2.08	2.08	\$171.36	\$171.36
74181 TC	Radiology	4.26	4.26	\$397.30	\$397.30
74182 00	Radiology	9.90	9.90	\$815.61	\$815.61
74182 26	Radiology	2.46	2.46	\$202.67	\$202.67
74182 TC	Radiology	7.44	7.44	\$612.94	\$612.94
74183 00	Radiology	11.01	11.01	\$935.50	\$935.50
74183 26	Radiology	3.10	3.10	\$255.39	\$255.39
74183 TC	Radiology	7.91	7.91	\$806.34	\$806.34
74185 00	Radiology	10.91	10.91	\$898.82	\$898.82
74185 26	Radiology	2.53	2.53	\$208.43	\$208.43
74185 TC	Radiology	8.38	8.38	\$690.38	\$690.38
74190 00	Radiology	1.65	1.65	\$135.93	\$135.93
74190 26	Radiology	0.66	0.66	\$54.37	\$54.37
74190 TC	Radiology	0.99	0.99	\$87.91	\$87.91
74210 00	Radiology	2.66	2.66	\$219.14	\$219.14
74210 26	Radiology	0.84	0.84	\$69.20	\$69.20
74210 TC	Radiology	1.82	1.82	\$149.94	\$149.94
74220 00	Radiology	2.71	2.71	\$223.26	\$223.26
74220 26	Radiology	0.85	0.85	\$70.03	\$70.03
74220 TC	Radiology	1.86	1.86	\$153.24	\$153.24
74221 00	Radiology	3.06	3.06	\$252.10	\$252.10
74221 26	Radiology	0.99	0.99	\$81.56	\$81.56
74221 TC	Radiology	2.07	2.07	\$170.54	\$170.54
74230 00	Radiology	3.64	3.64	\$299.88	\$299.88
74230 26	Radiology	0.75	0.75	\$61.79	\$61.79
74230 TC	Radiology	2.89	2.89	\$238.09	\$238.09

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
74235 00	Radiology	4.83	4.83	\$397.92	\$397.92
74235 26	Radiology	1.69	1.69	\$139.23	\$139.23
74235 TC	Radiology	3.14	3.14	\$258.69	\$258.69
74240 00	Radiology	3.39	3.39	\$279.28	\$279.28
74240 26	Radiology	1.15	1.15	\$94.74	\$94.74
74240 TC	Radiology	2.24	2.24	\$184.54	\$184.54
74246 00	Radiology	3.90	3.90	\$321.30	\$321.30
74246 26	Radiology	1.28	1.28	\$105.45	\$105.45
74246 TC	Radiology	2.62	2.62	\$215.85	\$215.85
74248 00	Radiology	2.32	2.32	\$191.13	\$191.13
74248 26	Radiology	0.99	0.99	\$81.56	\$81.56
74248 TC	Radiology	1.33	1.33	\$109.57	\$109.57
74250 00	Radiology	3.41	3.41	\$280.93	\$280.93
74250 26	Radiology	1.16	1.16	\$95.57	\$95.57
74250 TC	Radiology	2.25	2.25	\$185.37	\$185.37
74251 00	Radiology	11.31	11.31	\$931.77	\$931.77
74251 26	Radiology	1.66	1.66	\$136.76	\$136.76
74251 TC	Radiology	9.65	9.65	\$795.01	\$795.01
74261 00	Radiology	13.44	13.44	\$1,107.25	\$1,107.25
74261 26	Radiology	3.40	3.40	\$280.11	\$280.11
74261 TC	Radiology	10.04	10.04	\$827.14	\$827.14
74262 00	Radiology	15.11	15.11	\$1,244.83	\$1,244.83
74262 26	Radiology	3.54	3.54	\$291.64	\$291.64
74262 TC	Radiology	11.57	11.57	\$953.19	\$953.19
74263 00	Radiology	21.15	21.15	\$1,742.44	\$1,742.44
74263 26	Radiology	3.25	3.25	\$267.75	\$267.75
74263 TC	Radiology	17.90	17.90	\$1,474.69	\$1,474.69
74270 00	Radiology	4.34	4.34	\$357.55	\$357.55
74270 26	Radiology	1.47	1.47	\$121.11	\$121.11
74270 TC	Radiology	2.87	2.87	\$236.44	\$236.44
74280 00	Radiology	6.24	6.24	\$514.08	\$514.08
74280 26	Radiology	1.78	1.78	\$146.64	\$146.64
74280 TC	Radiology	4.46	4.46	\$367.44	\$367.44
74283 00	Radiology	7.00	7.00	\$576.69	\$576.69
74283 26	Radiology	2.94	2.94	\$242.21	\$242.21
74283 TC	Radiology	4.06	4.06	\$334.48	\$334.48
74290 00	Radiology	2.31	2.31	\$190.31	\$190.31
74290 26	Radiology	0.45	0.45	\$37.07	\$37.07
74290 TC	Radiology	1.86	1.86	\$153.24	\$153.24

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
74300 00	Radiology	1.46	1.46	\$120.28	\$120.28
74300 26	Radiology	0.51	0.51	\$42.02	\$42.02
74300 TC	Radiology	0.95	0.95	\$78.27	\$78.27
74301 00	Radiology	0.86	0.86	\$70.85	\$70.85
74301 26	Radiology	0.30	0.30	\$24.72	\$24.72
74301 TC	Radiology	0.56	0.56	\$46.14	\$46.14
74328 00	Radiology	3.37	3.37	\$277.64	\$277.64
74328 26	Radiology	1.01	1.01	\$83.21	\$83.21
74328 TC	Radiology	2.36	2.36	\$194.43	\$194.43
74329 00	Radiology	2.89	2.89	\$238.09	\$238.09
74329 26	Radiology	1.01	1.01	\$83.21	\$83.21
74329 TC	Radiology	1.88	1.88	\$154.88	\$154.88
74330 00	Radiology	4.81	4.81	\$396.27	\$396.27
74330 26	Radiology	1.30	1.30	\$107.10	\$107.10
74330 TC	Radiology	3.51	3.51	\$289.17	\$289.17
74340 00	Radiology	3.08	3.08	\$253.75	\$253.75
74340 26	Radiology	0.77	0.77	\$63.44	\$63.44
74340 TC	Radiology	2.31	2.31	\$190.31	\$190.31
74355 00	Radiology	4.04	4.04	\$332.83	\$332.83
74355 26	Radiology	1.09	1.09	\$89.80	\$89.80
74355 TC	Radiology	2.95	2.95	\$243.04	\$243.04
74360 00	Radiology	3.33	3.33	\$274.34	\$274.34
74360 26	Radiology	0.80	0.80	\$65.91	\$65.91
74360 TC	Radiology	2.53	2.53	\$208.43	\$208.43
74363 00	Radiology	3.55	3.55	\$292.47	\$292.47
74363 26	Radiology	1.24	1.24	\$137.19	\$137.19
74363 TC	Radiology	2.31	2.31	\$190.31	\$190.31
74400 00	Radiology	3.60	3.60	\$296.59	\$296.59
74400 26	Radiology	0.69	0.69	\$56.85	\$56.85
74400 TC	Radiology	2.91	2.91	\$239.74	\$239.74
74410 00	Radiology	3.66	3.66	\$301.53	\$301.53
74410 26	Radiology	0.68	0.68	\$56.02	\$56.02
74410 TC	Radiology	2.98	2.98	\$245.51	\$245.51
74415 00	Radiology	4.28	4.28	\$352.61	\$352.61
74415 26	Radiology	0.69	0.69	\$56.85	\$56.85
74415 TC	Radiology	3.59	3.59	\$295.76	\$295.76
74420 00	Radiology	2.08	2.08	\$171.36	\$171.36
74420 26	Radiology	0.72	0.72	\$59.32	\$59.32
74420 TC	Radiology	1.36	1.36	\$112.04	\$112.04

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
74425 00	Radiology	3.66	3.66	\$301.53	\$301.53
74425 26	Radiology	0.71	0.71	\$58.49	\$58.49
74425 TC	Radiology	2.95	2.95	\$243.04	\$243.04
74430 00	Radiology	1.13	1.13	\$93.09	\$93.09
74430 26	Radiology	0.45	0.45	\$37.07	\$37.07
74430 TC	Radiology	0.68	0.68	\$56.02	\$56.02
74440 00	Radiology	2.59	2.59	\$213.38	\$213.38
74440 26	Radiology	0.52	0.52	\$42.84	\$42.84
74440 TC	Radiology	2.07	2.07	\$170.54	\$170.54
74445 00	Radiology	2.74	2.74	\$225.73	\$225.73
74445 26	Radiology	1.56	1.56	\$128.52	\$128.52
74445 TC	Radiology	1.18	1.18	\$97.21	\$97.21
74450 00	Radiology	2.00	2.00	\$164.77	\$164.77
74450 26	Radiology	0.46	0.46	\$37.90	\$37.90
74450 TC	Radiology	1.54	1.54	\$126.87	\$126.87
74455 00	Radiology	2.74	2.74	\$225.73	\$225.73
74455 26	Radiology	0.46	0.46	\$37.90	\$37.90
74455 TC	Radiology	2.28	2.28	\$187.84	\$187.84
74470 00	Radiology	2.08	2.08	\$171.36	\$171.36
74470 26	Radiology	0.75	0.75	\$61.79	\$61.79
74470 TC	Radiology	1.33	1.33	\$109.57	\$109.57
74485 00	Radiology	3.19	3.19	\$262.81	\$262.81
74485 26	Radiology	1.14	1.14	\$93.92	\$93.92
74485 TC	Radiology	2.05	2.05	\$168.89	\$168.89
74710 00	Radiology	1.12	1.12	\$92.27	\$92.27
74710 26	Radiology	0.49	0.49	\$40.37	\$40.37
74710 TC	Radiology	0.63	0.63	\$51.90	\$51.90
74712 00	Radiology	13.32	13.32	\$1,097.37	\$1,097.37
74712 26	Radiology	4.24	4.24	\$349.31	\$349.31
74712 TC	Radiology	9.08	9.08	\$748.05	\$748.05
74713 00	Radiology	6.46	6.46	\$532.21	\$532.21
74713 26	Radiology	2.63	2.63	\$216.67	\$216.67
74713 TC	Radiology	3.83	3.83	\$315.53	\$315.53
74740 00	Radiology	2.54	2.54	\$209.26	\$209.26
74740 26	Radiology	0.54	0.54	\$44.49	\$44.49
74740 TC	Radiology	2.00	2.00	\$164.77	\$164.77
74742 00	Radiology	2.49	2.49	\$205.14	\$205.14
74742 26	Radiology	0.87	0.87	\$71.67	\$71.67
74742 TC	Radiology	1.62	1.62	\$133.46	\$133.46

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
74775 00	Radiology	2.44	2.44	\$201.02	\$201.02
74775 26	Radiology	0.88	0.88	\$72.50	\$72.50
74775 TC	Radiology	1.56	1.56	\$128.52	\$128.52
75557 00	Radiology	9.01	9.01	\$742.29	\$742.29
75557 26	Radiology	3.28	3.28	\$270.22	\$270.22
75557 TC	Radiology	5.73	5.73	\$472.06	\$472.06
75559 00	Radiology	12.51	12.51	\$1,030.63	\$1,030.63
75559 26	Radiology	4.03	4.03	\$332.01	\$332.01
75559 TC	Radiology	8.48	8.48	\$698.62	\$698.62
75561 00	Radiology	11.82	11.82	\$973.79	\$973.79
75561 26	Radiology	3.61	3.61	\$297.41	\$297.41
75561 TC	Radiology	8.21	8.21	\$676.38	\$676.38
75563 00	Radiology	14.00	14.00	\$1,153.39	\$1,153.39
75563 26	Radiology	4.17	4.17	\$343.54	\$343.54
75563 TC	Radiology	9.83	9.83	\$809.84	\$809.84
75565 00	Radiology	1.48	1.48	\$121.93	\$121.93
75565 26	Radiology	0.35	0.35	\$28.83	\$28.83
75565 TC	Radiology	1.13	1.13	\$93.09	\$93.09
75571 00	Radiology	2.95	2.95	\$322.25	\$322.25
75571 26	Radiology	0.82	0.82	\$67.56	\$67.56
75571 TC	Radiology	2.13	2.13	\$267.36	\$267.36
75572 00	Radiology	7.01	7.01	\$577.52	\$577.52
75572 26	Radiology	2.46	2.46	\$202.67	\$202.67
75572 TC	Radiology	4.55	4.55	\$374.85	\$374.85
75573 00	Radiology	9.43	9.43	\$776.89	\$776.89
75573 26	Radiology	3.59	3.59	\$295.76	\$295.76
75573 TC	Radiology	5.84	5.84	\$481.13	\$481.13
75574 00	Radiology	10.13	10.13	\$834.56	\$834.56
75574 26	Radiology	3.35	3.35	\$275.99	\$275.99
75574 TC	Radiology	6.78	6.78	\$558.57	\$558.57
75600 00	Radiology	5.65	5.65	\$465.47	\$465.47
75600 26	Radiology	0.71	0.71	\$58.49	\$58.49
75600 TC	Radiology	4.94	4.94	\$406.98	\$406.98
75605 00	Radiology	3.67	3.67	\$302.35	\$302.35
75605 26	Radiology	1.56	1.56	\$128.52	\$128.52
75605 TC	Radiology	2.11	2.11	\$226.09	\$226.09
75625 00	Radiology	3.92	3.92	\$322.95	\$322.95
75625 26	Radiology	1.99	1.99	\$163.95	\$163.95
75625 TC	Radiology	1.93	1.93	\$258.50	\$258.50

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
75630 00	Radiology	4.81	4.81	\$407.50	\$407.50
75630 26	Radiology	2.77	2.77	\$228.21	\$228.21
75630 TC	Radiology	2.04	2.04	\$304.73	\$304.73
75635 00	Radiology	12.49	12.49	\$1,028.99	\$1,028.99
75635 26	Radiology	3.35	3.35	\$275.99	\$275.99
75635 TC	Radiology	9.14	9.14	\$753.00	\$753.00
75705 00	Radiology	7.09	7.09	\$584.11	\$584.11
75705 26	Radiology	3.31	3.31	\$272.69	\$272.69
75705 TC	Radiology	3.78	3.78	\$357.50	\$357.50
75710 00	Radiology	4.63	4.63	\$381.44	\$381.44
75710 26	Radiology	2.45	2.45	\$201.84	\$201.84
75710 TC	Radiology	2.18	2.18	\$193.61	\$193.61
75716 00	Radiology	4.94	4.94	\$406.98	\$406.98
75716 26	Radiology	2.71	2.71	\$223.26	\$223.26
75716 TC	Radiology	2.23	2.23	\$252.87	\$252.87
75726 00	Radiology	5.20	5.20	\$428.40	\$428.40
75726 26	Radiology	2.78	2.78	\$229.03	\$229.03
75726 TC	Radiology	2.42	2.42	\$292.40	\$292.40
75731 00	Radiology	4.60	4.60	\$378.97	\$378.97
75731 26	Radiology	1.62	1.62	\$133.46	\$133.46
75731 TC	Radiology	2.98	2.98	\$275.50	\$275.50
75733 00	Radiology	4.97	4.97	\$409.45	\$409.45
75733 26	Radiology	1.81	1.81	\$149.12	\$149.12
75733 TC	Radiology	3.16	3.16	\$313.10	\$313.10
75736 00	Radiology	4.25	4.25	\$350.14	\$350.14
75736 26	Radiology	1.54	1.54	\$126.87	\$126.87
75736 TC	Radiology	2.71	2.71	\$276.50	\$276.50
75741 00	Radiology	4.03	4.03	\$332.01	\$332.01
75741 26	Radiology	1.79	1.79	\$147.47	\$147.47
75741 TC	Radiology	2.24	2.24	\$259.50	\$259.50
75743 00	Radiology	4.55	4.55	\$374.85	\$374.85
75743 26	Radiology	2.28	2.28	\$187.84	\$187.84
75743 TC	Radiology	2.27	2.27	\$288.50	\$288.50
75746 00	Radiology	4.07	4.07	\$335.31	\$335.31
75746 26	Radiology	1.57	1.57	\$129.34	\$129.34
75746 TC	Radiology	2.50	2.50	\$205.96	\$205.96
75756 00	Radiology	4.62	4.62	\$380.62	\$380.62
75756 26	Radiology	1.59	1.59	\$130.99	\$130.99
75756 TC	Radiology	3.03	3.03	\$249.63	\$249.63

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
75774 00	Radiology	3.04	3.04	\$250.45	\$250.45
75774 26	Radiology	1.38	1.38	\$113.69	\$113.69
75774 TC	Radiology	1.66	1.66	\$192.52	\$192.52
75801 00	Radiology	7.24	7.24	\$596.47	\$596.47
75801 26	Radiology	1.23	1.23	\$101.33	\$101.33
75801 TC	Radiology	6.01	6.01	\$495.13	\$495.13
75803 00	Radiology	7.55	7.55	\$622.00	\$622.00
75803 26	Radiology	1.66	1.66	\$136.76	\$136.76
75803 TC	Radiology	5.89	5.89	\$485.25	\$485.25
75805 00	Radiology	7.73	7.73	\$636.83	\$636.83
75805 26	Radiology	1.16	1.16	\$95.57	\$95.57
75805 TC	Radiology	6.57	6.57	\$541.27	\$541.27
75807 00	Radiology	7.90	7.90	\$650.84	\$650.84
75807 26	Radiology	1.58	1.58	\$130.17	\$130.17
75807 TC	Radiology	6.32	6.32	\$520.67	\$520.67
75809 00	Radiology	2.57	2.57	\$211.73	\$211.73
75809 26	Radiology	0.67	0.67	\$55.20	\$55.20
75809 TC	Radiology	1.90	1.90	\$156.53	\$156.53
75810 00	Radiology	12.82	12.82	\$1,056.17	\$1,056.17
75810 26	Radiology	1.41	1.41	\$116.16	\$116.16
75810 TC	Radiology	11.41	11.41	\$940.01	\$940.01
75820 00	Radiology	3.04	3.04	\$250.45	\$250.45
75820 26	Radiology	0.98	0.98	\$80.74	\$80.74
75820 TC	Radiology	2.06	2.06	\$169.71	\$169.71
75822 00	Radiology	3.56	3.56	\$293.29	\$293.29
75822 26	Radiology	1.47	1.47	\$121.11	\$121.11
75822 TC	Radiology	2.09	2.09	\$172.18	\$172.18
75825 00	Radiology	3.55	3.55	\$292.47	\$292.47
75825 26	Radiology	1.57	1.57	\$129.34	\$129.34
75825 TC	Radiology	1.98	1.98	\$227.50	\$227.50
75827 00	Radiology	3.69	3.69	\$304.00	\$304.00
75827 26	Radiology	1.58	1.58	\$130.17	\$130.17
75827 TC	Radiology	2.11	2.11	\$227.50	\$227.50
75831 00	Radiology	3.70	3.70	\$304.82	\$304.82
75831 26	Radiology	1.54	1.54	\$126.87	\$126.87
75831 TC	Radiology	2.16	2.16	\$228.96	\$228.96
75833 00	Radiology	4.45	4.45	\$366.61	\$366.61
75833 26	Radiology	2.06	2.06	\$169.71	\$169.71
75833 TC	Radiology	2.39	2.39	\$246.00	\$246.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
75840 00	Radiology	3.97	3.97	\$327.07	\$327.07
75840 26	Radiology	1.62	1.62	\$133.46	\$133.46
75840 TC	Radiology	2.35	2.35	\$228.64	\$228.64
75842 00	Radiology	4.84	4.84	\$398.74	\$398.74
75842 26	Radiology	2.13	2.13	\$175.48	\$175.48
75842 TC	Radiology	2.71	2.71	\$245.50	\$245.50
75860 00	Radiology	3.89	3.89	\$320.48	\$320.48
75860 26	Radiology	1.59	1.59	\$130.99	\$130.99
75860 TC	Radiology	2.30	2.30	\$233.00	\$233.00
75870 00	Radiology	5.17	5.17	\$425.93	\$425.93
75870 26	Radiology	1.81	1.81	\$149.12	\$149.12
75870 TC	Radiology	3.36	3.36	\$276.81	\$276.81
75872 00	Radiology	3.97	3.97	\$327.07	\$327.07
75872 26	Radiology	1.62	1.62	\$133.46	\$133.46
75872 TC	Radiology	2.35	2.35	\$235.19	\$235.19
75880 00	Radiology	3.34	3.34	\$275.17	\$275.17
75880 26	Radiology	0.99	0.99	\$81.56	\$81.56
75880 TC	Radiology	2.35	2.35	\$193.60	\$193.60
75885 00	Radiology	4.21	4.21	\$346.84	\$346.84
75885 26	Radiology	1.93	1.93	\$159.00	\$159.00
75885 TC	Radiology	2.28	2.28	\$244.50	\$244.50
75887 00	Radiology	4.24	4.24	\$349.31	\$349.31
75887 26	Radiology	1.95	1.95	\$160.65	\$160.65
75887 TC	Radiology	2.29	2.29	\$245.00	\$245.00
75889 00	Radiology	3.81	3.81	\$313.89	\$313.89
75889 26	Radiology	1.53	1.53	\$126.05	\$126.05
75889 TC	Radiology	2.28	2.28	\$229.00	\$229.00
75891 00	Radiology	3.87	3.87	\$318.83	\$318.83
75891 26	Radiology	1.56	1.56	\$128.52	\$128.52
75891 TC	Radiology	2.31	2.31	\$229.00	\$229.00
75893 00	Radiology	3.25	3.25	\$382.50	\$382.50
75893 26	Radiology	0.77	0.77	\$79.22	\$79.22
75893 TC	Radiology	2.48	2.48	\$303.29	\$303.29
75894 00	Radiology	29.15	29.15	\$2,401.52	\$2,401.52
75894 26	Radiology	2.04	2.04	\$168.06	\$168.06
75894 TC	Radiology	27.11	27.11	\$2,233.45	\$2,233.45
75898 00	Radiology	3.82	3.82	\$314.71	\$314.71
75898 26	Radiology	2.56	2.56	\$210.91	\$210.91
75898 TC	Radiology	1.26	1.26	\$103.80	\$103.80

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
75901 00	Radiology	6.15	6.15	\$506.67	\$506.67
75901 26	Radiology	0.67	0.67	\$55.20	\$55.20
75901 TC	Radiology	5.48	5.48	\$451.47	\$451.47
75902 00	Radiology	2.40	2.40	\$197.72	\$197.72
75902 26	Radiology	0.54	0.54	\$44.49	\$44.49
75902 TC	Radiology	1.86	1.86	\$153.24	\$153.24
75956 00	Radiology	9.80	9.80	\$807.37	\$807.37
75956 26	Radiology	9.80	9.80	\$807.37	\$807.37
75956 TC	Radiology	0.00	0.00	\$-	\$-
75957 00	Radiology	8.39	8.39	\$691.21	\$691.21
75957 26	Radiology	8.39	8.39	\$691.21	\$691.21
75957 TC	Radiology	0.00	0.00	\$-	\$-
75958 00	Radiology	5.56	5.56	\$458.06	\$458.06
75958 26	Radiology	5.56	5.56	\$458.06	\$458.06
75958 TC	Radiology	0.00	0.00	\$-	\$-
75959 00	Radiology	4.89	4.89	\$402.86	\$402.86
75959 26	Radiology	4.89	4.89	\$402.86	\$402.86
75959 TC	Radiology	0.00	0.00	\$-	\$-
75970 00	Radiology	12.56	12.56	\$1,034.75	\$1,034.75
75970 26	Radiology	1.13	1.13	\$93.09	\$93.09
75970 TC	Radiology	11.43	11.43	\$941.66	\$941.66
75984 00	Radiology	2.79	2.79	\$229.85	\$229.85
75984 26	Radiology	0.99	0.99	\$81.56	\$81.56
75984 TC	Radiology	1.80	1.80	\$148.29	\$148.29
75989 00	Radiology	3.43	3.43	\$282.58	\$282.58
75989 26	Radiology	1.66	1.66	\$136.76	\$136.76
75989 TC	Radiology	1.77	1.77	\$145.82	\$145.82
76000 00	Radiology	1.18	1.18	\$97.21	\$97.21
76000 26	Radiology	0.44	0.44	\$36.25	\$36.25
76000 TC	Radiology	0.74	0.74	\$67.32	\$67.32
76010 00	Radiology	0.81	0.81	\$66.73	\$66.73
76010 26	Radiology	0.26	0.26	\$21.42	\$21.42
76010 TC	Radiology	0.55	0.55	\$45.31	\$45.31
76080 00	Radiology	1.67	1.67	\$137.58	\$137.58
76080 26	Radiology	0.74	0.74	\$60.96	\$60.96
76080 TC	Radiology	0.93	0.93	\$76.62	\$76.62
76098 00	Radiology	1.21	1.21	\$99.69	\$99.69
76098 26	Radiology	0.45	0.45	\$37.07	\$37.07
76098 TC	Radiology	0.76	0.76	\$62.61	\$62.61

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76100 00	Radiology	2.75	2.75	\$226.56	\$226.56
76100 26	Radiology	0.88	0.88	\$72.50	\$72.50
76100 TC	Radiology	1.87	1.87	\$154.06	\$154.06
76101 00	Radiology	2.77	2.77	\$228.21	\$228.21
76101 26	Radiology	0.78	0.78	\$64.26	\$64.26
76101 TC	Radiology	1.99	1.99	\$163.95	\$163.95
76102 00	Radiology	4.96	4.96	\$408.63	\$408.63
76102 26	Radiology	0.89	0.89	\$73.32	\$73.32
76102 TC	Radiology	4.07	4.07	\$335.31	\$335.31
76120 00	Radiology	3.06	3.06	\$252.10	\$252.10
76120 26	Radiology	0.54	0.54	\$44.49	\$44.49
76120 TC	Radiology	2.52	2.52	\$207.61	\$207.61
76125 00	Radiology	1.23	1.23	\$101.33	\$101.33
76125 26	Radiology	0.38	0.38	\$31.31	\$31.31
76125 TC	Radiology	0.85	0.85	\$70.03	\$70.03
76140 00	Radiology	0.00	0.00	\$-	\$-
76376 00	Radiology	0.65	0.65	\$124.53	\$124.53
76376 26	Radiology	0.28	0.28	\$23.07	\$23.07
76376 TC	Radiology	0.37	0.37	\$114.03	\$114.03
76377 00	Radiology	2.03	2.03	\$167.24	\$167.24
76377 26	Radiology	1.13	1.13	\$93.09	\$93.09
76377 TC	Radiology	0.90	0.90	\$120.26	\$120.26
76380 00	Radiology	4.07	4.07	\$335.31	\$335.31
76380 26	Radiology	1.37	1.37	\$112.87	\$112.87
76380 TC	Radiology	2.70	2.70	\$222.44	\$222.44
76390 00	Radiology	11.98	11.98	\$986.97	\$986.97
76390 26	Radiology	2.00	2.00	\$164.77	\$164.77
76390 TC	Radiology	9.98	9.98	\$822.20	\$822.20
76391 00	Radiology	6.54	6.54	\$538.80	\$538.80
76391 26	Radiology	1.58	1.58	\$130.17	\$130.17
76391 TC	Radiology	4.96	4.96	\$408.63	\$408.63
76496 00	Radiology	1.84	1.84	\$151.59	\$151.59
76496 26	Radiology	0.64	0.64	\$52.73	\$52.73
76496 TC	Radiology	1.20	1.20	\$98.86	\$98.86
76497 00	Radiology	3.03	3.03	\$249.63	\$249.63
76497 26	Radiology	0.61	0.61	\$50.25	\$50.25
76497 TC	Radiology	2.42	2.42	\$199.37	\$199.37
76498 00	Radiology	2.65	2.65	\$218.32	\$218.32
76498 26	Radiology	0.53	0.53	\$43.66	\$43.66

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76498 TC	Radiology	2.12	2.12	\$174.66	\$174.66
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.25	3.25	\$267.75	\$267.75
76506 26	Radiology	0.91	0.91	\$74.97	\$74.97
76506 TC	Radiology	2.34	2.34	\$192.78	\$192.78
76510 00	Radiology	2.56	2.56	\$210.91	\$210.91
76510 26	Radiology	1.34	1.34	\$110.40	\$110.40
76510 TC	Radiology	1.22	1.22	\$100.51	\$100.51
76511 00	Radiology	1.75	1.75	\$144.17	\$144.17
76511 26	Radiology	1.02	1.02	\$84.03	\$84.03
76511 TC	Radiology	0.73	0.73	\$60.14	\$60.14
76512 00	Radiology	1.49	1.49	\$122.75	\$122.75
76512 26	Radiology	0.89	0.89	\$73.32	\$73.32
76512 TC	Radiology	0.60	0.60	\$51.72	\$51.72
76513 00	Radiology	2.81	2.81	\$231.50	\$231.50
76513 26	Radiology	1.02	1.02	\$84.03	\$84.03
76513 TC	Radiology	1.79	1.79	\$147.47	\$147.47
76514 00	Radiology	0.34	0.34	\$28.01	\$28.01
76514 26	Radiology	0.23	0.23	\$18.95	\$18.95
76514 TC	Radiology	0.11	0.11	\$9.06	\$9.06
76516 00	Radiology	1.36	1.36	\$112.04	\$112.04
76516 26	Radiology	0.65	0.65	\$53.55	\$53.55
76516 TC	Radiology	0.71	0.71	\$58.49	\$58.49
76519 00	Radiology	1.88	1.88	\$154.88	\$154.88
76519 26	Radiology	0.88	0.88	\$72.50	\$72.50
76519 TC	Radiology	1.00	1.00	\$82.38	\$82.38
76529 00	Radiology	2.35	2.35	\$193.60	\$193.60
76529 26	Radiology	0.93	0.93	\$76.62	\$76.62
76529 TC	Radiology	1.42	1.42	\$116.99	\$116.99
76536 00	Radiology	3.27	3.27	\$269.40	\$269.40
76536 26	Radiology	0.80	0.80	\$65.91	\$65.91
76536 TC	Radiology	2.47	2.47	\$203.49	\$203.49
76604 00	Radiology	2.23	2.23	\$183.72	\$183.72
76604 26	Radiology	0.82	0.82	\$67.56	\$67.56
76604 TC	Radiology	1.41	1.41	\$116.16	\$116.16
76641 00	Radiology	3.02	3.02	\$248.80	\$248.80
76641 26	Radiology	1.03	1.03	\$84.86	\$84.86

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76641 TC	Radiology	1.99	1.99	\$163.95	\$163.95
76642 00	Radiology	2.47	2.47	\$203.49	\$203.49
76642 26	Radiology	0.96	0.96	\$79.09	\$79.09
76642 TC	Radiology	1.51	1.51	\$124.40	\$124.40
76700 00	Radiology	3.47	3.47	\$285.88	\$285.88
76700 26	Radiology	1.16	1.16	\$95.57	\$95.57
76700 TC	Radiology	2.31	2.31	\$190.31	\$190.31
76705 00	Radiology	2.57	2.57	\$211.73	\$211.73
76705 26	Radiology	0.83	0.83	\$68.38	\$68.38
76705 TC	Radiology	1.74	1.74	\$143.35	\$143.35
76706 00	Radiology	3.21	3.21	\$264.46	\$264.46
76706 26	Radiology	0.78	0.78	\$64.26	\$64.26
76706 TC	Radiology	2.43	2.43	\$200.19	\$200.19
76770 00	Radiology	3.19	3.19	\$262.81	\$262.81
76770 26	Radiology	1.04	1.04	\$85.68	\$85.68
76770 TC	Radiology	2.15	2.15	\$177.13	\$177.13
76775 00	Radiology	1.66	1.66	\$136.76	\$136.76
76775 26	Radiology	0.82	0.82	\$67.56	\$67.56
76775 TC	Radiology	0.84	0.84	\$69.20	\$69.20
76776 00	Radiology	4.41	4.41	\$363.32	\$363.32
76776 26	Radiology	1.09	1.09	\$89.80	\$89.80
76776 TC	Radiology	3.32	3.32	\$273.52	\$273.52
76800 00	Radiology	4.04	4.04	\$332.83	\$332.83
76800 26	Radiology	1.66	1.66	\$136.76	\$136.76
76800 TC	Radiology	2.38	2.38	\$196.08	\$196.08
76801 00	Radiology	3.45	3.45	\$284.23	\$284.23
76801 26	Radiology	1.41	1.41	\$116.16	\$116.16
76801 TC	Radiology	2.04	2.04	\$168.06	\$168.06
76802 00	Radiology	1.78	1.78	\$146.64	\$146.64
76802 26	Radiology	1.17	1.17	\$96.39	\$96.39
76802 TC	Radiology	0.61	0.61	\$50.25	\$50.25
76805 00	Radiology	3.95	3.95	\$325.42	\$325.42
76805 26	Radiology	1.41	1.41	\$116.16	\$116.16
76805 TC	Radiology	2.54	2.54	\$209.26	\$209.26
76810 00	Radiology	2.59	2.59	\$213.38	\$213.38
76810 26	Radiology	1.40	1.40	\$115.34	\$115.34
76810 TC	Radiology	1.19	1.19	\$98.04	\$98.04
76811 00	Radiology	5.01	5.01	\$412.75	\$412.75
76811 26	Radiology	2.68	2.68	\$220.79	\$220.79

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76811 TC	Radiology	2.33	2.33	\$191.96	\$191.96
76812 00	Radiology	5.61	5.61	\$462.18	\$462.18
76812 26	Radiology	2.51	2.51	\$206.79	\$206.79
76812 TC	Radiology	3.10	3.10	\$255.39	\$255.39
76813 00	Radiology	3.42	3.42	\$281.76	\$281.76
76813 26	Radiology	1.67	1.67	\$137.58	\$137.58
76813 TC	Radiology	1.75	1.75	\$144.17	\$144.17
76814 00	Radiology	2.22	2.22	\$182.89	\$182.89
76814 26	Radiology	1.40	1.40	\$115.34	\$115.34
76814 TC	Radiology	0.82	0.82	\$67.56	\$67.56
76815 00	Radiology	2.37	2.37	\$195.25	\$195.25
76815 26	Radiology	0.92	0.92	\$75.79	\$75.79
76815 TC	Radiology	1.45	1.45	\$119.46	\$119.46
76816 00	Radiology	3.19	3.19	\$262.81	\$262.81
76816 26	Radiology	1.20	1.20	\$98.86	\$98.86
76816 TC	Radiology	1.99	1.99	\$163.95	\$163.95
76817 00	Radiology	2.70	2.70	\$222.44	\$222.44
76817 26	Radiology	1.06	1.06	\$87.33	\$87.33
76817 TC	Radiology	1.64	1.64	\$135.11	\$135.11
76818 00	Radiology	3.33	3.33	\$274.34	\$274.34
76818 26	Radiology	1.48	1.48	\$121.93	\$121.93
76818 TC	Radiology	1.85	1.85	\$152.41	\$152.41
76819 00	Radiology	2.45	2.45	\$201.84	\$201.84
76819 26	Radiology	1.09	1.09	\$89.80	\$89.80
76819 TC	Radiology	1.36	1.36	\$112.04	\$112.04
76820 00	Radiology	1.32	1.32	\$108.75	\$108.75
76820 26	Radiology	0.71	0.71	\$58.49	\$58.49
76820 TC	Radiology	0.61	0.61	\$50.55	\$50.55
76821 00	Radiology	2.55	2.55	\$210.08	\$210.08
76821 26	Radiology	0.98	0.98	\$80.74	\$80.74
76821 TC	Radiology	1.57	1.57	\$129.34	\$129.34
76825 00	Radiology	7.71	7.71	\$635.19	\$635.19
76825 26	Radiology	2.33	2.33	\$191.96	\$191.96
76825 TC	Radiology	5.38	5.38	\$443.23	\$443.23
76826 00	Radiology	4.58	4.58	\$377.32	\$377.32
76826 26	Radiology	1.16	1.16	\$95.57	\$95.57
76826 TC	Radiology	3.42	3.42	\$281.76	\$281.76
76827 00	Radiology	2.07	2.07	\$170.54	\$170.54
76827 26	Radiology	0.81	0.81	\$66.73	\$66.73

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76827 TC	Radiology	1.26	1.26	\$103.80	\$103.80
76828 00	Radiology	1.47	1.47	\$121.11	\$121.11
76828 26	Radiology	0.79	0.79	\$65.08	\$65.08
76828 TC	Radiology	0.68	0.68	\$56.02	\$56.02
76830 00	Radiology	3.47	3.47	\$285.88	\$285.88
76830 26	Radiology	0.98	0.98	\$80.74	\$80.74
76830 TC	Radiology	2.49	2.49	\$205.14	\$205.14
76831 00	Radiology	3.36	3.36	\$276.81	\$276.81
76831 26	Radiology	1.02	1.02	\$84.03	\$84.03
76831 TC	Radiology	2.34	2.34	\$192.78	\$192.78
76856 00	Radiology	3.09	3.09	\$254.57	\$254.57
76856 26	Radiology	0.97	0.97	\$79.91	\$79.91
76856 TC	Radiology	2.12	2.12	\$174.66	\$174.66
76857 00	Radiology	1.37	1.37	\$112.87	\$112.87
76857 26	Radiology	0.70	0.70	\$57.67	\$57.67
76857 TC	Radiology	0.67	0.67	\$65.65	\$65.65
76870 00	Radiology	2.96	2.96	\$243.86	\$243.86
76870 26	Radiology	0.90	0.90	\$74.15	\$74.15
76870 TC	Radiology	2.06	2.06	\$169.71	\$169.71
76872 00	Radiology	4.43	4.43	\$364.96	\$364.96
76872 26	Radiology	0.95	0.95	\$78.27	\$78.27
76872 TC	Radiology	3.48	3.48	\$286.70	\$286.70
76873 00	Radiology	4.96	4.96	\$408.63	\$408.63
76873 26	Radiology	2.22	2.22	\$182.89	\$182.89
76873 TC	Radiology	2.74	2.74	\$225.73	\$225.73
76881 00	Radiology	2.19	2.19	\$180.42	\$180.42
76881 26	Radiology	0.89	0.89	\$73.32	\$73.32
76881 TC	Radiology	1.30	1.30	\$107.10	\$107.10
76882 00	Radiology	1.61	1.61	\$132.64	\$132.64
76882 26	Radiology	0.69	0.69	\$56.85	\$56.85
76882 TC	Radiology	0.92	0.92	\$75.79	\$75.79
76885 00	Radiology	4.05	4.05	\$333.66	\$333.66
76885 26	Radiology	1.05	1.05	\$86.50	\$86.50
76885 TC	Radiology	3.00	3.00	\$247.15	\$247.15
76886 00	Radiology	2.97	2.97	\$244.68	\$244.68
76886 26	Radiology	0.88	0.88	\$72.50	\$72.50
76886 TC	Radiology	2.09	2.09	\$172.18	\$172.18
76932 00	Radiology	2.65	2.65	\$218.32	\$218.32
76932 26	Radiology	0.98	0.98	\$80.74	\$80.74

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76932 TC	Radiology	1.67	1.67	\$137.58	\$137.58
76936 00	Radiology	7.62	7.62	\$627.77	\$627.77
76936 26	Radiology	2.77	2.77	\$228.21	\$228.21
76936 TC	Radiology	4.85	4.85	\$399.57	\$399.57
76937 00	Radiology	1.03	1.03	\$84.86	\$84.86
76937 26	Radiology	0.41	0.41	\$33.78	\$33.78
76937 TC	Radiology	0.62	0.62	\$51.08	\$51.08
76940 00	Radiology	4.73	4.73	\$389.68	\$389.68
76940 26	Radiology	2.93	2.93	\$241.39	\$241.39
76940 TC	Radiology	1.80	1.80	\$148.29	\$148.29
76941 00	Radiology	3.52	3.52	\$289.99	\$289.99
76941 26	Radiology	1.90	1.90	\$156.53	\$156.53
76941 TC	Radiology	1.62	1.62	\$133.46	\$133.46
76942 00	Radiology	1.62	1.62	\$133.46	\$133.46
76942 26	Radiology	0.90	0.90	\$74.15	\$74.15
76942 TC	Radiology	0.72	0.72	\$101.56	\$101.56
76945 00	Radiology	2.61	2.61	\$215.02	\$215.02
76945 26	Radiology	0.94	0.94	\$77.44	\$77.44
76945 TC	Radiology	1.67	1.67	\$137.58	\$137.58
76946 00	Radiology	0.91	0.91	\$74.97	\$74.97
76946 26	Radiology	0.53	0.53	\$43.66	\$43.66
76946 TC	Radiology	0.38	0.38	\$36.94	\$36.94
76948 00	Radiology	2.15	2.15	\$177.13	\$177.13
76948 26	Radiology	0.94	0.94	\$77.44	\$77.44
76948 TC	Radiology	1.21	1.21	\$99.69	\$99.69
76965 00	Radiology	2.64	2.64	\$256.50	\$256.50
76965 26	Radiology	1.93	1.93	\$159.00	\$159.00
76965 TC	Radiology	0.71	0.71	\$145.00	\$145.00
76970 00	Radiology	2.51	2.51	\$206.79	\$206.79
76970 26	Radiology	0.55	0.55	\$45.31	\$45.31
76970 TC	Radiology	1.96	1.96	\$161.47	\$161.47
76975 00	Radiology	2.89	2.89	\$238.09	\$238.09
76975 26	Radiology	1.18	1.18	\$97.21	\$97.21
76975 TC	Radiology	1.71	1.71	\$140.88	\$140.88
76977 00	Radiology	0.20	0.20	\$37.33	\$37.33
76977 26	Radiology	0.08	0.08	\$23.24	\$23.24
76977 TC	Radiology	0.12	0.12	\$14.09	\$14.09
76978 00	Radiology	9.21	9.21	\$758.76	\$758.76
76978 26	Radiology	2.29	2.29	\$188.66	\$188.66

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
76978 TC	Radiology	6.92	6.92	\$570.10	\$570.10
76979 00	Radiology	6.26	6.26	\$515.73	\$515.73
76979 26	Radiology	1.22	1.22	\$100.51	\$100.51
76979 TC	Radiology	5.04	5.04	\$415.22	\$415.22
76981 00	Radiology	3.04	3.04	\$250.45	\$250.45
76981 26	Radiology	0.84	0.84	\$69.20	\$69.20
76981 TC	Radiology	2.20	2.20	\$181.25	\$181.25
76982 00	Radiology	2.71	2.71	\$223.26	\$223.26
76982 26	Radiology	0.84	0.84	\$69.20	\$69.20
76982 TC	Radiology	1.87	1.87	\$154.06	\$154.06
76983 00	Radiology	1.67	1.67	\$137.58	\$137.58
76983 26	Radiology	0.71	0.71	\$58.49	\$58.49
76983 TC	Radiology	0.96	0.96	\$79.09	\$79.09
76998 00	Radiology	1.80	1.80	\$148.29	\$148.29
76998 26	Radiology	1.80	1.80	\$148.29	\$148.29
76998 TC	Radiology	0.00	0.00	\$-	\$-
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	2.71	2.71	\$223.26	\$223.26
77001 26	Radiology	0.53	0.53	\$43.66	\$43.66
77001 TC	Radiology	2.18	2.18	\$179.60	\$179.60
77002 00	Radiology	3.05	3.05	\$251.27	\$251.27
77002 26	Radiology	0.79	0.79	\$65.08	\$65.08
77002 TC	Radiology	2.26	2.26	\$186.19	\$186.19
77003 00	Radiology	2.85	2.85	\$234.80	\$234.80
77003 26	Radiology	0.85	0.85	\$70.03	\$70.03
77003 TC	Radiology	2.00	2.00	\$164.77	\$164.77
77011 00	Radiology	6.57	6.57	\$575.00	\$575.00
77011 26	Radiology	1.81	1.81	\$149.12	\$149.12
77011 TC	Radiology	4.76	4.76	\$512.59	\$512.59
77012 00	Radiology	4.26	4.26	\$350.96	\$350.96
77012 26	Radiology	2.10	2.10	\$173.01	\$173.01
77012 TC	Radiology	2.16	2.16	\$246.56	\$246.56
77013 00	Radiology	15.06	15.06	\$1,240.71	\$1,240.71
77013 26	Radiology	5.42	5.42	\$446.53	\$446.53
77013 TC	Radiology	9.64	9.64	\$794.19	\$794.19
77014 00	Radiology	3.45	3.45	\$284.23	\$284.23
77014 26	Radiology	1.28	1.28	\$105.45	\$105.45

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**RADIOLOGY CODES 2020-2021**

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77014 TC	Radiology	2.17	2.17	\$178.77	\$178.77
77021 00	Radiology	13.10	13.10	\$1,079.24	\$1,079.24
77021 26	Radiology	2.07	2.07	\$170.54	\$170.54
77021 TC	Radiology	11.03	11.03	\$908.70	\$908.70
77022 00	Radiology	19.74	19.74	\$1,626.28	\$1,626.28
77022 26	Radiology	6.12	6.12	\$504.19	\$504.19
77022 TC	Radiology	13.62	13.62	\$1,122.08	\$1,122.08
77046 00	Radiology	6.90	6.90	\$568.45	\$568.45
77046 26	Radiology	2.06	2.06	\$169.71	\$169.71
77046 TC	Radiology	4.84	4.84	\$398.74	\$398.74
77047 00	Radiology	7.08	7.08	\$583.28	\$583.28
77047 26	Radiology	2.27	2.27	\$187.01	\$187.01
77047 TC	Radiology	4.81	4.81	\$396.27	\$396.27
77048 00	Radiology	10.93	10.93	\$900.47	\$900.47
77048 26	Radiology	2.97	2.97	\$244.68	\$244.68
77048 TC	Radiology	7.96	7.96	\$655.78	\$655.78
77049 00	Radiology	11.19	11.19	\$921.89	\$921.89
77049 26	Radiology	3.26	3.26	\$268.57	\$268.57
77049 TC	Radiology	7.93	7.93	\$653.31	\$653.31
77053 00	Radiology	1.60	1.60	\$131.82	\$131.82
77053 26	Radiology	0.51	0.51	\$42.02	\$42.02
77053 TC	Radiology	1.09	1.09	\$89.80	\$89.80
77054 00	Radiology	2.07	2.07	\$170.54	\$170.54
77054 26	Radiology	0.64	0.64	\$52.73	\$52.73
77054 TC	Radiology	1.43	1.43	\$117.81	\$117.81
77061 00	Radiology	3.78	3.78	\$311.41	\$311.41
77061 26	Radiology	1.16	1.16	\$95.57	\$95.57
77061 TC	Radiology	2.62	2.62	\$215.85	\$215.85
77062 00	Radiology	4.76	4.76	\$392.15	\$392.15
77062 26	Radiology	1.42	1.42	\$116.99	\$116.99
77062 TC	Radiology	3.34	3.34	\$275.17	\$275.17
77063 00	Radiology	1.55	1.55	\$127.70	\$127.70
77063 26	Radiology	0.85	0.85	\$70.03	\$70.03
77063 TC	Radiology	0.70	0.70	\$57.67	\$57.67
77065 00	Radiology	3.78	3.78	\$311.41	\$311.41
77065 26	Radiology	1.16	1.16	\$95.57	\$95.57
77065 TC	Radiology	2.62	2.62	\$215.85	\$215.85
77066 00	Radiology	4.76	4.76	\$392.15	\$392.15
77066 26	Radiology	1.42	1.42	\$116.99	\$116.99

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77066 TC	Radiology	3.34	3.34	\$275.17	\$275.17
77067 00	Radiology	3.86	3.86	\$318.01	\$318.01
77067 26	Radiology	1.09	1.09	\$89.80	\$89.80
77067 TC	Radiology	2.77	2.77	\$228.21	\$228.21
77071 00	Radiology	1.50	1.50	\$123.58	\$123.58
77072 00	Radiology	0.71	0.71	\$58.49	\$58.49
77072 26	Radiology	0.27	0.27	\$22.24	\$22.24
77072 TC	Radiology	0.44	0.44	\$36.25	\$36.25
77073 00	Radiology	1.24	1.24	\$102.16	\$102.16
77073 26	Radiology	0.39	0.39	\$32.13	\$32.13
77073 TC	Radiology	0.85	0.85	\$70.03	\$70.03
77074 00	Radiology	1.78	1.78	\$146.64	\$146.64
77074 26	Radiology	0.63	0.63	\$51.90	\$51.90
77074 TC	Radiology	1.15	1.15	\$94.74	\$94.74
77075 00	Radiology	2.68	2.68	\$220.79	\$220.79
77075 26	Radiology	0.79	0.79	\$65.08	\$65.08
77075 TC	Radiology	1.89	1.89	\$155.71	\$155.71
77076 00	Radiology	2.90	2.90	\$238.92	\$238.92
77076 26	Radiology	0.99	0.99	\$81.56	\$81.56
77076 TC	Radiology	1.91	1.91	\$157.35	\$157.35
77077 00	Radiology	1.29	1.29	\$106.28	\$106.28
77077 26	Radiology	0.49	0.49	\$40.37	\$40.37
77077 TC	Radiology	0.80	0.80	\$65.91	\$65.91
77078 00	Radiology	3.22	3.22	\$265.28	\$265.28
77078 26	Radiology	0.35	0.35	\$28.83	\$28.83
77078 TC	Radiology	2.87	2.87	\$236.44	\$236.44
77080 00	Radiology	1.11	1.11	\$94.44	\$94.44
77080 26	Radiology	0.28	0.28	\$23.07	\$23.07
77080 TC	Radiology	0.83	0.83	\$82.94	\$82.94
77081 00	Radiology	0.91	0.91	\$74.97	\$74.97
77081 26	Radiology	0.29	0.29	\$23.89	\$23.89
77081 TC	Radiology	0.62	0.62	\$51.08	\$51.08
77084 00	Radiology	10.46	10.46	\$861.74	\$861.74
77084 26	Radiology	2.28	2.28	\$187.84	\$187.84
77084 TC	Radiology	8.18	8.18	\$673.91	\$673.91
77085 00	Radiology	1.50	1.50	\$123.58	\$123.58
77085 26	Radiology	0.42	0.42	\$34.60	\$34.60
77085 TC	Radiology	1.08	1.08	\$88.98	\$88.98
77086 00	Radiology	0.97	0.97	\$79.91	\$79.91

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77086 26	Radiology	0.24	0.24	\$19.77	\$19.77
77086 TC	Radiology	0.73	0.73	\$60.14	\$60.14
77261 00	Radiology	2.04	2.04	\$168.06	\$168.06
77262 00	Radiology	3.09	3.09	\$254.57	\$254.57
77263 00	Radiology	4.83	4.83	\$397.92	\$397.92
77280 00	Radiology	7.85	7.85	\$646.72	\$646.72
77280 26	Radiology	1.07	1.07	\$88.15	\$88.15
77280 TC	Radiology	6.78	6.78	\$558.57	\$558.57
77285 00	Radiology	13.15	13.15	\$1,083.36	\$1,083.36
77285 26	Radiology	1.65	1.65	\$135.93	\$135.93
77285 TC	Radiology	11.50	11.50	\$947.42	\$947.42
77290 00	Radiology	14.08	14.08	\$1,159.98	\$1,159.98
77290 26	Radiology	2.36	2.36	\$194.43	\$194.43
77290 TC	Radiology	11.72	11.72	\$965.55	\$965.55
77293 00	Radiology	12.77	12.77	\$1,052.05	\$1,052.05
77293 26	Radiology	3.03	3.03	\$249.63	\$249.63
77293 TC	Radiology	9.74	9.74	\$802.43	\$802.43
77295 00	Radiology	13.80	13.80	\$1,136.91	\$1,136.91
77295 26	Radiology	6.44	6.44	\$530.56	\$530.56
77295 TC	Radiology	7.36	7.36	\$822.00	\$822.00
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	1.88	1.88	\$154.88	\$154.88
77300 26	Radiology	0.93	0.93	\$76.62	\$76.62
77300 TC	Radiology	0.95	0.95	\$78.27	\$78.27
77301 00	Radiology	54.01	54.01	\$4,449.60	\$4,449.60
77301 26	Radiology	11.99	11.99	\$987.79	\$987.79
77301 TC	Radiology	42.02	42.02	\$3,461.81	\$3,461.81
77306 00	Radiology	4.23	4.23	\$348.49	\$348.49
77306 26	Radiology	2.11	2.11	\$173.83	\$173.83
77306 TC	Radiology	2.12	2.12	\$174.66	\$174.66
77307 00	Radiology	8.20	8.20	\$675.56	\$675.56
77307 26	Radiology	4.36	4.36	\$359.20	\$359.20
77307 TC	Radiology	3.84	3.84	\$316.36	\$316.36
77316 00	Radiology	6.17	6.17	\$508.31	\$508.31
77316 26	Radiology	2.11	2.11	\$173.83	\$173.83
77316 TC	Radiology	4.06	4.06	\$334.48	\$334.48
77317 00	Radiology	8.09	8.09	\$666.49	\$666.49

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77317 26	Radiology	2.77	2.77	\$228.21	\$228.21
77317 TC	Radiology	5.32	5.32	\$438.29	\$438.29
77318 00	Radiology	11.57	11.57	\$953.19	\$953.19
77318 26	Radiology	4.35	4.35	\$358.37	\$358.37
77318 TC	Radiology	7.22	7.22	\$594.82	\$594.82
77321 00	Radiology	2.68	2.68	\$220.79	\$220.79
77321 26	Radiology	1.45	1.45	\$119.46	\$119.46
77321 TC	Radiology	1.23	1.23	\$118.31	\$118.31
77331 00	Radiology	1.84	1.84	\$151.59	\$151.59
77331 26	Radiology	1.31	1.31	\$107.92	\$107.92
77331 TC	Radiology	0.53	0.53	\$43.66	\$43.66
77332 00	Radiology	1.34	1.34	\$110.40	\$110.40
77332 26	Radiology	0.68	0.68	\$56.02	\$56.02
77332 TC	Radiology	0.66	0.66	\$56.16	\$56.16
77333 00	Radiology	3.41	3.41	\$280.93	\$280.93
77333 26	Radiology	1.13	1.13	\$93.09	\$93.09
77333 TC	Radiology	2.28	2.28	\$187.84	\$187.84
77334 00	Radiology	3.61	3.61	\$297.41	\$297.41
77334 26	Radiology	1.74	1.74	\$143.35	\$143.35
77334 TC	Radiology	1.87	1.87	\$154.06	\$154.06
77336 00	Radiology	2.25	2.25	\$185.37	\$185.37
77338 00	Radiology	13.78	13.78	\$1,135.26	\$1,135.26
77338 26	Radiology	6.44	6.44	\$530.56	\$530.56
77338 TC	Radiology	7.34	7.34	\$604.70	\$604.70
77370 00	Radiology	3.51	3.51	\$289.17	\$289.17
77371 00	Radiology	33.47	33.47	\$2,757.42	\$2,757.42
77371 26	Radiology	0.00	0.00	\$-	\$-
77371 TC	Radiology	33.47	33.47	\$2,757.42	\$2,757.42
77372 00	Radiology	29.63	29.63	\$2,441.06	\$2,441.06
77372 26	Radiology	0.00	0.00	\$-	\$-
77372 TC	Radiology	29.63	29.63	\$2,441.06	\$2,441.06
77373 00	Radiology	34.10	34.10	\$2,809.32	\$2,809.32
77373 26	Radiology	0.00	0.00	\$-	\$-
77373 TC	Radiology	34.10	34.10	\$2,809.32	\$2,809.32
77385 00	Radiology	10.21	10.21	\$841.15	\$841.15
77386 00	Radiology	10.25	10.25	\$844.44	\$844.44
77387 00	Radiology	2.73	2.73	\$224.91	\$224.91
77387 26	Radiology	0.76	0.76	\$62.61	\$62.61
77387 TC	Radiology	1.97	1.97	\$162.30	\$162.30

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77399 00	Radiology	0.00	0.00	\$-	\$-
77399 26	Radiology	0.00	0.00	\$-	\$-
77399 TC	Radiology	0.00	0.00	\$-	\$-
77401 00	Radiology	0.69	0.69	\$56.85	\$56.85
77401 26	Radiology	0.00	0.00	\$-	\$-
77401 TC	Radiology	0.69	0.69	\$56.85	\$56.85
77402 00	Radiology	3.98	3.98	\$327.89	\$327.89
77407 00	Radiology	5.46	5.46	\$449.82	\$449.82
77412 00	Radiology	7.31	7.31	\$602.23	\$602.23
77417 00	Radiology	0.32	0.32	\$26.36	\$26.36
77417 26	Radiology	0.00	0.00	\$-	\$-
77417 TC	Radiology	0.32	0.32	\$26.36	\$26.36
77423 00	Radiology	2.65	2.65	\$265.69	\$265.69
77423 26	Radiology	0.00	0.00	\$-	\$-
77423 TC	Radiology	2.65	2.65	\$265.69	\$265.69
77424 00	Radiology	0.00	0.00	\$-	\$-
77425 00	Radiology	0.00	0.00	\$-	\$-
77427 00	Radiology	5.44	5.44	\$448.17	\$448.17
77431 00	Radiology	3.02	3.02	\$248.80	\$248.80
77432 00	Radiology	12.16	12.16	\$1,001.80	\$1,001.80
77435 00	Radiology	18.36	18.36	\$1,512.58	\$1,512.58
77469 00	Radiology	9.10	9.10	\$749.70	\$749.70
77470 00	Radiology	3.79	3.79	\$414.00	\$414.00
77470 26	Radiology	3.07	3.07	\$252.92	\$252.92
77470 TC	Radiology	0.72	0.72	\$318.62	\$318.62
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	25.38	25.38	\$2,090.93	\$2,090.93
77520 26	Radiology	0.00	0.00	\$-	\$-
77520 TC	Radiology	25.38	25.38	\$2,090.93	\$2,090.93
77522 00	Radiology	25.38	25.38	\$2,090.93	\$2,090.93
77522 26	Radiology	0.00	0.00	\$-	\$-
77522 TC	Radiology	25.38	25.38	\$2,090.93	\$2,090.93
77523 00	Radiology	29.41	29.41	\$2,422.94	\$2,422.94
77523 26	Radiology	0.00	0.00	\$-	\$-
77523 TC	Radiology	29.41	29.41	\$2,422.94	\$2,422.94
77525 00	Radiology	32.68	32.68	\$2,692.33	\$2,692.33
77525 26	Radiology	0.00	0.00	\$-	\$-

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77525 TC	Radiology	32.68	32.68	\$2,692.33	\$2,692.33
77600 00	Radiology	13.17	13.17	\$1,085.01	\$1,085.01
77600 26	Radiology	2.03	2.03	\$167.24	\$167.24
77600 TC	Radiology	11.14	11.14	\$917.77	\$917.77
77605 00	Radiology	24.00	24.00	\$1,977.23	\$1,977.23
77605 26	Radiology	2.94	2.94	\$242.21	\$242.21
77605 TC	Radiology	21.06	21.06	\$1,735.02	\$1,735.02
77610 00	Radiology	19.29	19.29	\$1,589.20	\$1,589.20
77610 26	Radiology	1.97	1.97	\$162.30	\$162.30
77610 TC	Radiology	17.32	17.32	\$1,426.90	\$1,426.90
77615 00	Radiology	30.18	30.18	\$2,486.37	\$2,486.37
77615 26	Radiology	2.78	2.78	\$229.03	\$229.03
77615 TC	Radiology	27.40	27.40	\$2,257.34	\$2,257.34
77620 00	Radiology	17.31	17.31	\$1,426.08	\$1,426.08
77620 26	Radiology	2.44	2.44	\$201.02	\$201.02
77620 TC	Radiology	14.87	14.87	\$1,225.06	\$1,225.06
77750 00	Radiology	10.90	10.90	\$897.99	\$897.99
77750 26	Radiology	7.50	7.50	\$617.89	\$617.89
77750 TC	Radiology	3.40	3.40	\$280.11	\$280.11
77761 00	Radiology	11.44	11.44	\$942.48	\$942.48
77761 26	Radiology	5.78	5.78	\$476.18	\$476.18
77761 TC	Radiology	5.66	5.66	\$466.30	\$466.30
77762 00	Radiology	15.16	15.16	\$1,248.95	\$1,248.95
77762 26	Radiology	8.67	8.67	\$714.28	\$714.28
77762 TC	Radiology	6.49	6.49	\$534.68	\$534.68
77763 00	Radiology	21.40	21.40	\$1,763.03	\$1,763.03
77763 26	Radiology	13.02	13.02	\$1,072.65	\$1,072.65
77763 TC	Radiology	8.38	8.38	\$690.38	\$690.38
77767 00	Radiology	6.78	6.78	\$558.57	\$558.57
77767 26	Radiology	1.59	1.59	\$130.99	\$130.99
77767 TC	Radiology	5.19	5.19	\$427.58	\$427.58
77768 00	Radiology	10.16	10.16	\$837.03	\$837.03
77768 26	Radiology	2.11	2.11	\$173.83	\$173.83
77768 TC	Radiology	8.05	8.05	\$663.20	\$663.20
77770 00	Radiology	9.51	9.51	\$783.48	\$783.48
77770 26	Radiology	2.94	2.94	\$242.21	\$242.21
77770 TC	Radiology	6.57	6.57	\$541.27	\$541.27
77771 00	Radiology	16.97	16.97	\$1,398.07	\$1,398.07
77771 26	Radiology	5.70	5.70	\$469.59	\$469.59

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
77771 TC	Radiology	11.27	11.27	\$928.48	\$928.48
77772 00	Radiology	25.56	25.56	\$2,105.75	\$2,105.75
77772 26	Radiology	8.06	8.06	\$664.02	\$664.02
77772 TC	Radiology	17.50	17.50	\$1,441.73	\$1,441.73
77778 00	Radiology	24.56	24.56	\$2,023.37	\$2,023.37
77778 26	Radiology	13.15	13.15	\$1,083.36	\$1,083.36
77778 TC	Radiology	11.41	11.41	\$940.01	\$940.01
77789 00	Radiology	3.63	3.63	\$299.06	\$299.06
77789 26	Radiology	1.74	1.74	\$143.35	\$143.35
77789 TC	Radiology	1.89	1.89	\$155.71	\$155.71
77790 00	Radiology	0.43	0.43	\$95.16	\$95.16
77790 26	Radiology	0.26	0.26	\$59.37	\$59.37
77790 TC	Radiology	0.17	0.17	\$35.79	\$35.79
77799 00	Radiology	0.00	0.00	BR	BR
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.33	2.33	\$191.96	\$191.96
78012 26	Radiology	0.27	0.27	\$22.24	\$22.24
78012 TC	Radiology	2.06	2.06	\$169.71	\$169.71
78013 00	Radiology	5.49	5.49	\$452.29	\$452.29
78013 26	Radiology	0.51	0.51	\$42.02	\$42.02
78013 TC	Radiology	4.98	4.98	\$410.28	\$410.28
78014 00	Radiology	6.86	6.86	\$565.16	\$565.16
78014 26	Radiology	0.69	0.69	\$56.85	\$56.85
78014 TC	Radiology	6.17	6.17	\$508.31	\$508.31
78015 00	Radiology	6.43	6.43	\$529.73	\$529.73
78015 26	Radiology	0.94	0.94	\$77.44	\$77.44
78015 TC	Radiology	5.49	5.49	\$452.29	\$452.29
78016 00	Radiology	8.08	8.08	\$665.67	\$665.67
78016 26	Radiology	0.97	0.97	\$79.91	\$79.91
78016 TC	Radiology	7.11	7.11	\$585.76	\$585.76
78018 00	Radiology	8.96	8.96	\$738.17	\$738.17
78018 26	Radiology	1.17	1.17	\$96.39	\$96.39
78018 TC	Radiology	7.79	7.79	\$641.78	\$641.78
78020 00	Radiology	2.37	2.37	\$195.25	\$195.25
78020 26	Radiology	0.79	0.79	\$65.08	\$65.08
78020 TC	Radiology	1.58	1.58	\$130.17	\$130.17
78070 00	Radiology	8.48	8.48	\$698.62	\$698.62
78070 26	Radiology	1.10	1.10	\$90.62	\$90.62

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78070 TC	Radiology	7.38	7.38	\$608.00	\$608.00
78071 00	Radiology	10.12	10.12	\$833.73	\$833.73
78071 26	Radiology	1.66	1.66	\$136.76	\$136.76
78071 TC	Radiology	8.46	8.46	\$696.98	\$696.98
78072 00	Radiology	12.76	12.76	\$1,051.23	\$1,051.23
78072 26	Radiology	2.18	2.18	\$179.60	\$179.60
78072 TC	Radiology	10.58	10.58	\$871.63	\$871.63
78075 00	Radiology	12.82	12.82	\$1,056.17	\$1,056.17
78075 26	Radiology	1.05	1.05	\$86.50	\$86.50
78075 TC	Radiology	11.77	11.77	\$969.67	\$969.67
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	4.87	4.87	\$401.21	\$401.21
78102 26	Radiology	0.75	0.75	\$61.79	\$61.79
78102 TC	Radiology	4.12	4.12	\$339.43	\$339.43
78103 00	Radiology	6.20	6.20	\$510.79	\$510.79
78103 26	Radiology	0.99	0.99	\$81.56	\$81.56
78103 TC	Radiology	5.21	5.21	\$429.22	\$429.22
78104 00	Radiology	7.14	7.14	\$588.23	\$588.23
78104 26	Radiology	1.10	1.10	\$90.62	\$90.62
78104 TC	Radiology	6.04	6.04	\$497.60	\$497.60
78110 00	Radiology	1.99	1.99	\$163.95	\$163.95
78110 26	Radiology	0.23	0.23	\$18.95	\$18.95
78110 TC	Radiology	1.76	1.76	\$145.00	\$145.00
78111 00	Radiology	2.11	2.11	\$173.83	\$173.83
78111 26	Radiology	0.27	0.27	\$24.50	\$24.50
78111 TC	Radiology	1.84	1.84	\$151.59	\$151.59
78120 00	Radiology	2.04	2.04	\$168.06	\$168.06
78120 26	Radiology	0.28	0.28	\$23.07	\$23.07
78120 TC	Radiology	1.76	1.76	\$145.00	\$145.00
78121 00	Radiology	2.23	2.23	\$183.72	\$183.72
78121 26	Radiology	0.39	0.39	\$32.13	\$32.13
78121 TC	Radiology	1.84	1.84	\$151.59	\$151.59
78122 00	Radiology	2.75	2.75	\$226.56	\$226.56
78122 26	Radiology	0.60	0.60	\$49.43	\$49.43
78122 TC	Radiology	2.15	2.15	\$177.13	\$177.13
78130 00	Radiology	3.59	3.59	\$295.76	\$295.76
78130 26	Radiology	0.73	0.73	\$60.14	\$60.14

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## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78130 TC	Radiology	2.86	2.86	\$235.62	\$235.62
78135 00	Radiology	8.00	8.00	\$659.08	\$659.08
78135 26	Radiology	0.76	0.76	\$62.61	\$62.61
78135 TC	Radiology	7.24	7.24	\$596.47	\$596.47
78140 00	Radiology	3.19	3.19	\$262.81	\$262.81
78140 26	Radiology	0.73	0.73	\$60.14	\$60.14
78140 TC	Radiology	2.46	2.46	\$202.67	\$202.67
78185 00	Radiology	4.88	4.88	\$402.04	\$402.04
78185 26	Radiology	0.48	0.48	\$39.54	\$39.54
78185 TC	Radiology	4.40	4.40	\$362.49	\$362.49
78191 00	Radiology	3.59	3.59	\$295.76	\$295.76
78191 26	Radiology	0.73	0.73	\$60.14	\$60.14
78191 TC	Radiology	2.86	2.86	\$235.62	\$235.62
78195 00	Radiology	10.15	10.15	\$836.21	\$836.21
78195 26	Radiology	1.65	1.65	\$135.93	\$135.93
78195 TC	Radiology	8.50	8.50	\$700.27	\$700.27
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.46	5.46	\$449.82	\$449.82
78201 26	Radiology	0.60	0.60	\$49.43	\$49.43
78201 TC	Radiology	4.86	4.86	\$400.39	\$400.39
78202 00	Radiology	5.88	5.88	\$484.42	\$484.42
78202 26	Radiology	0.68	0.68	\$56.02	\$56.02
78202 TC	Radiology	5.20	5.20	\$428.40	\$428.40
78215 00	Radiology	5.59	5.59	\$460.53	\$460.53
78215 26	Radiology	0.68	0.68	\$56.02	\$56.02
78215 TC	Radiology	4.91	4.91	\$404.51	\$404.51
78216 00	Radiology	3.69	3.69	\$304.00	\$304.00
78216 26	Radiology	0.77	0.77	\$63.44	\$63.44
78216 TC	Radiology	2.92	2.92	\$240.56	\$240.56
78226 00	Radiology	9.38	9.38	\$772.77	\$772.77
78226 26	Radiology	1.03	1.03	\$88.35	\$88.35
78226 TC	Radiology	8.35	8.35	\$687.91	\$687.91
78227 00	Radiology	12.67	12.67	\$1,043.82	\$1,043.82
78227 26	Radiology	1.27	1.27	\$133.14	\$133.14
78227 TC	Radiology	11.40	11.40	\$939.19	\$939.19
78230 00	Radiology	4.99	4.99	\$411.10	\$411.10
78230 26	Radiology	0.64	0.64	\$52.73	\$52.73

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78230 TC	Radiology	4.35	4.35	\$358.37	\$358.37
78231 00	Radiology	3.02	3.02	\$248.80	\$248.80
78231 26	Radiology	0.62	0.62	\$51.08	\$51.08
78231 TC	Radiology	2.40	2.40	\$197.72	\$197.72
78232 00	Radiology	2.96	2.96	\$243.86	\$243.86
78232 26	Radiology	0.56	0.56	\$46.14	\$46.14
78232 TC	Radiology	2.40	2.40	\$197.72	\$197.72
78258 00	Radiology	6.19	6.19	\$509.96	\$509.96
78258 26	Radiology	0.99	0.99	\$81.56	\$81.56
78258 TC	Radiology	5.20	5.20	\$428.40	\$428.40
78261 00	Radiology	5.84	5.84	\$481.13	\$481.13
78261 26	Radiology	0.82	0.82	\$67.56	\$67.56
78261 TC	Radiology	5.02	5.02	\$413.57	\$413.57
78262 00	Radiology	6.86	6.86	\$565.16	\$565.16
78262 26	Radiology	0.95	0.95	\$78.27	\$78.27
78262 TC	Radiology	5.91	5.91	\$486.89	\$486.89
78264 00	Radiology	9.52	9.52	\$784.30	\$784.30
78264 26	Radiology	1.10	1.10	\$90.62	\$90.62
78264 TC	Radiology	8.42	8.42	\$693.68	\$693.68
78265 00	Radiology	11.26	11.26	\$927.65	\$927.65
78265 26	Radiology	1.37	1.37	\$112.87	\$112.87
78265 TC	Radiology	9.89	9.89	\$814.79	\$814.79
78266 00	Radiology	12.31	12.31	\$1,014.16	\$1,014.16
78266 26	Radiology	1.40	1.40	\$115.34	\$115.34
78266 TC	Radiology	10.91	10.91	\$898.82	\$898.82
78267 00	Radiology	0.31	0.31	\$25.54	\$25.54
78267 26	Radiology	0.00	0.00	\$8.46	\$8.46
78267 TC	Radiology	0.31	0.31	\$25.54	\$25.54
78268 00	Radiology	2.62	2.62	\$215.85	\$215.85
78268 26	Radiology	0.00	0.00	\$75.53	\$75.53
78268 TC	Radiology	2.62	2.62	\$215.85	\$215.85
78278 00	Radiology	9.97	9.97	\$821.38	\$821.38
78278 26	Radiology	1.39	1.39	\$114.51	\$114.51
78278 TC	Radiology	8.58	8.58	\$706.86	\$706.86
78282 00	Radiology	1.84	1.84	\$151.59	\$151.59
78282 26	Radiology	0.46	0.46	\$37.90	\$37.90
78282 TC	Radiology	1.38	1.38	\$113.69	\$113.69
78290 00	Radiology	9.44	9.44	\$777.71	\$777.71
78290 26	Radiology	0.94	0.94	\$77.44	\$77.44

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78290 TC	Radiology	8.50	8.50	\$700.27	\$700.27
78291 00	Radiology	7.30	7.30	\$601.41	\$601.41
78291 26	Radiology	1.22	1.22	\$100.51	\$100.51
78291 TC	Radiology	6.08	6.08	\$500.90	\$500.90
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	6.56	6.56	\$540.44	\$540.44
78300 26	Radiology	0.88	0.88	\$72.50	\$72.50
78300 TC	Radiology	5.68	5.68	\$467.95	\$467.95
78305 00	Radiology	7.95	7.95	\$654.96	\$654.96
78305 26	Radiology	1.17	1.17	\$96.39	\$96.39
78305 TC	Radiology	6.78	6.78	\$558.57	\$558.57
78306 00	Radiology	8.62	8.62	\$710.16	\$710.16
78306 26	Radiology	1.21	1.21	\$99.69	\$99.69
78306 TC	Radiology	7.41	7.41	\$610.47	\$610.47
78315 00	Radiology	9.91	9.91	\$816.43	\$816.43
78315 26	Radiology	1.43	1.43	\$117.81	\$117.81
78315 TC	Radiology	8.48	8.48	\$698.62	\$698.62
78350 00	Radiology	0.91	0.91	\$74.97	\$74.97
78350 26	Radiology	0.31	0.31	\$25.54	\$25.54
78350 TC	Radiology	0.60	0.60	\$49.43	\$49.43
78351 00	Radiology	0.44	0.44	\$62.00	\$62.00
78351 26	Radiology	0.14	0.14	\$16.41	\$16.41
78351 TC	Radiology	0.30	0.30	\$45.60	\$45.60
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	2.07	2.07	\$230.13	\$230.13
78414 26	Radiology	0.62	0.62	\$51.08	\$51.08
78414 TC	Radiology	1.45	1.45	\$185.97	\$185.97
78428 00	Radiology	5.30	5.30	\$436.64	\$436.64
78428 26	Radiology	1.07	1.07	\$88.15	\$88.15
78428 TC	Radiology	4.23	4.23	\$348.49	\$348.49
78429 00	Radiology	2.37	2.37	\$195.25	\$195.25
78429 26	Radiology	2.37	2.37	\$195.25	\$195.25
78429 TC	Radiology	0.00	0.00	\$-	\$-
78430 00	Radiology	2.25	2.25	\$185.37	\$185.37
78430 26	Radiology	2.25	2.25	\$185.37	\$185.37

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Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78430 TC	Radiology	0.00	0.00	\$-	\$-
78431 00	Radiology	2.62	2.62	\$215.85	\$215.85
78431 26	Radiology	2.62	2.62	\$215.85	\$215.85
78431 TC	Radiology	0.00	0.00	\$-	\$-
78432 00	Radiology	2.79	2.79	\$229.85	\$229.85
78432 26	Radiology	2.79	2.79	\$229.85	\$229.85
78432 TC	Radiology	0.00	0.00	\$-	\$-
78433 00	Radiology	3.05	3.05	\$251.27	\$251.27
78433 26	Radiology	3.05	3.05	\$251.27	\$251.27
78433 TC	Radiology	0.00	0.00	\$-	\$-
78434 00	Radiology	0.88	0.88	\$72.50	\$72.50
78434 26	Radiology	0.88	0.88	\$72.50	\$72.50
78434 TC	Radiology	0.00	0.00	\$-	\$-
78445 00	Radiology	5.60	5.60	\$461.35	\$461.35
78445 26	Radiology	0.72	0.72	\$59.32	\$59.32
78445 TC	Radiology	4.88	4.88	\$402.04	\$402.04
78451 00	Radiology	9.63	9.63	\$793.37	\$793.37
78451 26	Radiology	1.90	1.90	\$156.53	\$156.53
78451 TC	Radiology	7.73	7.73	\$636.83	\$636.83
78452 00	Radiology	13.43	13.43	\$1,106.43	\$1,106.43
78452 26	Radiology	2.24	2.24	\$184.54	\$184.54
78452 TC	Radiology	11.19	11.19	\$921.89	\$921.89
78453 00	Radiology	8.66	8.66	\$713.45	\$713.45
78453 26	Radiology	1.41	1.41	\$116.16	\$116.16
78453 TC	Radiology	7.25	7.25	\$597.29	\$597.29
78454 00	Radiology	12.42	12.42	\$1,023.22	\$1,023.22
78454 26	Radiology	1.89	1.89	\$155.71	\$155.71
78454 TC	Radiology	10.53	10.53	\$867.51	\$867.51
78456 00	Radiology	8.82	8.82	\$726.63	\$726.63
78456 26	Radiology	1.37	1.37	\$112.87	\$112.87
78456 TC	Radiology	7.45	7.45	\$613.77	\$613.77
78457 00	Radiology	5.02	5.02	\$413.57	\$413.57
78457 26	Radiology	1.06	1.06	\$87.33	\$87.33
78457 TC	Radiology	3.96	3.96	\$326.24	\$326.24
78458 00	Radiology	5.88	5.88	\$484.42	\$484.42
78458 26	Radiology	1.29	1.29	\$106.28	\$106.28
78458 TC	Radiology	4.59	4.59	\$378.15	\$378.15
78459 00	Radiology	12.66	12.66	\$1,933.05	\$1,933.05
78459 26	Radiology	2.15	2.15	\$177.13	\$177.13

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78459 TC	Radiology	10.51	10.51	\$1,841.00	\$1,841.00
78466 00	Radiology	5.72	5.72	\$471.24	\$471.24
78466 26	Radiology	1.00	1.00	\$82.38	\$82.38
78466 TC	Radiology	4.72	4.72	\$388.86	\$388.86
78468 00	Radiology	5.51	5.51	\$453.94	\$453.94
78468 26	Radiology	1.10	1.10	\$90.62	\$90.62
78468 TC	Radiology	4.41	4.41	\$363.32	\$363.32
78469 00	Radiology	6.39	6.39	\$526.44	\$526.44
78469 26	Radiology	1.28	1.28	\$105.45	\$105.45
78469 TC	Radiology	5.11	5.11	\$420.99	\$420.99
78472 00	Radiology	6.51	6.51	\$536.32	\$536.32
78472 26	Radiology	1.37	1.37	\$112.87	\$112.87
78472 TC	Radiology	5.14	5.14	\$423.46	\$423.46
78473 00	Radiology	8.26	8.26	\$680.50	\$680.50
78473 26	Radiology	2.01	2.01	\$165.59	\$165.59
78473 TC	Radiology	6.25	6.25	\$514.90	\$514.90
78481 00	Radiology	5.03	5.03	\$414.40	\$414.40
78481 26	Radiology	1.37	1.37	\$112.87	\$112.87
78481 TC	Radiology	3.66	3.66	\$301.53	\$301.53
78483 00	Radiology	6.89	6.89	\$567.63	\$567.63
78483 26	Radiology	2.03	2.03	\$167.24	\$167.24
78483 TC	Radiology	4.86	4.86	\$400.39	\$400.39
78491 00	Radiology	13.06	13.06	\$1,933.05	\$1,933.05
78491 26	Radiology	2.09	2.09	\$172.18	\$172.18
78491 TC	Radiology	10.97	10.97	\$1,841.00	\$1,841.00
78492 00	Radiology	15.38	15.38	\$1,933.05	\$1,933.05
78492 26	Radiology	2.46	2.46	\$202.67	\$202.67
78492 TC	Radiology	12.92	12.92	\$1,837.55	\$1,837.55
78494 00	Radiology	6.47	6.47	\$533.03	\$533.03
78494 26	Radiology	1.65	1.65	\$135.93	\$135.93
78494 TC	Radiology	4.82	4.82	\$397.09	\$397.09
78496 00	Radiology	1.23	1.23	\$126.00	\$126.00
78496 26	Radiology	0.69	0.69	\$56.85	\$56.85
78496 TC	Radiology	0.54	0.54	\$101.00	\$101.00
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	5.36	5.36	\$441.58	\$441.58
78579 26	Radiology	0.68	0.68	\$56.02	\$56.02

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78579 TC	Radiology	4.68	4.68	\$385.56	\$385.56
78580 00	Radiology	6.77	6.77	\$557.74	\$557.74
78580 26	Radiology	1.03	1.03	\$84.86	\$84.86
78580 TC	Radiology	5.74	5.74	\$472.89	\$472.89
78582 00	Radiology	9.54	9.54	\$785.95	\$785.95
78582 26	Radiology	1.49	1.49	\$122.75	\$122.75
78582 TC	Radiology	8.05	8.05	\$663.20	\$663.20
78597 00	Radiology	5.74	5.74	\$472.89	\$472.89
78597 26	Radiology	1.00	1.00	\$82.38	\$82.38
78597 TC	Radiology	4.74	4.74	\$390.50	\$390.50
78598 00	Radiology	8.70	8.70	\$716.75	\$716.75
78598 26	Radiology	1.16	1.16	\$95.57	\$95.57
78598 TC	Radiology	7.54	7.54	\$621.18	\$621.18
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	5.26	5.26	\$433.34	\$433.34
78600 26	Radiology	0.62	0.62	\$51.08	\$51.08
78600 TC	Radiology	4.64	4.64	\$382.27	\$382.27
78601 00	Radiology	6.20	6.20	\$510.79	\$510.79
78601 26	Radiology	0.71	0.71	\$58.49	\$58.49
78601 TC	Radiology	5.49	5.49	\$452.29	\$452.29
78605 00	Radiology	5.71	5.71	\$470.42	\$470.42
78605 26	Radiology	0.75	0.75	\$61.79	\$61.79
78605 TC	Radiology	4.96	4.96	\$408.63	\$408.63
78606 00	Radiology	9.45	9.45	\$778.54	\$778.54
78606 26	Radiology	0.89	0.89	\$73.32	\$73.32
78606 TC	Radiology	8.56	8.56	\$705.21	\$705.21
78608 00	Radiology	16.92	16.92	\$1,933.05	\$1,933.05
78608 26	Radiology	2.03	2.03	\$167.24	\$167.24
78608 TC	Radiology	14.89	14.89	\$1,841.00	\$1,841.00
78609 00	Radiology	2.16	2.16	\$1,804.87	\$1,804.87
78609 26	Radiology	2.16	2.16	\$177.95	\$177.95
78609 TC	Radiology	0.00	0.00	\$-	\$-
78610 00	Radiology	4.97	4.97	\$409.45	\$409.45
78610 26	Radiology	0.42	0.42	\$34.60	\$34.60
78610 TC	Radiology	4.55	4.55	\$374.85	\$374.85
78630 00	Radiology	9.66	9.66	\$795.84	\$795.84
78630 26	Radiology	0.95	0.95	\$78.27	\$78.27

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78630 TC	Radiology	8.71	8.71	\$717.57	\$717.57
78635 00	Radiology	9.66	9.66	\$795.84	\$795.84
78635 26	Radiology	0.87	0.87	\$71.67	\$71.67
78635 TC	Radiology	8.79	8.79	\$724.16	\$724.16
78645 00	Radiology	9.28	9.28	\$764.53	\$764.53
78645 26	Radiology	0.78	0.78	\$64.26	\$64.26
78645 TC	Radiology	8.50	8.50	\$700.27	\$700.27
78650 00	Radiology	7.89	7.89	\$650.02	\$650.02
78650 26	Radiology	0.73	0.73	\$60.14	\$60.14
78650 TC	Radiology	7.16	7.16	\$589.87	\$589.87
78660 00	Radiology	5.27	5.27	\$434.17	\$434.17
78660 26	Radiology	0.75	0.75	\$61.79	\$61.79
78660 TC	Radiology	4.52	4.52	\$372.38	\$372.38
78699 00	Radiology	0.00	0.00	\$-	\$-
78699 26	Radiology	0.00	0.00	\$-	\$-
78699 TC	Radiology	0.00	0.00	\$-	\$-
78700 00	Radiology	4.89	4.89	\$402.86	\$402.86
78700 26	Radiology	0.62	0.62	\$51.08	\$51.08
78700 TC	Radiology	4.27	4.27	\$351.78	\$351.78
78701 00	Radiology	6.25	6.25	\$514.90	\$514.90
78701 26	Radiology	0.68	0.68	\$56.02	\$56.02
78701 TC	Radiology	5.57	5.57	\$458.88	\$458.88
78707 00	Radiology	6.66	6.66	\$548.68	\$548.68
78707 26	Radiology	1.33	1.33	\$109.57	\$109.57
78707 TC	Radiology	5.33	5.33	\$439.11	\$439.11
78708 00	Radiology	5.06	5.06	\$416.87	\$416.87
78708 26	Radiology	1.67	1.67	\$137.58	\$137.58
78708 TC	Radiology	3.39	3.39	\$279.28	\$279.28
78709 00	Radiology	10.50	10.50	\$865.04	\$865.04
78709 26	Radiology	1.93	1.93	\$159.00	\$159.00
78709 TC	Radiology	8.57	8.57	\$706.04	\$706.04
78725 00	Radiology	3.10	3.10	\$255.39	\$255.39
78725 26	Radiology	0.51	0.51	\$42.02	\$42.02
78725 TC	Radiology	2.59	2.59	\$213.38	\$213.38
78730 00	Radiology	2.17	2.17	\$178.77	\$178.77
78730 26	Radiology	0.22	0.22	\$25.58	\$25.58
78730 TC	Radiology	1.95	1.95	\$160.65	\$160.65
78740 00	Radiology	6.21	6.21	\$511.61	\$511.61
78740 26	Radiology	0.77	0.77	\$63.44	\$63.44

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78740 TC	Radiology	5.44	5.44	\$448.17	\$448.17
78761 00	Radiology	6.06	6.06	\$499.25	\$499.25
78761 26	Radiology	1.01	1.01	\$83.21	\$83.21
78761 TC	Radiology	5.05	5.05	\$416.04	\$416.04
78799 00	Radiology	0.00	0.00	\$-	\$-
78799 26	Radiology	0.00	0.00	\$-	\$-
78799 TC	Radiology	0.00	0.00	\$-	\$-
78800 00	Radiology	7.40	7.40	\$609.65	\$609.65
78800 26	Radiology	0.91	0.91	\$74.97	\$74.97
78800 TC	Radiology	6.49	6.49	\$534.68	\$534.68
78801 00	Radiology	8.13	8.13	\$669.79	\$669.79
78801 26	Radiology	1.03	1.03	\$84.86	\$84.86
78801 TC	Radiology	7.10	7.10	\$584.93	\$584.93
78802 00	Radiology	8.93	8.93	\$735.70	\$735.70
78802 26	Radiology	1.09	1.09	\$89.80	\$89.80
78802 TC	Radiology	7.84	7.84	\$645.90	\$645.90
78803 00	Radiology	11.12	11.12	\$916.12	\$916.12
78803 26	Radiology	1.49	1.49	\$122.75	\$122.75
78803 TC	Radiology	9.63	9.63	\$793.37	\$793.37
78804 00	Radiology	18.87	18.87	\$1,554.60	\$1,554.60
78804 26	Radiology	1.40	1.40	\$115.34	\$115.34
78804 TC	Radiology	17.47	17.47	\$1,439.26	\$1,439.26
78808 00	Radiology	1.14	1.14	\$93.92	\$93.92
78811 00	Radiology	17.83	17.83	\$2,404.91	\$2,404.91
78811 26	Radiology	2.14	2.14	\$176.30	\$176.30
78811 TC	Radiology	15.69	15.69	\$2,326.76	\$2,326.76
78812 00	Radiology	21.92	21.92	\$2,417.81	\$2,417.81
78812 26	Radiology	2.63	2.63	\$216.67	\$216.67
78812 TC	Radiology	19.29	19.29	\$2,321.81	\$2,321.81
78813 00	Radiology	22.00	22.00	\$2,420.16	\$2,420.16
78813 26	Radiology	2.64	2.64	\$217.50	\$217.50
78813 TC	Radiology	19.36	19.36	\$2,321.16	\$2,321.16
78814 00	Radiology	25.08	25.08	\$2,427.20	\$2,427.20
78814 26	Radiology	3.01	3.01	\$247.98	\$247.98
78814 TC	Radiology	22.07	22.07	\$2,318.28	\$2,318.28
78815 00	Radiology	28.08	28.08	\$2,436.58	\$2,436.58
78815 26	Radiology	3.37	3.37	\$277.64	\$277.64
78815 TC	Radiology	24.71	24.71	\$2,316.08	\$2,316.08
78816 00	Radiology	28.33	28.33	\$2,437.76	\$2,437.76

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## RADIOLOGY CODES 2020-2021

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
78816 26	Radiology	3.40	3.40	\$280.11	\$280.11
78816 TC	Radiology	24.93	24.93	\$2,314.76	\$2,314.76
78830 00	Radiology	14.07	14.07	\$1,159.15	\$1,159.15
78830 26	Radiology	2.04	2.04	\$168.06	\$168.06
78830 TC	Radiology	12.03	12.03	\$991.09	\$991.09
78831 00	Radiology	20.35	20.35	\$1,676.53	\$1,676.53
78831 26	Radiology	2.49	2.49	\$205.14	\$205.14
78831 TC	Radiology	17.86	17.86	\$1,471.39	\$1,471.39
78832 00	Radiology	26.48	26.48	\$2,181.55	\$2,181.55
78832 26	Radiology	2.90	2.90	\$238.92	\$238.92
78832 TC	Radiology	23.58	23.58	\$1,942.63	\$1,942.63
78835 00	Radiology	2.95	2.95	\$243.04	\$243.04
78835 26	Radiology	0.64	0.64	\$52.73	\$52.73
78835 TC	Radiology	2.31	2.31	\$190.31	\$190.31
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	3.92	3.92	\$322.95	\$322.95
79005 26	Radiology	2.50	2.50	\$205.96	\$205.96
79005 TC	Radiology	1.42	1.42	\$116.99	\$116.99
79101 00	Radiology	4.23	4.23	\$348.49	\$348.49
79101 26	Radiology	2.79	2.79	\$229.85	\$229.85
79101 TC	Radiology	1.44	1.44	\$118.63	\$118.63
79200 00	Radiology	3.86	3.86	\$318.01	\$318.01
79200 26	Radiology	2.36	2.36	\$194.43	\$194.43
79200 TC	Radiology	1.50	1.50	\$123.58	\$123.58
79300 00	Radiology	3.15	3.15	\$299.17	\$299.17
79300 26	Radiology	1.89	1.89	\$191.24	\$191.24
79300 TC	Radiology	1.26	1.26	\$107.93	\$107.93
79403 00	Radiology	5.39	5.39	\$444.05	\$444.05
79403 26	Radiology	3.09	3.09	\$254.57	\$254.57
79403 TC	Radiology	2.30	2.30	\$189.48	\$189.48
79440 00	Radiology	3.48	3.48	\$286.70	\$286.70
79440 26	Radiology	2.36	2.36	\$194.43	\$194.43
79440 TC	Radiology	1.12	1.12	\$92.27	\$92.27
79445 00	Radiology	5.89	5.89	\$485.25	\$485.25
79445 26	Radiology	3.24	3.24	\$266.93	\$266.93
79445 TC	Radiology	2.65	2.65	\$218.32	\$218.32
79999 00	Radiology	0.00	0.00	BR	BR

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**RADIOLOGY CODES 2020-2021**

Surgery/Radiology Conversion Factor: \$82.38

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

**Historical Note**

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiation Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## PATHOLOGY AND LABORATORY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. The Industrial Commission has adopted the Clinical Laboratory Fee Schedule (CLAB) used by Medicare to reimburse the majority of pathology and laboratory services (see additional information regarding publications adopted by reference in the Introduction Section of the Fee Schedule).

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. A healthcare provider seeking reimbursement for presumptive or “point of care” drug testing must submit to the payer written documentation establishing:
1. That the testing is medically necessary and reasonably required;
  2. The type of drug testing utilized; and
  3. The healthcare provider's interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (*i.e.* the healthcare provider's office).

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this group of codes may be reported per date of service. Any request for quantitative or definitive testing requires documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed

G0483 – Definitive drug testing 22 or more drug class(es), including metabolite(s) if performed.

U0001 – Laboratory testing for infection of SARS-CoV-2/2019-nCoV (COVID-19). Tests developed by the CDC.

U0002 – Laboratory testing for infection of SARS-CoV2/2019-nCoV (COVID-19). Non-CDC developed tests.

**Historical Note**

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80047 00	Pathology	0.38	0.38	\$28.81	\$28.81
80048 00	Pathology	0.23	0.23	\$16.00	\$16.00
80050 00	Pathology	1.31	1.31	\$84.67	\$84.67
80051 00	Pathology	0.19	0.19	\$13.00	\$13.00
80053 00	Pathology	0.29	0.29	\$20.00	\$20.00
80055 00	Pathology	1.32	1.32	\$85.62	\$85.62
80061 00	Pathology	0.37	0.37	\$25.57	\$25.57
80069 00	Pathology	0.24	0.24	\$25.98	\$25.98
80074 00	Pathology	1.32	1.32	\$85.30	\$85.30
80076 00	Pathology	0.23	0.23	\$14.63	\$14.63
80081 00	Pathology	2.07	2.07	\$134.07	\$134.07
80145 00	Pathology	1.07	1.07	\$69.08	\$69.08
80150 00	Pathology	0.42	0.42	\$32.00	\$32.00
80155 00	Pathology	1.07	1.07	\$69.08	\$69.08
80156 00	Pathology	0.40	0.40	\$28.00	\$28.00
80157 00	Pathology	0.37	0.37	\$23.73	\$23.73
80158 00	Pathology	0.50	0.50	\$32.33	\$32.33
80159 00	Pathology	0.56	0.56	\$36.09	\$36.09
80162 00	Pathology	0.37	0.37	\$23.78	\$23.78
80163 00	Pathology	0.37	0.37	\$23.78	\$23.78
80164 00	Pathology	0.38	0.38	\$31.00	\$31.00
80165 00	Pathology	0.38	0.38	\$24.25	\$24.25
80168 00	Pathology	0.45	0.45	\$35.00	\$35.00
80169 00	Pathology	0.38	0.38	\$33.67	\$33.67
80170 00	Pathology	0.45	0.45	\$33.00	\$33.00
80171 00	Pathology	0.60	0.60	\$38.81	\$38.81
80173 00	Pathology	0.44	0.44	\$28.26	\$28.26
80175 00	Pathology	0.37	0.37	\$33.67	\$33.67
80176 00	Pathology	0.41	0.41	\$28.00	\$28.00
80177 00	Pathology	0.37	0.37	\$33.67	\$33.67
80178 00	Pathology	0.18	0.18	\$16.00	\$16.00
80180 00	Pathology	0.50	0.50	\$33.67	\$33.67
80183 00	Pathology	0.37	0.37	\$33.67	\$33.67
80184 00	Pathology	0.42	0.42	\$28.00	\$28.00
80185 00	Pathology	0.37	0.37	\$25.50	\$25.50
80186 00	Pathology	0.38	0.38	\$30.50	\$30.50
80187 00	Pathology	0.75	0.75	\$48.55	\$48.55
80188 00	Pathology	0.46	0.46	\$31.00	\$31.00
80190 00	Pathology	1.66	1.66	\$107.45	\$107.45
80192 00	Pathology	0.46	0.46	\$35.50	\$35.50

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80194 00	Pathology	0.40	0.40	\$29.00	\$29.00
80195 00	Pathology	0.38	0.38	\$32.00	\$32.00
80197 00	Pathology	0.38	0.38	\$24.59	\$24.59
80198 00	Pathology	0.39	0.39	\$25.32	\$25.32
80199 00	Pathology	0.75	0.75	\$48.55	\$48.55
80200 00	Pathology	0.45	0.45	\$28.89	\$28.89
80201 00	Pathology	0.33	0.33	\$21.50	\$21.50
80202 00	Pathology	0.38	0.38	\$34.00	\$34.00
80203 00	Pathology	0.37	0.37	\$33.67	\$33.67
80230 00	Pathology	1.07	1.07	\$69.08	\$69.08
80235 00	Pathology	0.75	0.75	\$48.55	\$48.55
80280 00	Pathology	1.07	1.07	\$69.08	\$69.08
80285 00	Pathology	0.75	0.75	\$48.55	\$48.55
80299 00	Pathology	0.52	0.52	\$34.00	\$34.00
80305 00	Pathology	0.35	0.35	\$22.57	\$22.57
80306 00	Pathology	0.47	0.47	\$30.70	\$30.70
80307 00	Pathology	1.72	1.72	\$111.29	\$111.29
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	0.90	0.90	\$61.05	\$61.05
80402 00	Pathology	2.41	2.41	\$155.74	\$155.74
80406 00	Pathology	2.17	2.17	\$140.16	\$140.16
80408 00	Pathology	3.48	3.48	\$224.76	\$224.76
80410 00	Pathology	2.23	2.23	\$143.93	\$143.93

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
80412 00	Pathology	22.21	22.21	\$1,435.62	\$1,435.62
80414 00	Pathology	1.43	1.43	\$92.48	\$92.48
80415 00	Pathology	1.55	1.55	\$100.09	\$100.09
80416 00	Pathology	5.80	5.80	\$374.87	\$374.87
80417 00	Pathology	1.22	1.22	\$157.78	\$157.78
80418 00	Pathology	16.06	16.06	\$1,037.79	\$1,037.79
80420 00	Pathology	4.49	4.49	\$289.91	\$289.91
80422 00	Pathology	1.28	1.28	\$82.51	\$82.51
80424 00	Pathology	1.40	1.40	\$90.44	\$90.44
80426 00	Pathology	4.11	4.11	\$265.79	\$265.79
80428 00	Pathology	1.85	1.85	\$119.45	\$119.45
80430 00	Pathology	3.58	3.58	\$231.62	\$231.62
80432 00	Pathology	4.59	4.59	\$296.59	\$296.59
80434 00	Pathology	7.90	7.90	\$510.46	\$510.46
80435 00	Pathology	2.85	2.85	\$184.46	\$184.46
80436 00	Pathology	2.53	2.53	\$163.26	\$163.26
80438 00	Pathology	1.40	1.40	\$90.28	\$90.28
80439 00	Pathology	1.86	1.86	\$120.37	\$120.37
80500 00	Pathology	0.64	0.56	\$41.37	\$36.19
80502 00	Pathology	2.11	2.02	\$136.38	\$130.56
81000 00	Pathology	0.11	0.11	\$7.20	\$7.20
81001 00	Pathology	0.09	0.09	\$5.68	\$5.68
81002 00	Pathology	0.10	0.10	\$6.23	\$6.23
81003 00	Pathology	0.06	0.06	\$4.03	\$4.03
81005 00	Pathology	0.06	0.06	\$3.89	\$3.89
81007 00	Pathology	0.83	0.83	\$53.69	\$53.69
81015 00	Pathology	0.08	0.08	\$5.46	\$5.46
81020 00	Pathology	0.13	0.13	\$8.42	\$8.42
81025 00	Pathology	0.24	0.24	\$15.42	\$15.42
81050 00	Pathology	0.10	0.10	\$21.77	\$21.77
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.39	3.39	\$218.88	\$218.88
81106 00	Pathology	3.39	3.39	\$218.88	\$218.88
81107 00	Pathology	3.39	3.39	\$218.88	\$218.88
81108 00	Pathology	3.39	3.39	\$218.88	\$218.88
81109 00	Pathology	3.39	3.39	\$218.88	\$218.88
81110 00	Pathology	3.39	3.39	\$218.88	\$218.88
81111 00	Pathology	3.39	3.39	\$218.88	\$218.88
81112 00	Pathology	3.39	3.39	\$218.88	\$218.88
81120 00	Pathology	5.35	5.35	\$346.09	\$346.09

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81121 00	Pathology	8.20	8.20	\$529.73	\$529.73
81161 00	Pathology	7.73	7.73	\$499.66	\$499.66
81162 00	Pathology	50.57	50.57	\$3,268.18	\$3,268.18
81163 00	Pathology	25.94	25.94	\$1,676.29	\$1,676.29
81164 00	Pathology	16.19	16.19	\$1,046.30	\$1,046.30
81165 00	Pathology	15.68	15.68	\$1,013.22	\$1,013.22
81166 00	Pathology	8.35	8.35	\$539.69	\$539.69
81167 00	Pathology	7.84	7.84	\$506.61	\$506.61
81170 00	Pathology	8.31	8.31	\$537.27	\$537.27
81171 00	Pathology	3.80	3.80	\$245.35	\$245.35
81172 00	Pathology	7.62	7.62	\$492.19	\$492.19
81173 00	Pathology	8.35	8.35	\$539.69	\$539.69
81174 00	Pathology	5.13	5.13	\$331.68	\$331.68
81175 00	Pathology	18.75	18.75	\$1,211.55	\$1,211.55
81176 00	Pathology	6.70	6.70	\$433.22	\$433.22
81177 00	Pathology	3.80	3.80	\$245.35	\$245.35
81178 00	Pathology	3.80	3.80	\$245.35	\$245.35
81179 00	Pathology	3.80	3.80	\$245.35	\$245.35
81180 00	Pathology	3.80	3.80	\$245.35	\$245.35
81181 00	Pathology	3.80	3.80	\$245.35	\$245.35
81182 00	Pathology	3.80	3.80	\$245.35	\$245.35
81183 00	Pathology	3.80	3.80	\$245.35	\$245.35
81184 00	Pathology	3.80	3.80	\$245.35	\$245.35
81185 00	Pathology	23.45	23.45	\$1,515.59	\$1,515.59
81186 00	Pathology	5.13	5.13	\$331.68	\$331.68
81187 00	Pathology	3.80	3.80	\$245.35	\$245.35
81188 00	Pathology	3.80	3.80	\$245.35	\$245.35
81189 00	Pathology	7.62	7.62	\$492.19	\$492.19
81190 00	Pathology	5.13	5.13	\$331.68	\$331.68
81200 00	Pathology	1.31	1.31	\$84.62	\$84.62
81201 00	Pathology	21.61	21.61	\$1,396.91	\$1,396.91
81202 00	Pathology	7.76	7.76	\$501.45	\$501.45
81203 00	Pathology	5.54	5.54	\$358.18	\$358.18
81204 00	Pathology	3.80	3.80	\$245.35	\$245.35
81205 00	Pathology	2.63	2.63	\$170.12	\$170.12
81206 00	Pathology	4.54	4.54	\$293.64	\$293.64
81207 00	Pathology	4.01	4.01	\$259.39	\$259.39
81208 00	Pathology	5.95	5.95	\$384.36	\$384.36
81209 00	Pathology	1.09	1.09	\$70.40	\$70.40
81210 00	Pathology	4.86	4.86	\$314.12	\$314.12

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81212 00	Pathology	12.19	12.19	\$788.00	\$788.00
81215 00	Pathology	10.40	10.40	\$672.04	\$672.04
81216 00	Pathology	5.13	5.13	\$331.53	\$331.53
81217 00	Pathology	10.40	10.40	\$672.04	\$672.04
81218 00	Pathology	6.70	6.70	\$433.22	\$433.22
81219 00	Pathology	3.37	3.37	\$217.83	\$217.83
81220 00	Pathology	15.42	15.42	\$996.82	\$996.82
81221 00	Pathology	2.69	2.69	\$174.11	\$174.11
81222 00	Pathology	12.06	12.06	\$779.17	\$779.17
81223 00	Pathology	13.83	13.83	\$893.66	\$893.66
81224 00	Pathology	4.68	4.68	\$302.22	\$302.22
81225 00	Pathology	8.07	8.07	\$521.80	\$521.80
81226 00	Pathology	12.49	12.49	\$807.54	\$807.54
81227 00	Pathology	4.84	4.84	\$313.07	\$313.07
81228 00	Pathology	24.94	24.94	\$1,611.81	\$1,611.81
81229 00	Pathology	32.14	32.14	\$2,077.45	\$2,077.45
81230 00	Pathology	4.84	4.84	\$313.07	\$313.07
81231 00	Pathology	4.84	4.84	\$313.07	\$313.07
81232 00	Pathology	4.84	4.84	\$313.07	\$313.07
81233 00	Pathology	4.86	4.86	\$314.12	\$314.12
81234 00	Pathology	3.80	3.80	\$245.35	\$245.35
81235 00	Pathology	8.99	8.99	\$581.29	\$581.29
81236 00	Pathology	7.84	7.84	\$506.61	\$506.61
81237 00	Pathology	4.86	4.86	\$314.12	\$314.12
81238 00	Pathology	16.63	16.63	\$1,074.54	\$1,074.54
81239 00	Pathology	7.62	7.62	\$492.19	\$492.19
81240 00	Pathology	1.82	1.82	\$117.64	\$117.64
81241 00	Pathology	2.03	2.03	\$131.40	\$131.40
81242 00	Pathology	1.01	1.01	\$65.58	\$65.58
81243 00	Pathology	1.58	1.58	\$102.15	\$102.15
81244 00	Pathology	1.24	1.24	\$80.39	\$80.39
81245 00	Pathology	4.59	4.59	\$296.41	\$296.41
81246 00	Pathology	2.30	2.30	\$148.65	\$148.65
81247 00	Pathology	4.84	4.84	\$313.07	\$313.07
81248 00	Pathology	10.40	10.40	\$672.04	\$672.04
81249 00	Pathology	16.63	16.63	\$1,074.54	\$1,074.54
81250 00	Pathology	1.62	1.62	\$104.75	\$104.75
81251 00	Pathology	1.31	1.31	\$84.62	\$84.62
81252 00	Pathology	2.80	2.80	\$181.10	\$181.10
81253 00	Pathology	1.70	1.70	\$110.18	\$110.18

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81254 00	Pathology	0.97	0.97	\$62.68	\$62.68
81255 00	Pathology	1.43	1.43	\$92.14	\$92.14
81256 00	Pathology	1.81	1.81	\$117.05	\$117.05
81257 00	Pathology	2.83	2.83	\$183.14	\$183.14
81258 00	Pathology	10.40	10.40	\$672.04	\$672.04
81259 00	Pathology	16.63	16.63	\$1,074.54	\$1,074.54
81260 00	Pathology	1.09	1.09	\$70.40	\$70.40
81261 00	Pathology	5.49	5.49	\$354.58	\$354.58
81262 00	Pathology	1.90	1.90	\$122.77	\$122.77
81263 00	Pathology	8.16	8.16	\$527.46	\$527.46
81264 00	Pathology	4.79	4.79	\$309.34	\$309.34
81265 00	Pathology	6.46	6.46	\$417.41	\$417.41
81266 00	Pathology	8.45	8.45	\$545.89	\$545.89
81267 00	Pathology	5.75	5.75	\$371.54	\$371.54
81268 00	Pathology	7.23	7.23	\$467.05	\$467.05
81269 00	Pathology	5.61	5.61	\$362.48	\$362.48
81270 00	Pathology	2.54	2.54	\$164.15	\$164.15
81271 00	Pathology	3.80	3.80	\$245.35	\$245.35
81272 00	Pathology	9.13	9.13	\$590.12	\$590.12
81273 00	Pathology	3.46	3.46	\$223.63	\$223.63
81274 00	Pathology	7.62	7.62	\$492.19	\$492.19
81275 00	Pathology	5.35	5.35	\$346.09	\$346.09
81276 00	Pathology	5.35	5.35	\$346.09	\$346.09
81277 00	Pathology	32.14	32.14	\$2,077.45	\$2,077.45
81283 00	Pathology	2.03	2.03	\$131.40	\$131.40
81284 00	Pathology	3.80	3.80	\$245.35	\$245.35
81285 00	Pathology	7.62	7.62	\$492.19	\$492.19
81286 00	Pathology	7.62	7.62	\$492.19	\$492.19
81287 00	Pathology	3.45	3.45	\$223.22	\$223.22
81288 00	Pathology	5.33	5.33	\$344.43	\$344.43
81289 00	Pathology	5.13	5.13	\$331.68	\$331.68
81290 00	Pathology	1.09	1.09	\$70.40	\$70.40
81291 00	Pathology	1.81	1.81	\$117.02	\$117.02
81292 00	Pathology	18.71	18.71	\$1,209.58	\$1,209.58
81293 00	Pathology	9.17	9.17	\$592.79	\$592.79
81294 00	Pathology	5.61	5.61	\$362.48	\$362.48
81295 00	Pathology	10.58	10.58	\$683.59	\$683.59
81296 00	Pathology	9.36	9.36	\$604.84	\$604.84
81297 00	Pathology	5.91	5.91	\$382.00	\$382.00
81298 00	Pathology	17.78	17.78	\$1,149.49	\$1,149.49

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81299 00	Pathology	8.53	8.53	\$551.60	\$551.60
81300 00	Pathology	6.59	6.59	\$426.24	\$426.24
81301 00	Pathology	9.66	9.66	\$624.24	\$624.24
81302 00	Pathology	14.63	14.63	\$945.36	\$945.36
81303 00	Pathology	3.33	3.33	\$214.91	\$214.91
81304 00	Pathology	4.16	4.16	\$268.64	\$268.64
81305 00	Pathology	4.86	4.86	\$314.12	\$314.12
81306 00	Pathology	8.07	8.07	\$521.80	\$521.80
81307 00	Pathology	7.84	7.84	\$506.61	\$506.61
81308 00	Pathology	8.35	8.35	\$539.69	\$539.69
81309 00	Pathology	7.62	7.62	\$492.19	\$492.19
81310 00	Pathology	6.83	6.83	\$441.49	\$441.49
81311 00	Pathology	8.20	8.20	\$529.73	\$529.73
81312 00	Pathology	3.80	3.80	\$245.35	\$245.35
81313 00	Pathology	7.07	7.07	\$456.77	\$456.77
81314 00	Pathology	9.13	9.13	\$590.12	\$590.12
81315 00	Pathology	5.74	5.74	\$371.27	\$371.27
81316 00	Pathology	5.74	5.74	\$371.27	\$371.27
81317 00	Pathology	18.75	18.75	\$1,211.55	\$1,211.55
81318 00	Pathology	9.17	9.17	\$592.79	\$592.79
81319 00	Pathology	5.64	5.64	\$364.45	\$364.45
81320 00	Pathology	8.07	8.07	\$521.80	\$521.80
81321 00	Pathology	16.63	16.63	\$1,074.54	\$1,074.54
81322 00	Pathology	1.29	1.29	\$83.46	\$83.46
81323 00	Pathology	8.31	8.31	\$537.27	\$537.27
81324 00	Pathology	21.01	21.01	\$1,358.15	\$1,358.15
81325 00	Pathology	21.32	21.32	\$1,378.24	\$1,378.24
81326 00	Pathology	1.29	1.29	\$83.46	\$83.46
81327 00	Pathology	5.32	5.32	\$343.85	\$343.85
81328 00	Pathology	4.84	4.84	\$313.07	\$313.07
81329 00	Pathology	3.80	3.80	\$245.35	\$245.35
81330 00	Pathology	1.30	1.30	\$84.17	\$84.17
81331 00	Pathology	1.42	1.42	\$91.46	\$91.46
81332 00	Pathology	1.21	1.21	\$78.17	\$78.17
81333 00	Pathology	3.80	3.80	\$245.35	\$245.35
81334 00	Pathology	9.13	9.13	\$590.12	\$590.12
81335 00	Pathology	4.84	4.84	\$313.07	\$313.07
81336 00	Pathology	8.35	8.35	\$539.69	\$539.69
81337 00	Pathology	5.13	5.13	\$331.68	\$331.68
81340 00	Pathology	5.79	5.79	\$374.16	\$374.16

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81341 00	Pathology	1.37	1.37	\$88.81	\$88.81
81342 00	Pathology	5.58	5.58	\$360.87	\$360.87
81343 00	Pathology	3.80	3.80	\$245.35	\$245.35
81344 00	Pathology	3.80	3.80	\$245.35	\$245.35
81345 00	Pathology	5.13	5.13	\$331.68	\$331.68
81346 00	Pathology	4.84	4.84	\$313.07	\$313.07
81350 00	Pathology	6.48	6.48	\$419.07	\$419.07
81355 00	Pathology	2.44	2.44	\$157.96	\$157.96
81361 00	Pathology	4.84	4.84	\$313.07	\$313.07
81362 00	Pathology	10.40	10.40	\$672.04	\$672.04
81363 00	Pathology	5.61	5.61	\$362.48	\$362.48
81364 00	Pathology	8.99	8.99	\$581.29	\$581.29
81370 00	Pathology	11.14	11.14	\$720.16	\$720.16
81371 00	Pathology	11.21	11.21	\$724.46	\$724.46
81372 00	Pathology	11.18	11.18	\$722.79	\$722.79
81373 00	Pathology	3.53	3.53	\$228.21	\$228.21
81374 00	Pathology	2.06	2.06	\$133.12	\$133.12
81375 00	Pathology	6.12	6.12	\$395.32	\$395.32
81376 00	Pathology	3.39	3.39	\$218.88	\$218.88
81377 00	Pathology	2.63	2.63	\$169.67	\$169.67
81378 00	Pathology	9.58	9.58	\$618.88	\$618.88
81379 00	Pathology	9.29	9.29	\$600.63	\$600.63
81380 00	Pathology	4.91	4.91	\$317.44	\$317.44
81381 00	Pathology	4.71	4.71	\$304.27	\$304.27
81382 00	Pathology	3.43	3.43	\$221.50	\$221.50
81383 00	Pathology	3.02	3.02	\$195.44	\$195.44
81400 00	Pathology	1.77	1.77	\$114.55	\$114.55
81401 00	Pathology	3.80	3.80	\$245.35	\$245.35
81402 00	Pathology	4.17	4.17	\$269.23	\$269.23
81403 00	Pathology	5.13	5.13	\$331.68	\$331.68
81404 00	Pathology	7.62	7.62	\$492.19	\$492.19
81405 00	Pathology	8.35	8.35	\$539.69	\$539.69
81406 00	Pathology	7.84	7.84	\$506.61	\$506.61
81407 00	Pathology	23.45	23.45	\$1,515.59	\$1,515.59
81408 00	Pathology	55.42	55.42	\$3,581.81	\$3,581.81
81410 00	Pathology	13.97	13.97	\$902.62	\$902.62
81411 00	Pathology	37.41	37.41	\$2,418.06	\$2,418.06
81412 00	Pathology	67.85	67.85	\$4,385.14	\$4,385.14
81413 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50
81414 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81415 00	Pathology	132.45	132.45	\$8,560.52	\$8,560.52
81416 00	Pathology	332.51	332.51	\$21,490.85	\$21,490.85
81417 00	Pathology	8.87	8.87	\$573.09	\$573.09
81420 00	Pathology	21.03	21.03	\$1,359.39	\$1,359.39
81422 00	Pathology	21.03	21.03	\$1,359.39	\$1,359.39
81425 00	Pathology	139.41	139.41	\$9,010.40	\$9,010.40
81426 00	Pathology	75.09	75.09	\$4,853.26	\$4,853.26
81427 00	Pathology	64.77	64.77	\$4,186.51	\$4,186.51
81430 00	Pathology	45.03	45.03	\$2,910.22	\$2,910.22
81431 00	Pathology	18.83	18.83	\$1,217.04	\$1,217.04
81432 00	Pathology	18.82	18.82	\$1,216.11	\$1,216.11
81433 00	Pathology	12.16	12.16	\$786.08	\$786.08
81434 00	Pathology	16.57	16.57	\$1,070.80	\$1,070.80
81435 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50
81436 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50
81437 00	Pathology	12.16	12.16	\$786.08	\$786.08
81438 00	Pathology	12.16	12.16	\$786.08	\$786.08
81439 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50
81440 00	Pathology	92.10	92.10	\$5,952.96	\$5,952.96
81442 00	Pathology	59.40	59.40	\$3,838.98	\$3,838.98
81443 00	Pathology	67.85	67.85	\$4,385.14	\$4,385.14
81445 00	Pathology	16.57	16.57	\$1,070.80	\$1,070.80
81448 00	Pathology	16.21	16.21	\$1,047.50	\$1,047.50
81450 00	Pathology	21.05	21.05	\$1,360.25	\$1,360.25
81455 00	Pathology	80.90	80.90	\$5,228.72	\$5,228.72
81460 00	Pathology	35.66	35.66	\$2,304.89	\$2,304.89
81465 00	Pathology	25.94	25.94	\$1,676.29	\$1,676.29
81470 00	Pathology	25.33	25.33	\$1,636.89	\$1,636.89
81471 00	Pathology	25.33	25.33	\$1,636.89	\$1,636.89
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	23.29	23.29	\$1,505.52	\$1,505.52
81493 00	Pathology	29.09	29.09	\$1,880.45	\$1,880.45
81500 00	Pathology	7.22	7.22	\$466.53	\$466.53
81503 00	Pathology	24.85	24.85	\$1,606.44	\$1,606.44
81504 00	Pathology	14.41	14.41	\$931.27	\$931.27
81506 00	Pathology	1.91	1.91	\$123.43	\$123.43
81507 00	Pathology	22.03	22.03	\$1,423.77	\$1,423.77
81508 00	Pathology	1.50	1.50	\$97.25	\$97.25
81509 00	Pathology	41.21	41.21	\$2,663.74	\$2,663.74
81510 00	Pathology	1.54	1.54	\$99.47	\$99.47

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
81511 00	Pathology	4.25	4.25	\$274.90	\$274.90
81512 00	Pathology	1.93	1.93	\$124.50	\$124.50
81518 00	Pathology	107.32	107.32	\$6,936.17	\$6,936.17
81519 00	Pathology	107.32	107.32	\$6,936.17	\$6,936.17
81520 00	Pathology	69.55	69.55	\$4,495.55	\$4,495.55
81521 00	Pathology	107.32	107.32	\$6,936.17	\$6,936.17
81522 00	Pathology	107.32	107.32	\$6,936.17	\$6,936.17
81525 00	Pathology	86.34	86.34	\$5,580.46	\$5,580.46
81528 00	Pathology	14.10	14.10	\$911.34	\$911.34
81535 00	Pathology	16.06	16.06	\$1,037.76	\$1,037.76
81536 00	Pathology	4.92	4.92	\$317.99	\$317.99
81538 00	Pathology	79.55	79.55	\$5,141.69	\$5,141.69
81539 00	Pathology	21.06	21.06	\$1,361.09	\$1,361.09
81540 00	Pathology	103.91	103.91	\$6,715.89	\$6,715.89
81541 00	Pathology	107.32	107.32	\$6,936.17	\$6,936.17
81542 00	Pathology	0.00	0.00	BR	BR
81545 00	Pathology	99.75	99.75	\$6,447.25	\$6,447.25
81551 00	Pathology	56.25	56.25	\$3,635.54	\$3,635.54
81552 00	Pathology	0.00	0.00	BR	BR
81595 00	Pathology	89.78	89.78	\$5,802.53	\$5,802.53
81596 00	Pathology	2.00	2.00	\$129.29	\$129.29
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.13	0.13	\$8.09	\$8.09
82010 00	Pathology	0.23	0.23	\$18.50	\$18.50
82013 00	Pathology	0.34	0.34	\$22.01	\$22.01
82016 00	Pathology	0.46	0.46	\$29.53	\$29.53
82017 00	Pathology	0.47	0.47	\$30.50	\$30.50
82024 00	Pathology	1.07	1.07	\$69.16	\$69.16
82030 00	Pathology	0.71	0.71	\$46.21	\$46.21
82040 00	Pathology	0.14	0.14	\$10.00	\$10.00
82042 00	Pathology	0.22	0.22	\$13.93	\$13.93
82043 00	Pathology	0.16	0.16	\$13.89	\$13.89
82044 00	Pathology	0.17	0.17	\$11.16	\$11.16
82045 00	Pathology	0.94	0.94	\$60.78	\$60.78
82075 00	Pathology	0.83	0.83	\$53.73	\$53.73
82085 00	Pathology	0.27	0.27	\$18.00	\$18.00
82088 00	Pathology	1.13	1.13	\$72.98	\$72.98
82103 00	Pathology	0.37	0.37	\$24.07	\$24.07
82104 00	Pathology	0.40	0.40	\$25.90	\$25.90
82105 00	Pathology	0.46	0.46	\$30.03	\$30.03

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82106 00	Pathology	0.47	0.47	\$30.45	\$30.45
82107 00	Pathology	1.78	1.78	\$115.35	\$115.35
82108 00	Pathology	0.71	0.71	\$45.63	\$45.63
82120 00	Pathology	0.17	0.17	\$10.73	\$10.73
82127 00	Pathology	0.39	0.39	\$25.40	\$25.40
82128 00	Pathology	0.38	0.38	\$26.00	\$26.00
82131 00	Pathology	0.64	0.64	\$56.51	\$56.51
82135 00	Pathology	0.46	0.46	\$30.50	\$30.50
82136 00	Pathology	0.54	0.54	\$35.12	\$35.12
82139 00	Pathology	0.47	0.47	\$35.41	\$35.41
82140 00	Pathology	0.40	0.40	\$30.00	\$30.00
82143 00	Pathology	0.26	0.26	\$17.73	\$17.73
82150 00	Pathology	0.18	0.18	\$13.50	\$13.50
82154 00	Pathology	0.80	0.80	\$51.63	\$51.63
82157 00	Pathology	0.81	0.81	\$52.44	\$52.44
82160 00	Pathology	0.71	0.71	\$52.00	\$52.00
82163 00	Pathology	0.57	0.57	\$36.75	\$36.75
82164 00	Pathology	0.40	0.40	\$26.15	\$26.15
82172 00	Pathology	0.58	0.58	\$37.77	\$37.77
82175 00	Pathology	0.53	0.53	\$38.50	\$38.50
82180 00	Pathology	0.27	0.27	\$21.00	\$21.00
82190 00	Pathology	0.44	0.44	\$28.48	\$28.48
82232 00	Pathology	0.45	0.45	\$30.50	\$30.50
82239 00	Pathology	0.47	0.47	\$30.66	\$30.66
82240 00	Pathology	0.74	0.74	\$47.60	\$47.60
82247 00	Pathology	0.14	0.14	\$8.99	\$8.99
82248 00	Pathology	0.14	0.14	\$8.99	\$8.99
82252 00	Pathology	0.13	0.13	\$8.50	\$8.50
82261 00	Pathology	0.47	0.47	\$30.21	\$30.21
82270 00	Pathology	0.12	0.12	\$7.84	\$7.84
82271 00	Pathology	0.15	0.15	\$9.53	\$9.53
82272 00	Pathology	0.12	0.12	\$7.58	\$7.58
82274 00	Pathology	0.44	0.44	\$28.51	\$28.51
82286 00	Pathology	0.14	0.14	\$11.92	\$11.92
82300 00	Pathology	0.66	0.66	\$44.51	\$44.51
82306 00	Pathology	0.82	0.82	\$63.00	\$63.00
82308 00	Pathology	0.74	0.74	\$50.00	\$50.00
82310 00	Pathology	0.14	0.14	\$9.24	\$9.24
82330 00	Pathology	0.38	0.38	\$28.50	\$28.50
82331 00	Pathology	0.37	0.37	\$23.89	\$23.89

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82340 00	Pathology	0.17	0.17	\$11.00	\$11.00
82355 00	Pathology	0.32	0.32	\$24.50	\$24.50
82360 00	Pathology	0.36	0.36	\$24.50	\$24.50
82365 00	Pathology	0.36	0.36	\$24.50	\$24.50
82370 00	Pathology	0.35	0.35	\$22.42	\$22.42
82373 00	Pathology	0.50	0.50	\$32.34	\$32.34
82374 00	Pathology	0.14	0.14	\$8.74	\$8.74
82375 00	Pathology	0.34	0.34	\$27.50	\$27.50
82376 00	Pathology	0.39	0.39	\$25.20	\$25.20
82378 00	Pathology	0.53	0.53	\$33.96	\$33.96
82379 00	Pathology	0.47	0.47	\$30.21	\$30.21
82380 00	Pathology	0.26	0.26	\$17.50	\$17.50
82382 00	Pathology	0.76	0.76	\$48.89	\$48.89
82383 00	Pathology	0.81	0.81	\$52.08	\$52.08
82384 00	Pathology	0.70	0.70	\$49.50	\$49.50
82387 00	Pathology	0.50	0.50	\$32.34	\$32.34
82390 00	Pathology	0.30	0.30	\$22.00	\$22.00
82397 00	Pathology	0.39	0.39	\$25.29	\$25.29
82415 00	Pathology	0.35	0.35	\$22.69	\$22.69
82435 00	Pathology	0.13	0.13	\$8.24	\$8.24
82436 00	Pathology	0.16	0.16	\$11.50	\$11.50
82438 00	Pathology	0.14	0.14	\$11.00	\$11.00
82441 00	Pathology	0.17	0.17	\$14.20	\$14.20
82465 00	Pathology	0.12	0.12	\$7.79	\$7.79
82480 00	Pathology	0.22	0.22	\$19.00	\$19.00
82482 00	Pathology	0.27	0.27	\$22.50	\$22.50
82485 00	Pathology	0.57	0.57	\$36.98	\$36.98
82495 00	Pathology	0.56	0.56	\$38.50	\$38.50
82507 00	Pathology	0.77	0.77	\$49.79	\$49.79
82523 00	Pathology	0.52	0.52	\$33.45	\$33.45
82525 00	Pathology	0.34	0.34	\$27.00	\$27.00
82528 00	Pathology	0.62	0.62	\$40.33	\$40.33
82530 00	Pathology	0.46	0.46	\$30.50	\$30.50
82533 00	Pathology	0.45	0.45	\$29.19	\$29.19
82540 00	Pathology	0.13	0.13	\$8.31	\$8.31
82542 00	Pathology	0.67	0.67	\$43.14	\$43.14
82550 00	Pathology	0.18	0.18	\$13.00	\$13.00
82552 00	Pathology	0.37	0.37	\$26.00	\$26.00
82553 00	Pathology	0.32	0.32	\$20.68	\$20.68
82554 00	Pathology	0.33	0.33	\$21.26	\$21.26

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82565 00	Pathology	0.14	0.14	\$9.17	\$9.17
82570 00	Pathology	0.14	0.14	\$10.50	\$10.50
82575 00	Pathology	0.26	0.26	\$16.94	\$16.94
82585 00	Pathology	0.39	0.39	\$25.32	\$25.32
82595 00	Pathology	0.18	0.18	\$14.50	\$14.50
82600 00	Pathology	0.54	0.54	\$34.74	\$34.74
82607 00	Pathology	0.42	0.42	\$30.00	\$30.00
82608 00	Pathology	0.40	0.40	\$31.50	\$31.50
82610 00	Pathology	0.51	0.51	\$41.91	\$41.91
82615 00	Pathology	0.26	0.26	\$17.10	\$17.10
82626 00	Pathology	0.70	0.70	\$48.00	\$48.00
82627 00	Pathology	0.62	0.62	\$39.81	\$39.81
82633 00	Pathology	0.86	0.86	\$69.00	\$69.00
82634 00	Pathology	0.81	0.81	\$52.50	\$52.50
82638 00	Pathology	0.34	0.34	\$21.94	\$21.94
82642 00	Pathology	0.81	0.81	\$52.44	\$52.44
82652 00	Pathology	1.07	1.07	\$70.50	\$70.50
82656 00	Pathology	0.32	0.32	\$20.65	\$20.65
82657 00	Pathology	0.61	0.61	\$39.70	\$39.70
82658 00	Pathology	1.22	1.22	\$78.85	\$78.85
82664 00	Pathology	1.70	1.70	\$110.14	\$110.14
82668 00	Pathology	0.52	0.52	\$36.50	\$36.50
82670 00	Pathology	0.77	0.77	\$50.04	\$50.04
82671 00	Pathology	0.89	0.89	\$57.85	\$57.85
82672 00	Pathology	0.60	0.60	\$46.00	\$46.00
82677 00	Pathology	0.67	0.67	\$43.30	\$43.30
82679 00	Pathology	0.69	0.69	\$54.00	\$54.00
82693 00	Pathology	0.41	0.41	\$26.68	\$26.68
82696 00	Pathology	0.73	0.73	\$46.99	\$46.99
82705 00	Pathology	0.14	0.14	\$13.15	\$13.15
82710 00	Pathology	0.47	0.47	\$34.00	\$34.00
82715 00	Pathology	0.64	0.64	\$41.14	\$41.14
82725 00	Pathology	0.52	0.52	\$33.62	\$33.62
82726 00	Pathology	0.55	0.55	\$35.37	\$35.37
82728 00	Pathology	0.38	0.38	\$24.41	\$24.41
82731 00	Pathology	1.78	1.78	\$115.35	\$115.35
82735 00	Pathology	0.51	0.51	\$33.20	\$33.20
82746 00	Pathology	0.41	0.41	\$26.33	\$26.33
82747 00	Pathology	0.49	0.49	\$31.61	\$31.61
82757 00	Pathology	0.48	0.48	\$31.05	\$31.05

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
82759 00	Pathology	0.60	0.60	\$38.47	\$38.47
82760 00	Pathology	0.31	0.31	\$22.00	\$22.00
82775 00	Pathology	0.58	0.58	\$37.73	\$37.73
82776 00	Pathology	0.33	0.33	\$21.03	\$21.03
82777 00	Pathology	1.23	1.23	\$79.25	\$79.25
82784 00	Pathology	0.26	0.26	\$16.66	\$16.66
82785 00	Pathology	0.46	0.46	\$29.48	\$29.48
82787 00	Pathology	0.22	0.22	\$43.13	\$43.13
82800 00	Pathology	0.30	0.30	\$19.70	\$19.70
82803 00	Pathology	0.72	0.72	\$46.69	\$46.69
82805 00	Pathology	2.18	2.18	\$141.07	\$141.07
82810 00	Pathology	0.27	0.27	\$17.50	\$17.50
82820 00	Pathology	0.37	0.37	\$23.89	\$23.89
82930 00	Pathology	0.19	0.19	\$12.02	\$12.02
82938 00	Pathology	0.49	0.49	\$32.00	\$32.00
82941 00	Pathology	0.49	0.49	\$34.50	\$34.50
82943 00	Pathology	0.40	0.40	\$30.50	\$30.50
82945 00	Pathology	0.11	0.11	\$8.09	\$8.09
82946 00	Pathology	0.49	0.49	\$31.82	\$31.82
82947 00	Pathology	0.11	0.11	\$8.50	\$8.50
82948 00	Pathology	0.14	0.14	\$9.03	\$9.03
82950 00	Pathology	0.13	0.13	\$11.00	\$11.00
82951 00	Pathology	0.36	0.36	\$23.05	\$23.05
82952 00	Pathology	0.11	0.11	\$8.50	\$8.50
82955 00	Pathology	0.27	0.27	\$21.00	\$21.00
82960 00	Pathology	0.17	0.17	\$10.83	\$10.83
82962 00	Pathology	0.09	0.09	\$5.87	\$5.87
82963 00	Pathology	0.60	0.60	\$43.50	\$43.50
82965 00	Pathology	0.36	0.36	\$23.55	\$23.55
82977 00	Pathology	0.20	0.20	\$12.89	\$12.89
82978 00	Pathology	0.43	0.43	\$27.67	\$27.67
82979 00	Pathology	0.26	0.26	\$16.91	\$16.91
82985 00	Pathology	0.46	0.46	\$30.02	\$30.02
83001 00	Pathology	0.51	0.51	\$33.27	\$33.27
83002 00	Pathology	0.51	0.51	\$33.17	\$33.17
83003 00	Pathology	0.46	0.46	\$29.85	\$29.85
83006 00	Pathology	2.09	2.09	\$135.39	\$135.39
83009 00	Pathology	1.87	1.87	\$120.64	\$120.64
83010 00	Pathology	0.35	0.35	\$22.53	\$22.53
83012 00	Pathology	0.75	0.75	\$48.16	\$48.16

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83013 00	Pathology	1.87	1.87	\$120.64	\$120.64
83014 00	Pathology	0.22	0.22	\$14.08	\$14.08
83015 00	Pathology	0.58	0.58	\$41.00	\$41.00
83018 00	Pathology	0.61	0.61	\$45.00	\$45.00
83020 00	Pathology	0.36	0.36	\$28.06	\$28.06
83020 26	Pathology	0.53	0.53	\$34.26	\$34.26
83021 00	Pathology	0.50	0.50	\$32.34	\$32.34
83026 00	Pathology	0.11	0.11	\$7.18	\$7.18
83030 00	Pathology	0.30	0.30	\$19.23	\$19.23
83033 00	Pathology	0.22	0.22	\$14.33	\$14.33
83036 00	Pathology	0.27	0.27	\$17.39	\$17.39
83037 00	Pathology	0.27	0.27	\$17.39	\$17.39
83045 00	Pathology	0.18	0.18	\$11.62	\$11.62
83050 00	Pathology	0.23	0.23	\$15.50	\$15.50
83051 00	Pathology	0.20	0.20	\$15.50	\$15.50
83060 00	Pathology	0.24	0.24	\$15.76	\$15.76
83065 00	Pathology	0.25	0.25	\$16.12	\$16.12
83068 00	Pathology	0.26	0.26	\$16.96	\$16.96
83069 00	Pathology	0.11	0.11	\$8.50	\$8.50
83070 00	Pathology	0.13	0.13	\$10.50	\$10.50
83080 00	Pathology	0.47	0.47	\$30.21	\$30.21
83088 00	Pathology	0.82	0.82	\$52.89	\$52.89
83090 00	Pathology	0.50	0.50	\$32.09	\$32.09
83150 00	Pathology	0.62	0.62	\$40.13	\$40.13
83491 00	Pathology	0.50	0.50	\$34.39	\$34.39
83497 00	Pathology	0.36	0.36	\$28.00	\$28.00
83498 00	Pathology	0.75	0.75	\$50.00	\$50.00
83500 00	Pathology	0.63	0.63	\$47.00	\$47.00
83505 00	Pathology	0.67	0.67	\$61.00	\$61.00
83516 00	Pathology	0.32	0.32	\$20.65	\$20.65
83518 00	Pathology	0.27	0.27	\$17.50	\$17.50
83519 00	Pathology	0.51	0.51	\$32.95	\$32.95
83520 00	Pathology	0.48	0.48	\$30.93	\$30.93
83525 00	Pathology	0.32	0.32	\$26.50	\$26.50
83527 00	Pathology	0.36	0.36	\$28.00	\$28.00
83528 00	Pathology	0.55	0.55	\$35.50	\$35.50
83540 00	Pathology	0.18	0.18	\$11.59	\$11.59
83550 00	Pathology	0.24	0.24	\$19.00	\$19.00
83570 00	Pathology	0.25	0.25	\$19.00	\$19.00
83582 00	Pathology	0.43	0.43	\$27.71	\$27.71

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83586 00	Pathology	0.35	0.35	\$24.50	\$24.50
83593 00	Pathology	0.79	0.79	\$51.04	\$51.04
83605 00	Pathology	0.32	0.32	\$20.72	\$20.72
83615 00	Pathology	0.17	0.17	\$10.82	\$10.82
83625 00	Pathology	0.35	0.35	\$22.91	\$22.91
83630 00	Pathology	0.55	0.55	\$35.28	\$35.28
83631 00	Pathology	0.54	0.54	\$35.16	\$35.16
83632 00	Pathology	0.56	0.56	\$36.21	\$36.21
83633 00	Pathology	0.31	0.31	\$20.15	\$20.15
83655 00	Pathology	0.34	0.34	\$23.50	\$23.50
83661 00	Pathology	0.61	0.61	\$39.38	\$39.38
83662 00	Pathology	0.52	0.52	\$33.87	\$33.87
83663 00	Pathology	0.52	0.52	\$33.87	\$33.87
83664 00	Pathology	0.54	0.54	\$34.60	\$34.60
83670 00	Pathology	0.27	0.27	\$17.57	\$17.57
83690 00	Pathology	0.19	0.19	\$14.50	\$14.50
83695 00	Pathology	0.40	0.40	\$32.50	\$32.50
83698 00	Pathology	1.28	1.28	\$82.94	\$82.94
83700 00	Pathology	0.31	0.31	\$20.17	\$20.17
83701 00	Pathology	0.94	0.94	\$60.64	\$60.64
83704 00	Pathology	0.95	0.95	\$79.50	\$79.50
83718 00	Pathology	0.23	0.23	\$14.67	\$14.67
83719 00	Pathology	0.35	0.35	\$35.50	\$35.50
83721 00	Pathology	0.29	0.29	\$18.80	\$18.80
83722 00	Pathology	0.95	0.95	\$61.23	\$61.23
83727 00	Pathology	0.48	0.48	\$30.79	\$30.79
83735 00	Pathology	0.19	0.19	\$12.00	\$12.00
83775 00	Pathology	0.20	0.20	\$13.20	\$13.20
83785 00	Pathology	0.74	0.74	\$47.73	\$47.73
83789 00	Pathology	0.67	0.67	\$43.18	\$43.18
83825 00	Pathology	0.45	0.45	\$29.12	\$29.12
83835 00	Pathology	0.47	0.47	\$33.00	\$33.00
83857 00	Pathology	0.30	0.30	\$22.00	\$22.00
83861 00	Pathology	0.62	0.62	\$40.26	\$40.26
83864 00	Pathology	0.79	0.79	\$51.04	\$51.04
83872 00	Pathology	0.16	0.16	\$10.50	\$10.50
83873 00	Pathology	0.48	0.48	\$38.50	\$38.50
83874 00	Pathology	0.36	0.36	\$24.28	\$24.28
83876 00	Pathology	1.41	1.41	\$91.09	\$91.09
83880 00	Pathology	1.09	1.09	\$70.31	\$70.31

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
83883 00	Pathology	0.38	0.38	\$24.36	\$24.36
83885 00	Pathology	0.68	0.68	\$43.90	\$43.90
83915 00	Pathology	0.31	0.31	\$22.00	\$22.00
83916 00	Pathology	0.76	0.76	\$49.05	\$49.05
83918 00	Pathology	0.65	0.65	\$42.27	\$42.27
83919 00	Pathology	0.46	0.46	\$29.46	\$29.46
83921 00	Pathology	0.59	0.59	\$37.99	\$37.99
83930 00	Pathology	0.18	0.18	\$14.00	\$14.00
83935 00	Pathology	0.19	0.19	\$14.00	\$14.00
83937 00	Pathology	0.83	0.83	\$53.46	\$53.46
83945 00	Pathology	0.40	0.40	\$25.88	\$25.88
83950 00	Pathology	1.78	1.78	\$115.35	\$115.35
83951 00	Pathology	1.78	1.78	\$115.35	\$115.35
83970 00	Pathology	1.14	1.14	\$73.93	\$73.93
83986 00	Pathology	0.10	0.10	\$6.41	\$6.41
83987 00	Pathology	0.10	0.10	\$34.37	\$34.37
83992 00	Pathology	1.20	1.20	\$77.56	\$77.56
83993 00	Pathology	0.54	0.54	\$35.16	\$35.16
84030 00	Pathology	0.15	0.15	\$9.85	\$9.85
84035 00	Pathology	0.11	0.11	\$7.91	\$7.91
84060 00	Pathology	0.21	0.21	\$20.14	\$20.14
84066 00	Pathology	0.27	0.27	\$17.30	\$17.30
84075 00	Pathology	0.14	0.14	\$10.00	\$10.00
84078 00	Pathology	0.23	0.23	\$16.25	\$16.25
84080 00	Pathology	0.41	0.41	\$28.50	\$28.50
84081 00	Pathology	0.46	0.46	\$36.50	\$36.50
84085 00	Pathology	0.26	0.26	\$16.91	\$16.91
84087 00	Pathology	0.30	0.30	\$19.22	\$19.22
84100 00	Pathology	0.13	0.13	\$9.00	\$9.00
84105 00	Pathology	0.16	0.16	\$10.35	\$10.35
84106 00	Pathology	0.16	0.16	\$10.42	\$10.42
84110 00	Pathology	0.23	0.23	\$17.50	\$17.50
84112 00	Pathology	2.72	2.72	\$175.71	\$175.71
84119 00	Pathology	0.37	0.37	\$23.93	\$23.93
84120 00	Pathology	0.41	0.41	\$30.50	\$30.50
84126 00	Pathology	1.08	1.08	\$70.04	\$70.04
84132 00	Pathology	0.13	0.13	\$8.52	\$8.52
84133 00	Pathology	0.13	0.13	\$9.42	\$9.42
84134 00	Pathology	0.40	0.40	\$26.13	\$26.13
84135 00	Pathology	0.59	0.59	\$46.00	\$46.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
84138 00	Pathology	0.58	0.58	\$45.00	\$45.00
84140 00	Pathology	0.57	0.57	\$37.02	\$37.02
84143 00	Pathology	0.63	0.63	\$47.00	\$47.00
84144 00	Pathology	0.58	0.58	\$40.10	\$40.10
84145 00	Pathology	0.75	0.75	\$57.28	\$57.28
84146 00	Pathology	0.54	0.54	\$37.50	\$37.50
84150 00	Pathology	1.16	1.16	\$74.81	\$74.81
84152 00	Pathology	0.51	0.51	\$32.93	\$32.93
84153 00	Pathology	0.51	0.51	\$32.93	\$32.93
84154 00	Pathology	0.51	0.51	\$32.93	\$32.93
84155 00	Pathology	0.10	0.10	\$11.13	\$11.13
84156 00	Pathology	0.10	0.10	\$9.00	\$9.00
84157 00	Pathology	0.11	0.11	\$9.00	\$9.00
84160 00	Pathology	0.16	0.16	\$10.05	\$10.05
84163 00	Pathology	0.42	0.42	\$26.95	\$26.95
84165 00	Pathology	0.30	0.30	\$26.84	\$26.84
84165 26	Pathology	0.53	0.53	\$34.26	\$34.26
84166 00	Pathology	0.49	0.49	\$44.90	\$44.90
84166 26	Pathology	0.53	0.53	\$34.26	\$34.26
84181 00	Pathology	0.47	0.47	\$32.89	\$32.89
84181 26	Pathology	0.53	0.53	\$34.26	\$34.26
84182 00	Pathology	0.81	0.81	\$52.31	\$52.31
84182 26	Pathology	0.53	0.53	\$34.26	\$34.26
84202 00	Pathology	0.40	0.40	\$28.50	\$28.50
84203 00	Pathology	0.27	0.27	\$17.44	\$17.44
84206 00	Pathology	0.74	0.74	\$47.80	\$47.80
84207 00	Pathology	0.78	0.78	\$50.32	\$50.32
84210 00	Pathology	0.40	0.40	\$25.93	\$25.93
84220 00	Pathology	0.26	0.26	\$21.00	\$21.00
84228 00	Pathology	0.32	0.32	\$25.00	\$25.00
84233 00	Pathology	2.44	2.44	\$157.38	\$157.38
84234 00	Pathology	1.80	1.80	\$116.19	\$116.19
84235 00	Pathology	1.97	1.97	\$127.57	\$127.57
84238 00	Pathology	1.01	1.01	\$68.00	\$68.00
84244 00	Pathology	0.61	0.61	\$46.50	\$46.50
84252 00	Pathology	0.56	0.56	\$37.50	\$37.50
84255 00	Pathology	0.71	0.71	\$54.60	\$54.60
84260 00	Pathology	0.86	0.86	\$55.48	\$55.48
84270 00	Pathology	0.60	0.60	\$38.92	\$38.92
84275 00	Pathology	0.37	0.37	\$29.50	\$29.50

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
84285 00	Pathology	0.70	0.70	\$45.50	\$45.50
84295 00	Pathology	0.13	0.13	\$8.61	\$8.61
84300 00	Pathology	0.14	0.14	\$9.06	\$9.06
84302 00	Pathology	0.13	0.13	\$8.70	\$8.70
84305 00	Pathology	0.59	0.59	\$38.07	\$38.07
84307 00	Pathology	0.51	0.51	\$32.74	\$32.74
84311 00	Pathology	0.22	0.22	\$14.51	\$14.51
84315 00	Pathology	0.09	0.09	\$5.87	\$5.87
84375 00	Pathology	1.08	1.08	\$69.85	\$69.85
84376 00	Pathology	0.15	0.15	\$9.85	\$9.85
84377 00	Pathology	0.15	0.15	\$9.85	\$9.85
84378 00	Pathology	0.32	0.32	\$20.65	\$20.65
84379 00	Pathology	0.32	0.32	\$20.65	\$20.65
84392 00	Pathology	0.15	0.15	\$9.83	\$9.83
84402 00	Pathology	0.71	0.71	\$56.50	\$56.50
84403 00	Pathology	0.72	0.72	\$50.50	\$50.50
84410 00	Pathology	1.42	1.42	\$91.84	\$91.84
84425 00	Pathology	0.59	0.59	\$43.50	\$43.50
84430 00	Pathology	0.32	0.32	\$24.50	\$24.50
84431 00	Pathology	0.97	0.97	\$62.88	\$62.88
84432 00	Pathology	0.45	0.45	\$28.76	\$28.76
84436 00	Pathology	0.19	0.19	\$12.50	\$12.50
84437 00	Pathology	0.18	0.18	\$11.59	\$11.59
84439 00	Pathology	0.25	0.25	\$16.15	\$16.15
84442 00	Pathology	0.41	0.41	\$26.47	\$26.47
84443 00	Pathology	0.47	0.47	\$30.09	\$30.09
84445 00	Pathology	1.41	1.41	\$91.09	\$91.09
84446 00	Pathology	0.39	0.39	\$28.00	\$28.00
84449 00	Pathology	0.50	0.50	\$32.24	\$32.24
84450 00	Pathology	0.14	0.14	\$10.00	\$10.00
84460 00	Pathology	0.15	0.15	\$10.00	\$10.00
84466 00	Pathology	0.35	0.35	\$22.85	\$22.85
84478 00	Pathology	0.16	0.16	\$10.50	\$10.50
84479 00	Pathology	0.18	0.18	\$12.00	\$12.00
84480 00	Pathology	0.39	0.39	\$25.40	\$25.40
84481 00	Pathology	0.47	0.47	\$30.50	\$30.50
84482 00	Pathology	0.44	0.44	\$30.00	\$30.00
84484 00	Pathology	0.35	0.35	\$22.33	\$22.33
84485 00	Pathology	0.20	0.20	\$12.89	\$12.89
84488 00	Pathology	0.20	0.20	\$13.07	\$13.07

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
84490 00	Pathology	0.28	0.28	\$17.78	\$17.78
84510 00	Pathology	0.29	0.29	\$22.00	\$22.00
84512 00	Pathology	0.28	0.28	\$18.07	\$18.07
84520 00	Pathology	0.11	0.11	\$10.00	\$10.00
84525 00	Pathology	0.14	0.14	\$9.19	\$9.19
84540 00	Pathology	0.15	0.15	\$11.00	\$11.00
84545 00	Pathology	0.20	0.20	\$15.00	\$15.00
84550 00	Pathology	0.13	0.13	\$9.50	\$9.50
84560 00	Pathology	0.14	0.14	\$10.00	\$10.00
84577 00	Pathology	0.47	0.47	\$30.09	\$30.09
84578 00	Pathology	0.12	0.12	\$8.01	\$8.01
84580 00	Pathology	0.26	0.26	\$17.10	\$17.10
84583 00	Pathology	0.17	0.17	\$10.83	\$10.83
84585 00	Pathology	0.43	0.43	\$28.50	\$28.50
84586 00	Pathology	0.98	0.98	\$63.27	\$63.27
84588 00	Pathology	0.94	0.94	\$60.78	\$60.78
84590 00	Pathology	0.32	0.32	\$26.00	\$26.00
84591 00	Pathology	0.47	0.47	\$30.55	\$30.55
84597 00	Pathology	0.38	0.38	\$29.50	\$29.50
84600 00	Pathology	0.47	0.47	\$30.64	\$30.64
84620 00	Pathology	0.36	0.36	\$23.50	\$23.50
84630 00	Pathology	0.32	0.32	\$22.00	\$22.00
84681 00	Pathology	0.58	0.58	\$44.00	\$44.00
84702 00	Pathology	0.42	0.42	\$26.95	\$26.95
84703 00	Pathology	0.21	0.21	\$23.62	\$23.62
84704 00	Pathology	0.42	0.42	\$27.78	\$27.78
84830 00	Pathology	0.35	0.35	\$22.74	\$22.74
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.13	0.13	\$9.11	\$9.11
85004 00	Pathology	0.18	0.18	\$68.00	\$68.00
85007 00	Pathology	0.11	0.11	\$6.81	\$6.81
85008 00	Pathology	0.10	0.10	\$6.14	\$6.14
85009 00	Pathology	0.14	0.14	\$9.08	\$9.08
85013 00	Pathology	0.19	0.19	\$12.54	\$12.54
85014 00	Pathology	0.07	0.07	\$4.24	\$4.24
85018 00	Pathology	0.07	0.07	\$4.50	\$4.50
85025 00	Pathology	0.22	0.22	\$13.92	\$13.92
85027 00	Pathology	0.18	0.18	\$12.23	\$12.23
85032 00	Pathology	0.12	0.12	\$7.72	\$7.72
85041 00	Pathology	0.08	0.08	\$5.41	\$5.41

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
85044 00	Pathology	0.12	0.12	\$8.00	\$8.00
85045 00	Pathology	0.11	0.11	\$7.15	\$7.15
85046 00	Pathology	0.15	0.15	\$9.98	\$9.98
85048 00	Pathology	0.07	0.07	\$5.02	\$5.02
85049 00	Pathology	0.12	0.12	\$8.02	\$8.02
85055 00	Pathology	0.99	0.99	\$64.01	\$64.01
85060 00	Pathology	0.70	0.70	\$45.24	\$45.24
85097 00	Pathology	1.98	1.42	\$127.97	\$91.78
85130 00	Pathology	0.33	0.33	\$21.29	\$21.29
85170 00	Pathology	0.45	0.45	\$29.19	\$29.19
85175 00	Pathology	0.56	0.56	\$36.48	\$36.48
85210 00	Pathology	0.36	0.36	\$24.50	\$24.50
85220 00	Pathology	0.49	0.49	\$36.00	\$36.00
85230 00	Pathology	0.50	0.50	\$36.00	\$36.00
85240 00	Pathology	0.50	0.50	\$36.00	\$36.00
85244 00	Pathology	0.57	0.57	\$38.50	\$38.50
85245 00	Pathology	0.64	0.64	\$41.50	\$41.50
85246 00	Pathology	0.64	0.64	\$41.50	\$41.50
85247 00	Pathology	0.64	0.64	\$41.50	\$41.50
85250 00	Pathology	0.53	0.53	\$36.00	\$36.00
85260 00	Pathology	0.50	0.50	\$36.00	\$36.00
85270 00	Pathology	0.50	0.50	\$36.00	\$36.00
85280 00	Pathology	0.54	0.54	\$36.00	\$36.00
85290 00	Pathology	0.45	0.45	\$36.00	\$36.00
85291 00	Pathology	0.25	0.25	\$16.50	\$16.50
85292 00	Pathology	0.52	0.52	\$37.00	\$37.00
85293 00	Pathology	0.52	0.52	\$37.00	\$37.00
85300 00	Pathology	0.33	0.33	\$27.31	\$27.31
85301 00	Pathology	0.30	0.30	\$27.31	\$27.31
85302 00	Pathology	0.33	0.33	\$30.35	\$30.35
85303 00	Pathology	0.38	0.38	\$24.79	\$24.79
85305 00	Pathology	0.32	0.32	\$23.46	\$23.46
85306 00	Pathology	0.42	0.42	\$27.44	\$27.44
85307 00	Pathology	0.42	0.42	\$27.44	\$27.44
85335 00	Pathology	0.36	0.36	\$23.05	\$23.05
85337 00	Pathology	0.48	0.48	\$30.93	\$30.93
85345 00	Pathology	0.13	0.13	\$8.50	\$8.50
85347 00	Pathology	0.12	0.12	\$7.67	\$7.67
85348 00	Pathology	0.12	0.12	\$8.04	\$8.04
85360 00	Pathology	0.23	0.23	\$15.18	\$15.18

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
85362 00	Pathology	0.19	0.19	\$15.00	\$15.00
85366 00	Pathology	2.23	2.23	\$144.10	\$144.10
85370 00	Pathology	0.34	0.34	\$22.26	\$22.26
85378 00	Pathology	0.27	0.27	\$17.41	\$17.41
85379 00	Pathology	0.28	0.28	\$18.23	\$18.23
85380 00	Pathology	0.28	0.28	\$68.03	\$68.03
85384 00	Pathology	0.27	0.27	\$17.41	\$17.41
85385 00	Pathology	0.40	0.40	\$25.90	\$25.90
85390 00	Pathology	0.43	0.43	\$27.72	\$27.72
85390 26	Pathology	1.07	1.07	\$69.16	\$69.16
85396 00	Pathology	0.58	0.58	\$37.49	\$37.49
85397 00	Pathology	0.86	0.86	\$55.27	\$55.27
85400 00	Pathology	0.21	0.21	\$13.81	\$13.81
85410 00	Pathology	0.21	0.21	\$13.81	\$13.81
85415 00	Pathology	0.48	0.48	\$30.79	\$30.79
85420 00	Pathology	0.18	0.18	\$17.50	\$17.50
85421 00	Pathology	0.28	0.28	\$31.50	\$31.50
85441 00	Pathology	0.12	0.12	\$7.52	\$7.52
85445 00	Pathology	0.19	0.19	\$12.21	\$12.21
85460 00	Pathology	0.21	0.21	\$13.84	\$13.84
85461 00	Pathology	0.26	0.26	\$16.76	\$16.76
85475 00	Pathology	0.25	0.25	\$15.89	\$15.89
85520 00	Pathology	0.36	0.36	\$23.44	\$23.44
85525 00	Pathology	0.33	0.33	\$21.20	\$21.20
85530 00	Pathology	0.36	0.36	\$32.50	\$32.50
85536 00	Pathology	0.19	0.19	\$12.32	\$12.32
85540 00	Pathology	0.24	0.24	\$15.40	\$15.40
85547 00	Pathology	0.24	0.24	\$18.00	\$18.00
85549 00	Pathology	0.52	0.52	\$36.50	\$36.50
85555 00	Pathology	0.21	0.21	\$13.38	\$13.38
85557 00	Pathology	0.37	0.37	\$27.50	\$27.50
85576 00	Pathology	0.69	0.69	\$44.61	\$44.61
85576 26	Pathology	0.53	0.53	\$34.26	\$34.26
85597 00	Pathology	0.50	0.50	\$32.20	\$32.20
85598 00	Pathology	0.50	0.50	\$32.20	\$32.20
85610 00	Pathology	0.12	0.12	\$7.68	\$7.68
85611 00	Pathology	0.11	0.11	\$7.06	\$7.06
85612 00	Pathology	0.48	0.48	\$31.32	\$31.32
85613 00	Pathology	0.27	0.27	\$17.16	\$17.16
85635 00	Pathology	0.27	0.27	\$20.00	\$20.00

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
85651 00	Pathology	0.12	0.12	\$7.65	\$7.65
85652 00	Pathology	0.07	0.07	\$5.72	\$5.72
85660 00	Pathology	0.15	0.15	\$9.87	\$9.87
85670 00	Pathology	0.16	0.16	\$11.00	\$11.00
85675 00	Pathology	0.19	0.19	\$12.27	\$12.27
85705 00	Pathology	0.27	0.27	\$17.25	\$17.25
85730 00	Pathology	0.17	0.17	\$10.76	\$10.76
85732 00	Pathology	0.18	0.18	\$12.50	\$12.50
85810 00	Pathology	0.32	0.32	\$20.90	\$20.90
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.19	0.19	\$15.00	\$15.00
86001 00	Pathology	0.22	0.22	\$14.00	\$14.00
86003 00	Pathology	0.14	0.14	\$16.11	\$16.11
86005 00	Pathology	0.22	0.22	\$14.27	\$14.27
86008 00	Pathology	0.50	0.50	\$32.11	\$32.11
86021 00	Pathology	0.42	0.42	\$29.50	\$29.50
86022 00	Pathology	0.51	0.51	\$40.50	\$40.50
86023 00	Pathology	0.35	0.35	\$26.30	\$26.30
86038 00	Pathology	0.33	0.33	\$21.65	\$21.65
86039 00	Pathology	0.31	0.31	\$19.99	\$19.99
86060 00	Pathology	0.20	0.20	\$13.07	\$13.07
86063 00	Pathology	0.16	0.16	\$15.00	\$15.00
86077 00	Pathology	1.56	1.46	\$100.83	\$94.36
86078 00	Pathology	1.56	1.46	\$100.83	\$94.36
86079 00	Pathology	1.56	1.45	\$100.83	\$93.72
86140 00	Pathology	0.14	0.14	\$13.00	\$13.00
86141 00	Pathology	0.36	0.36	\$71.27	\$71.27
86146 00	Pathology	0.71	0.71	\$45.58	\$45.58
86147 00	Pathology	0.71	0.71	\$45.58	\$45.58
86148 00	Pathology	0.45	0.45	\$40.54	\$40.54
86152 00	Pathology	6.95	6.95	\$449.12	\$449.12
86153 26	Pathology	0.99	0.99	\$63.99	\$63.99
86155 00	Pathology	0.44	0.44	\$28.64	\$28.64
86156 00	Pathology	0.22	0.22	\$14.45	\$14.45
86157 00	Pathology	0.22	0.22	\$14.43	\$14.43
86160 00	Pathology	0.33	0.33	\$21.49	\$21.49
86161 00	Pathology	0.33	0.33	\$21.49	\$21.49
86162 00	Pathology	0.56	0.56	\$43.50	\$43.50
86171 00	Pathology	0.28	0.28	\$21.00	\$21.00
86200 00	Pathology	0.36	0.36	\$23.19	\$23.19

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86215 00	Pathology	0.37	0.37	\$28.50	\$28.50
86225 00	Pathology	0.38	0.38	\$28.50	\$28.50
86226 00	Pathology	0.34	0.34	\$21.69	\$21.69
86235 00	Pathology	0.50	0.50	\$32.11	\$32.11
86255 00	Pathology	0.33	0.33	\$27.99	\$27.99
86255 26	Pathology	0.53	0.53	\$34.26	\$34.26
86256 00	Pathology	0.33	0.33	\$28.04	\$28.04
86256 26	Pathology	0.53	0.53	\$34.26	\$34.26
86277 00	Pathology	0.44	0.44	\$34.00	\$34.00
86280 00	Pathology	0.23	0.23	\$14.67	\$14.67
86294 00	Pathology	0.71	0.71	\$144.30	\$144.30
86300 00	Pathology	0.58	0.58	\$37.27	\$37.27
86301 00	Pathology	0.58	0.58	\$37.27	\$37.27
86304 00	Pathology	0.58	0.58	\$37.27	\$37.27
86305 00	Pathology	0.58	0.58	\$37.27	\$37.27
86308 00	Pathology	0.14	0.14	\$9.28	\$9.28
86309 00	Pathology	0.18	0.18	\$11.59	\$11.59
86310 00	Pathology	0.20	0.20	\$13.50	\$13.50
86316 00	Pathology	0.58	0.58	\$37.27	\$37.27
86317 00	Pathology	0.42	0.42	\$26.85	\$26.85
86318 00	Pathology	0.50	0.50	\$32.40	\$32.40
86320 00	Pathology	0.83	0.83	\$53.58	\$53.58
86320 26	Pathology	0.53	0.53	\$34.26	\$34.26
86325 00	Pathology	0.64	0.64	\$50.34	\$50.34
86325 26	Pathology	0.53	0.53	\$34.26	\$34.26
86327 00	Pathology	0.83	0.83	\$54.29	\$54.29
86327 26	Pathology	0.64	0.64	\$41.37	\$41.37
86329 00	Pathology	0.39	0.39	\$29.50	\$29.50
86331 00	Pathology	0.33	0.33	\$26.00	\$26.00
86332 00	Pathology	0.68	0.68	\$43.64	\$43.64
86334 00	Pathology	0.62	0.62	\$50.96	\$50.96
86334 26	Pathology	0.53	0.53	\$34.26	\$34.26
86335 00	Pathology	0.81	0.81	\$58.08	\$58.08
86335 26	Pathology	0.53	0.53	\$34.26	\$34.26
86336 00	Pathology	0.43	0.43	\$84.87	\$84.87
86337 00	Pathology	0.59	0.59	\$43.50	\$43.50
86340 00	Pathology	0.42	0.42	\$35.00	\$35.00
86341 00	Pathology	0.65	0.65	\$42.21	\$42.21
86343 00	Pathology	0.35	0.35	\$22.31	\$22.31
86344 00	Pathology	0.29	0.29	\$18.61	\$18.61

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86352 00	Pathology	3.76	3.76	\$243.31	\$243.31
86353 00	Pathology	1.36	1.36	\$87.81	\$87.81
86355 00	Pathology	1.05	1.05	\$67.57	\$67.57
86356 00	Pathology	0.74	0.74	\$60.50	\$60.50
86357 00	Pathology	1.05	1.05	\$67.57	\$67.57
86359 00	Pathology	1.05	1.05	\$67.57	\$67.57
86360 00	Pathology	1.30	1.30	\$84.14	\$84.14
86361 00	Pathology	0.74	0.74	\$47.96	\$47.96
86367 00	Pathology	2.16	2.16	\$139.30	\$139.30
86376 00	Pathology	0.40	0.40	\$28.00	\$28.00
86382 00	Pathology	0.47	0.47	\$36.50	\$36.50
86384 00	Pathology	0.38	0.38	\$24.37	\$24.37
86386 00	Pathology	0.60	0.60	\$39.01	\$39.01
86403 00	Pathology	0.32	0.32	\$20.67	\$20.67
86406 00	Pathology	0.29	0.29	\$19.06	\$19.06
86430 00	Pathology	0.17	0.17	\$12.14	\$12.14
86431 00	Pathology	0.16	0.16	\$11.46	\$11.46
86480 00	Pathology	1.72	1.72	\$118.68	\$118.68
86481 00	Pathology	2.77	2.77	\$179.09	\$179.09
86485 00	Pathology	0.57	0.57	\$36.84	\$36.84
86486 00	Pathology	0.15	0.15	\$11.50	\$11.50
86490 00	Pathology	2.48	2.48	\$160.29	\$160.29
86510 00	Pathology	0.19	0.19	\$12.28	\$12.28
86580 00	Pathology	0.26	0.26	\$16.80	\$16.80
86590 00	Pathology	0.35	0.35	\$22.67	\$22.67
86592 00	Pathology	0.12	0.12	\$7.65	\$7.65
86593 00	Pathology	0.12	0.12	\$8.50	\$8.50
86602 00	Pathology	0.28	0.28	\$18.23	\$18.23
86603 00	Pathology	0.36	0.36	\$23.05	\$23.05
86606 00	Pathology	0.42	0.42	\$26.95	\$26.95
86609 00	Pathology	0.36	0.36	\$23.07	\$23.07
86611 00	Pathology	0.28	0.28	\$18.23	\$18.23
86612 00	Pathology	0.36	0.36	\$23.10	\$23.10
86615 00	Pathology	0.37	0.37	\$23.62	\$23.62
86617 00	Pathology	0.43	0.43	\$27.74	\$27.74
86618 00	Pathology	0.47	0.47	\$30.50	\$30.50
86619 00	Pathology	0.37	0.37	\$23.96	\$23.96
86622 00	Pathology	0.25	0.25	\$15.99	\$15.99
86625 00	Pathology	0.36	0.36	\$23.50	\$23.50
86628 00	Pathology	0.33	0.33	\$21.51	\$21.51

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86631 00	Pathology	0.33	0.33	\$21.17	\$21.17
86632 00	Pathology	0.35	0.35	\$22.71	\$22.71
86635 00	Pathology	0.32	0.32	\$20.54	\$20.54
86638 00	Pathology	0.34	0.34	\$21.71	\$21.71
86641 00	Pathology	0.40	0.40	\$25.81	\$25.81
86644 00	Pathology	0.40	0.40	\$25.77	\$25.77
86645 00	Pathology	0.47	0.47	\$30.18	\$30.18
86648 00	Pathology	0.42	0.42	\$27.24	\$27.24
86651 00	Pathology	0.37	0.37	\$23.62	\$23.62
86652 00	Pathology	0.37	0.37	\$23.62	\$23.62
86653 00	Pathology	0.37	0.37	\$23.62	\$23.62
86654 00	Pathology	0.37	0.37	\$23.62	\$23.62
86658 00	Pathology	0.36	0.36	\$23.34	\$23.34
86663 00	Pathology	0.36	0.36	\$23.50	\$23.50
86664 00	Pathology	0.42	0.42	\$27.38	\$27.38
86665 00	Pathology	0.50	0.50	\$32.49	\$32.49
86666 00	Pathology	0.28	0.28	\$18.23	\$18.23
86668 00	Pathology	0.39	0.39	\$25.36	\$25.36
86671 00	Pathology	0.34	0.34	\$21.94	\$21.94
86674 00	Pathology	0.41	0.41	\$26.36	\$26.36
86677 00	Pathology	0.47	0.47	\$30.18	\$30.18
86682 00	Pathology	0.36	0.36	\$23.30	\$23.30
86684 00	Pathology	0.44	0.44	\$28.37	\$28.37
86687 00	Pathology	0.25	0.25	\$16.28	\$16.28
86688 00	Pathology	0.39	0.39	\$25.07	\$25.07
86689 00	Pathology	0.54	0.54	\$34.65	\$34.65
86692 00	Pathology	0.48	0.48	\$30.73	\$30.73
86694 00	Pathology	0.40	0.40	\$25.77	\$25.77
86695 00	Pathology	0.37	0.37	\$23.62	\$23.62
86696 00	Pathology	0.54	0.54	\$34.65	\$34.65
86698 00	Pathology	0.38	0.38	\$24.70	\$24.70
86701 00	Pathology	0.25	0.25	\$15.92	\$15.92
86702 00	Pathology	0.37	0.37	\$24.21	\$24.21
86703 00	Pathology	0.38	0.38	\$24.55	\$24.55
86704 00	Pathology	0.33	0.33	\$21.58	\$21.58
86705 00	Pathology	0.33	0.33	\$26.00	\$26.00
86706 00	Pathology	0.30	0.30	\$19.23	\$19.23
86707 00	Pathology	0.32	0.32	\$20.72	\$20.72
86708 00	Pathology	0.34	0.34	\$22.19	\$22.19
86709 00	Pathology	0.31	0.31	\$20.17	\$20.17

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86710 00	Pathology	0.38	0.38	\$24.27	\$24.27
86711 00	Pathology	0.47	0.47	\$30.25	\$30.25
86713 00	Pathology	0.42	0.42	\$27.40	\$27.40
86717 00	Pathology	0.34	0.34	\$21.94	\$21.94
86720 00	Pathology	0.45	0.45	\$29.01	\$29.01
86723 00	Pathology	0.37	0.37	\$23.62	\$23.62
86727 00	Pathology	0.36	0.36	\$23.05	\$23.05
86732 00	Pathology	0.42	0.42	\$26.86	\$26.86
86735 00	Pathology	0.36	0.36	\$23.37	\$23.37
86738 00	Pathology	0.37	0.37	\$23.71	\$23.71
86741 00	Pathology	0.37	0.37	\$23.62	\$23.62
86744 00	Pathology	0.44	0.44	\$28.64	\$28.64
86747 00	Pathology	0.42	0.42	\$26.92	\$26.92
86750 00	Pathology	0.37	0.37	\$23.62	\$23.62
86753 00	Pathology	0.34	0.34	\$22.19	\$22.19
86756 00	Pathology	0.44	0.44	\$28.46	\$28.46
86757 00	Pathology	0.54	0.54	\$34.65	\$34.65
86759 00	Pathology	0.51	0.51	\$32.65	\$32.65
86762 00	Pathology	0.40	0.40	\$25.77	\$25.77
86765 00	Pathology	0.36	0.36	\$23.07	\$23.07
86768 00	Pathology	0.37	0.37	\$23.62	\$23.62
86771 00	Pathology	0.68	0.68	\$43.84	\$43.84
86774 00	Pathology	0.41	0.41	\$26.51	\$26.51
86777 00	Pathology	0.40	0.40	\$25.77	\$25.77
86778 00	Pathology	0.40	0.40	\$25.81	\$25.81
86780 00	Pathology	0.37	0.37	\$28.64	\$28.64
86784 00	Pathology	0.35	0.35	\$22.49	\$22.49
86787 00	Pathology	0.36	0.36	\$23.07	\$23.07
86788 00	Pathology	0.47	0.47	\$30.18	\$30.18
86789 00	Pathology	0.40	0.40	\$25.77	\$25.77
86790 00	Pathology	0.36	0.36	\$23.07	\$23.07
86793 00	Pathology	0.37	0.37	\$23.62	\$23.62
86794 00	Pathology	0.47	0.47	\$30.18	\$30.18
86800 00	Pathology	0.44	0.44	\$28.49	\$28.49
86803 00	Pathology	0.40	0.40	\$25.56	\$25.56
86804 00	Pathology	0.43	0.43	\$27.74	\$27.74
86805 00	Pathology	5.25	5.25	\$339.39	\$339.39
86806 00	Pathology	1.32	1.32	\$85.23	\$85.23
86807 00	Pathology	2.18	2.18	\$140.85	\$140.85
86808 00	Pathology	0.82	0.82	\$53.15	\$53.15

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86812 00	Pathology	0.72	0.72	\$77.50	\$77.50
86813 00	Pathology	1.61	1.61	\$103.87	\$103.87
86816 00	Pathology	0.84	0.84	\$54.03	\$54.03
86817 00	Pathology	2.94	2.94	\$190.09	\$190.09
86821 00	Pathology	1.01	1.01	\$92.50	\$92.50
86825 00	Pathology	3.03	3.03	\$196.09	\$196.09
86826 00	Pathology	1.01	1.01	\$65.42	\$65.42
86828 00	Pathology	1.78	1.78	\$114.96	\$114.96
86829 00	Pathology	1.78	1.78	\$114.96	\$114.96
86830 00	Pathology	2.65	2.65	\$171.07	\$171.07
86831 00	Pathology	2.27	2.27	\$146.64	\$146.64
86832 00	Pathology	8.97	8.97	\$579.81	\$579.81
86833 00	Pathology	9.03	9.03	\$583.48	\$583.48
86834 00	Pathology	9.91	9.91	\$640.36	\$640.36
86835 00	Pathology	8.95	8.95	\$578.39	\$578.39
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.27	0.27	\$17.50	\$17.50
86860 00	Pathology	0.91	0.91	\$58.82	\$58.82
86870 00	Pathology	1.25	1.25	\$80.79	\$80.79
86880 00	Pathology	0.15	0.15	\$10.50	\$10.50
86885 00	Pathology	0.16	0.16	\$10.24	\$10.24
86886 00	Pathology	0.14	0.14	\$13.15	\$13.15
86890 00	Pathology	2.86	2.86	\$184.85	\$184.85
86891 00	Pathology	4.04	4.04	\$261.12	\$261.12
86900 00	Pathology	0.08	0.08	\$7.50	\$7.50
86901 00	Pathology	0.08	0.08	\$9.50	\$9.50
86902 00	Pathology	0.18	0.18	\$11.37	\$11.37
86904 00	Pathology	0.45	0.45	\$29.26	\$29.26
86905 00	Pathology	0.11	0.11	\$7.00	\$7.00
86906 00	Pathology	0.21	0.21	\$13.88	\$13.88
86910 00	Pathology	0.74	0.74	\$53.84	\$53.84
86911 00	Pathology	0.64	0.64	\$41.37	\$41.37
86920 00	Pathology	1.01	1.01	\$65.28	\$65.28
86921 00	Pathology	0.91	0.91	\$58.82	\$58.82
86922 00	Pathology	1.08	1.08	\$69.80	\$69.80
86923 00	Pathology	0.81	0.81	\$52.35	\$52.35
86927 00	Pathology	0.57	0.57	\$36.84	\$36.84
86930 00	Pathology	3.37	3.37	\$217.81	\$217.81
86931 00	Pathology	2.53	2.53	\$163.52	\$163.52
86932 00	Pathology	2.86	2.86	\$184.85	\$184.85

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
86940 00	Pathology	0.24	0.24	\$15.71	\$15.71
86941 00	Pathology	0.34	0.34	\$24.50	\$24.50
86945 00	Pathology	0.84	0.84	\$54.29	\$54.29
86950 00	Pathology	2.19	2.19	\$141.55	\$141.55
86960 00	Pathology	0.94	0.94	\$60.76	\$60.76
86965 00	Pathology	0.94	0.94	\$60.76	\$60.76
86970 00	Pathology	0.84	0.84	\$54.29	\$54.29
86971 00	Pathology	0.67	0.67	\$43.30	\$43.30
86972 00	Pathology	1.18	1.18	\$76.27	\$76.27
86975 00	Pathology	0.91	0.91	\$58.82	\$58.82
86976 00	Pathology	1.01	1.01	\$65.28	\$65.28
86977 00	Pathology	1.01	1.01	\$65.28	\$65.28
86978 00	Pathology	1.01	1.01	\$65.28	\$65.28
86985 00	Pathology	0.74	0.74	\$47.83	\$47.83
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.47	0.47	\$30.16	\$30.16
87015 00	Pathology	0.19	0.19	\$13.00	\$13.00
87040 00	Pathology	0.29	0.29	\$18.48	\$18.48
87045 00	Pathology	0.26	0.26	\$18.50	\$18.50
87046 00	Pathology	0.26	0.26	\$16.91	\$16.91
87070 00	Pathology	0.24	0.24	\$15.44	\$15.44
87071 00	Pathology	0.27	0.27	\$17.71	\$17.71
87073 00	Pathology	0.27	0.27	\$17.30	\$17.30
87075 00	Pathology	0.26	0.26	\$16.96	\$16.96
87076 00	Pathology	0.22	0.22	\$21.00	\$21.00
87077 00	Pathology	0.22	0.22	\$14.47	\$14.47
87081 00	Pathology	0.18	0.18	\$11.87	\$11.87
87084 00	Pathology	0.75	0.75	\$48.48	\$48.48
87086 00	Pathology	0.22	0.22	\$14.45	\$14.45
87088 00	Pathology	0.22	0.22	\$14.49	\$14.49
87101 00	Pathology	0.21	0.21	\$16.50	\$16.50
87102 00	Pathology	0.23	0.23	\$16.50	\$16.50
87103 00	Pathology	0.57	0.57	\$36.64	\$36.64
87106 00	Pathology	0.29	0.29	\$21.00	\$21.00
87107 00	Pathology	0.29	0.29	\$18.48	\$18.48
87109 00	Pathology	0.43	0.43	\$27.56	\$27.56
87110 00	Pathology	0.54	0.54	\$35.10	\$35.10
87116 00	Pathology	0.30	0.30	\$19.34	\$19.34
87118 00	Pathology	0.40	0.40	\$26.17	\$26.17
87140 00	Pathology	0.15	0.15	\$20.00	\$20.00

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
87143 00	Pathology	0.35	0.35	\$22.42	\$22.42
87147 00	Pathology	0.14	0.14	\$17.04	\$17.04
87149 00	Pathology	0.56	0.56	\$35.91	\$35.91
87150 00	Pathology	0.97	0.97	\$62.84	\$62.84
87152 00	Pathology	0.21	0.21	\$13.86	\$13.86
87153 00	Pathology	3.20	3.20	\$206.60	\$206.60
87158 00	Pathology	0.21	0.21	\$13.86	\$13.86
87164 00	Pathology	0.30	0.30	\$26.84	\$26.84
87164 26	Pathology	0.57	0.57	\$36.84	\$36.84
87166 00	Pathology	0.31	0.31	\$20.24	\$20.24
87168 00	Pathology	0.12	0.12	\$7.65	\$7.65
87169 00	Pathology	0.12	0.12	\$7.72	\$7.72
87172 00	Pathology	0.12	0.12	\$7.65	\$7.65
87176 00	Pathology	0.16	0.16	\$10.53	\$10.53
87177 00	Pathology	0.25	0.25	\$15.94	\$15.94
87181 00	Pathology	0.13	0.13	\$10.50	\$10.50
87184 00	Pathology	0.21	0.21	\$13.40	\$13.40
87185 00	Pathology	0.13	0.13	\$8.51	\$8.51
87186 00	Pathology	0.24	0.24	\$15.49	\$15.49
87187 00	Pathology	1.11	1.11	\$71.94	\$71.94
87188 00	Pathology	0.18	0.18	\$13.00	\$13.00
87190 00	Pathology	0.20	0.20	\$13.09	\$13.09
87197 00	Pathology	0.42	0.42	\$26.90	\$26.90
87205 00	Pathology	0.12	0.12	\$8.50	\$8.50
87206 00	Pathology	0.15	0.15	\$12.00	\$12.00
87207 00	Pathology	0.17	0.17	\$21.56	\$21.56
87207 26	Pathology	0.53	0.53	\$34.26	\$34.26
87209 00	Pathology	0.50	0.50	\$32.20	\$32.20
87210 00	Pathology	0.16	0.16	\$10.42	\$10.42
87220 00	Pathology	0.12	0.12	\$9.50	\$9.50
87230 00	Pathology	0.55	0.55	\$35.35	\$35.35
87250 00	Pathology	0.54	0.54	\$35.03	\$35.03
87252 00	Pathology	0.72	0.72	\$46.69	\$46.69
87253 00	Pathology	0.56	0.56	\$36.18	\$36.18
87254 00	Pathology	0.54	0.54	\$35.03	\$35.03
87255 00	Pathology	0.94	0.94	\$204.31	\$204.31
87260 00	Pathology	0.40	0.40	\$25.84	\$25.84
87265 00	Pathology	0.33	0.33	\$21.46	\$21.46
87267 00	Pathology	0.37	0.37	\$24.03	\$24.03
87269 00	Pathology	0.38	0.38	\$24.37	\$24.37

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
87270 00	Pathology	0.33	0.33	\$21.46	\$21.46
87271 00	Pathology	0.37	0.37	\$24.03	\$24.03
87272 00	Pathology	0.33	0.33	\$21.46	\$21.46
87273 00	Pathology	0.33	0.33	\$21.46	\$21.46
87274 00	Pathology	0.33	0.33	\$21.46	\$21.46
87275 00	Pathology	0.34	0.34	\$21.94	\$21.94
87276 00	Pathology	0.45	0.45	\$28.78	\$28.78
87278 00	Pathology	0.43	0.43	\$27.94	\$27.94
87279 00	Pathology	0.46	0.46	\$29.42	\$29.42
87280 00	Pathology	0.37	0.37	\$24.03	\$24.03
87281 00	Pathology	0.33	0.33	\$21.46	\$21.46
87283 00	Pathology	1.68	1.68	\$108.89	\$108.89
87285 00	Pathology	0.34	0.34	\$21.81	\$21.81
87290 00	Pathology	0.37	0.37	\$24.03	\$24.03
87299 00	Pathology	0.45	0.45	\$28.83	\$28.83
87300 00	Pathology	0.33	0.33	\$21.46	\$21.46
87301 00	Pathology	0.33	0.33	\$21.46	\$21.46
87305 00	Pathology	0.33	0.33	\$21.46	\$21.46
87320 00	Pathology	0.42	0.42	\$26.86	\$26.86
87324 00	Pathology	0.33	0.33	\$21.46	\$21.46
87327 00	Pathology	0.37	0.37	\$24.03	\$24.03
87328 00	Pathology	0.38	0.38	\$24.75	\$24.75
87329 00	Pathology	0.33	0.33	\$21.46	\$21.46
87332 00	Pathology	0.33	0.33	\$21.46	\$21.46
87335 00	Pathology	0.35	0.35	\$22.67	\$22.67
87336 00	Pathology	0.44	0.44	\$28.65	\$28.65
87337 00	Pathology	0.33	0.33	\$21.46	\$21.46
87338 00	Pathology	0.40	0.40	\$25.75	\$25.75
87339 00	Pathology	0.44	0.44	\$28.65	\$28.65
87340 00	Pathology	0.29	0.29	\$18.50	\$18.50
87341 00	Pathology	0.29	0.29	\$18.50	\$18.50
87350 00	Pathology	0.32	0.32	\$20.65	\$20.65
87380 00	Pathology	0.51	0.51	\$32.88	\$32.88
87385 00	Pathology	0.37	0.37	\$23.73	\$23.73
87389 00	Pathology	0.67	0.67	\$43.12	\$43.12
87390 00	Pathology	0.67	0.67	\$43.09	\$43.09
87391 00	Pathology	0.61	0.61	\$39.22	\$39.22
87400 00	Pathology	0.39	0.39	\$25.31	\$25.31
87420 00	Pathology	0.39	0.39	\$24.91	\$24.91
87425 00	Pathology	0.33	0.33	\$21.46	\$21.46

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
87427 00	Pathology	0.33	0.33	\$21.46	\$21.46
87430 00	Pathology	0.47	0.47	\$30.11	\$30.11
87449 00	Pathology	0.33	0.33	\$21.46	\$21.46
87450 00	Pathology	0.27	0.27	\$17.17	\$17.17
87451 00	Pathology	0.29	0.29	\$18.82	\$18.82
87471 00	Pathology	0.97	0.97	\$62.84	\$62.84
87472 00	Pathology	1.19	1.19	\$76.72	\$76.72
87475 00	Pathology	0.56	0.56	\$35.91	\$35.91
87476 00	Pathology	0.97	0.97	\$62.84	\$62.84
87480 00	Pathology	0.56	0.56	\$35.91	\$35.91
87481 00	Pathology	0.97	0.97	\$62.84	\$62.84
87482 00	Pathology	1.54	1.54	\$99.82	\$99.82
87483 00	Pathology	11.55	11.55	\$746.41	\$746.41
87485 00	Pathology	0.56	0.56	\$35.91	\$35.91
87486 00	Pathology	0.97	0.97	\$62.84	\$62.84
87487 00	Pathology	1.19	1.19	\$76.72	\$76.72
87490 00	Pathology	0.63	0.63	\$40.74	\$40.74
87491 00	Pathology	0.97	0.97	\$62.84	\$62.84
87492 00	Pathology	1.48	1.48	\$95.76	\$95.76
87493 00	Pathology	1.03	1.03	\$66.76	\$66.76
87495 00	Pathology	0.83	0.83	\$53.78	\$53.78
87496 00	Pathology	0.97	0.97	\$62.84	\$62.84
87497 00	Pathology	1.19	1.19	\$76.72	\$76.72
87498 00	Pathology	0.97	0.97	\$62.84	\$62.84
87500 00	Pathology	0.97	0.97	\$62.84	\$62.84
87501 00	Pathology	1.42	1.42	\$91.89	\$91.89
87502 00	Pathology	2.65	2.65	\$171.57	\$171.57
87503 00	Pathology	0.81	0.81	\$52.33	\$52.33
87505 00	Pathology	3.55	3.55	\$229.76	\$229.76
87506 00	Pathology	7.29	7.29	\$470.99	\$470.99
87507 00	Pathology	11.55	11.55	\$746.41	\$746.41
87510 00	Pathology	0.56	0.56	\$35.91	\$35.91
87511 00	Pathology	0.97	0.97	\$62.84	\$62.84
87512 00	Pathology	1.16	1.16	\$74.79	\$74.79
87516 00	Pathology	0.97	0.97	\$62.84	\$62.84
87517 00	Pathology	1.19	1.19	\$76.72	\$76.72
87520 00	Pathology	0.87	0.87	\$55.91	\$55.91
87521 00	Pathology	0.97	0.97	\$62.84	\$62.84
87522 00	Pathology	1.19	1.19	\$76.72	\$76.72
87525 00	Pathology	0.83	0.83	\$53.37	\$53.37

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## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
87526 00	Pathology	1.09	1.09	\$70.31	\$70.31
87527 00	Pathology	1.16	1.16	\$74.79	\$74.79
87528 00	Pathology	0.56	0.56	\$35.91	\$35.91
87529 00	Pathology	0.97	0.97	\$62.84	\$62.84
87530 00	Pathology	1.19	1.19	\$76.72	\$76.72
87531 00	Pathology	1.61	1.61	\$103.87	\$103.87
87532 00	Pathology	0.97	0.97	\$62.84	\$62.84
87533 00	Pathology	1.16	1.16	\$74.79	\$74.79
87534 00	Pathology	0.61	0.61	\$39.26	\$39.26
87535 00	Pathology	0.97	0.97	\$62.84	\$62.84
87536 00	Pathology	2.36	2.36	\$152.41	\$152.41
87537 00	Pathology	0.61	0.61	\$39.26	\$39.26
87538 00	Pathology	0.97	0.97	\$62.84	\$62.84
87539 00	Pathology	1.62	1.62	\$104.98	\$104.98
87540 00	Pathology	0.56	0.56	\$35.91	\$35.91
87541 00	Pathology	0.97	0.97	\$62.84	\$62.84
87542 00	Pathology	1.16	1.16	\$74.79	\$74.79
87550 00	Pathology	0.56	0.56	\$35.91	\$35.91
87551 00	Pathology	1.34	1.34	\$86.39	\$86.39
87552 00	Pathology	1.19	1.19	\$76.72	\$76.72
87555 00	Pathology	0.74	0.74	\$48.14	\$48.14
87556 00	Pathology	1.15	1.15	\$74.64	\$74.64
87557 00	Pathology	1.19	1.19	\$76.72	\$76.72
87560 00	Pathology	0.76	0.76	\$48.87	\$48.87
87561 00	Pathology	0.97	0.97	\$62.84	\$62.84
87562 00	Pathology	1.19	1.19	\$76.72	\$76.72
87563 00	Pathology	0.97	0.97	\$62.84	\$62.84
87580 00	Pathology	0.56	0.56	\$35.91	\$35.91
87581 00	Pathology	0.97	0.97	\$62.84	\$62.84
87582 00	Pathology	8.39	8.39	\$541.96	\$541.96
87590 00	Pathology	0.74	0.74	\$48.14	\$48.14
87591 00	Pathology	0.97	0.97	\$62.84	\$62.84
87592 00	Pathology	1.19	1.19	\$76.72	\$76.72
87623 00	Pathology	0.97	0.97	\$62.84	\$62.84
87624 00	Pathology	0.97	0.97	\$62.84	\$62.84
87625 00	Pathology	1.12	1.12	\$72.62	\$72.62
87631 00	Pathology	3.95	3.95	\$255.44	\$255.44
87632 00	Pathology	6.04	6.04	\$390.52	\$390.52
87633 00	Pathology	11.55	11.55	\$746.41	\$746.41
87634 00	Pathology	1.95	1.95	\$125.72	\$125.72

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
87635 00	Pathology	0.00	0.00	BR	BR
87640 00	Pathology	0.97	0.97	\$62.84	\$62.84
87641 00	Pathology	0.97	0.97	\$62.84	\$62.84
87650 00	Pathology	0.56	0.56	\$35.91	\$35.91
87651 00	Pathology	0.97	0.97	\$62.84	\$62.84
87652 00	Pathology	1.16	1.16	\$74.79	\$74.79
87653 00	Pathology	0.97	0.97	\$62.84	\$62.84
87660 00	Pathology	0.56	0.56	\$35.91	\$35.91
87661 00	Pathology	0.97	0.97	\$62.84	\$62.84
87662 00	Pathology	1.42	1.42	\$91.89	\$91.89
87797 00	Pathology	0.83	0.83	\$53.78	\$53.78
87798 00	Pathology	0.97	0.97	\$62.84	\$62.84
87799 00	Pathology	1.19	1.19	\$76.72	\$76.72
87800 00	Pathology	1.21	1.21	\$78.21	\$78.21
87801 00	Pathology	1.95	1.95	\$125.72	\$125.72
87802 00	Pathology	0.35	0.35	\$25.29	\$25.29
87803 00	Pathology	0.44	0.44	\$28.65	\$28.65
87804 00	Pathology	0.46	0.46	\$29.64	\$29.64
87806 00	Pathology	0.91	0.91	\$58.69	\$58.69
87807 00	Pathology	0.36	0.36	\$68.60	\$68.60
87808 00	Pathology	0.42	0.42	\$68.60	\$68.60
87809 00	Pathology	0.60	0.60	\$38.97	\$38.97
87810 00	Pathology	0.98	0.98	\$63.20	\$63.20
87850 00	Pathology	0.68	0.68	\$43.98	\$43.98
87880 00	Pathology	0.46	0.46	\$29.60	\$29.60
87899 00	Pathology	0.45	0.45	\$28.78	\$28.78
87900 00	Pathology	3.61	3.61	\$249.71	\$249.71
87901 00	Pathology	7.13	7.13	\$461.07	\$461.07
87902 00	Pathology	7.13	7.13	\$461.07	\$461.07
87903 00	Pathology	13.54	13.54	\$875.14	\$875.14
87904 00	Pathology	0.72	0.72	\$55.92	\$55.92
87905 00	Pathology	0.34	0.34	\$21.88	\$21.88
87906 00	Pathology	3.57	3.57	\$230.54	\$230.54
87910 00	Pathology	7.13	7.13	\$461.07	\$461.07
87912 00	Pathology	7.13	7.13	\$461.07	\$461.07
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	5.74	5.74	\$370.99	\$370.99
88005 00	Pathology	6.70	6.70	\$433.04	\$433.04
88007 00	Pathology	7.02	7.02	\$453.72	\$453.72
88012 00	Pathology	5.74	5.74	\$370.99	\$370.99

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88014 00	Pathology	5.26	5.26	\$339.97	\$339.97
88016 00	Pathology	7.34	7.34	\$474.41	\$474.41
88020 00	Pathology	9.89	9.89	\$639.22	\$639.22
88025 00	Pathology	9.57	9.57	\$618.54	\$618.54
88027 00	Pathology	10.21	10.21	\$659.90	\$659.90
88028 00	Pathology	5.74	5.74	\$370.99	\$370.99
88029 00	Pathology	5.74	5.74	\$370.99	\$370.99
88036 00	Pathology	2.87	2.87	\$294.98	\$294.98
88037 00	Pathology	2.55	2.55	\$240.10	\$240.10
88040 00	Pathology	15.95	15.95	\$1,030.90	\$1,030.90
88045 00	Pathology	1.60	1.60	\$103.41	\$103.41
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	1.93	1.93	\$124.74	\$124.74
88104 26	Pathology	0.81	0.81	\$52.35	\$52.35
88104 TC	Pathology	1.12	1.12	\$72.39	\$72.39
88106 00	Pathology	1.83	1.83	\$118.28	\$118.28
88106 26	Pathology	0.56	0.56	\$36.19	\$36.19
88106 TC	Pathology	1.27	1.27	\$82.08	\$82.08
88108 00	Pathology	1.75	1.75	\$113.11	\$113.11
88108 26	Pathology	0.65	0.65	\$45.02	\$45.02
88108 TC	Pathology	1.10	1.10	\$71.10	\$71.10
88112 00	Pathology	1.90	1.90	\$122.80	\$122.80
88112 26	Pathology	0.80	0.80	\$52.00	\$52.00
88112 TC	Pathology	1.10	1.10	\$71.10	\$71.10
88120 00	Pathology	16.33	16.33	\$1,055.46	\$1,055.46
88120 26	Pathology	1.67	1.67	\$107.94	\$107.94
88120 TC	Pathology	14.66	14.66	\$947.52	\$947.52
88121 00	Pathology	12.48	12.48	\$806.62	\$806.62
88121 26	Pathology	1.41	1.41	\$91.13	\$91.13
88121 TC	Pathology	11.07	11.07	\$715.49	\$715.49
88125 00	Pathology	0.75	0.75	\$48.47	\$48.47
88125 26	Pathology	0.40	0.40	\$25.85	\$25.85
88125 TC	Pathology	0.35	0.35	\$22.62	\$22.62
88130 00	Pathology	0.50	0.50	\$32.20	\$32.20
88140 00	Pathology	0.22	0.22	\$17.00	\$17.00
88141 00	Pathology	0.73	0.73	\$47.18	\$47.18
88142 00	Pathology	0.56	0.56	\$53.50	\$53.50
88143 00	Pathology	0.64	0.64	\$58.31	\$58.31
88147 00	Pathology	1.40	1.40	\$90.55	\$90.55
88148 00	Pathology	0.44	0.44	\$65.17	\$65.17

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88150 00	Pathology	0.42	0.42	\$27.08	\$27.08
88152 00	Pathology	0.77	0.77	\$49.50	\$49.50
88153 00	Pathology	0.67	0.67	\$51.45	\$51.45
88155 00	Pathology	0.41	0.41	\$26.24	\$26.24
88160 00	Pathology	2.01	2.01	\$129.91	\$129.91
88160 26	Pathology	0.75	0.75	\$48.47	\$48.47
88160 TC	Pathology	1.26	1.26	\$81.44	\$81.44
88161 00	Pathology	1.93	1.93	\$124.74	\$124.74
88161 26	Pathology	0.73	0.73	\$47.18	\$47.18
88161 TC	Pathology	1.20	1.20	\$77.56	\$77.56
88162 00	Pathology	2.80	2.80	\$180.97	\$180.97
88162 26	Pathology	1.11	1.11	\$71.74	\$71.74
88162 TC	Pathology	1.69	1.69	\$109.23	\$109.23
88164 00	Pathology	0.42	0.42	\$34.30	\$34.30
88165 00	Pathology	1.17	1.17	\$75.61	\$75.61
88166 00	Pathology	0.42	0.42	\$51.45	\$51.45
88167 00	Pathology	0.42	0.42	\$54.88	\$54.88
88172 00	Pathology	1.58	1.58	\$102.12	\$102.12
88172 26	Pathology	1.04	1.04	\$67.22	\$67.22
88172 TC	Pathology	0.54	0.54	\$34.90	\$34.90
88173 00	Pathology	4.36	4.36	\$281.80	\$281.80
88173 26	Pathology	2.05	2.05	\$132.50	\$132.50
88173 TC	Pathology	2.31	2.31	\$149.30	\$149.30
88174 00	Pathology	0.70	0.70	\$113.18	\$113.18
88175 00	Pathology	0.74	0.74	\$122.31	\$122.31
88177 00	Pathology	0.84	0.84	\$54.29	\$54.29
88177 26	Pathology	0.64	0.64	\$41.37	\$41.37
88177 TC	Pathology	0.20	0.20	\$16.41	\$16.41
88182 00	Pathology	3.89	3.89	\$251.42	\$251.42
88182 26	Pathology	1.12	1.12	\$72.39	\$72.39
88182 TC	Pathology	2.77	2.77	\$179.03	\$179.03
88184 00	Pathology	1.89	1.89	\$122.16	\$122.16
88185 00	Pathology	0.62	0.62	\$48.50	\$48.50
88187 00	Pathology	1.09	1.09	\$71.09	\$71.09
88188 00	Pathology	1.83	1.83	\$118.28	\$118.28
88189 00	Pathology	2.46	2.46	\$159.00	\$159.00
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.23	3.23	\$208.62	\$208.62

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88233 00	Pathology	3.90	3.90	\$252.03	\$252.03
88235 00	Pathology	4.16	4.16	\$269.17	\$269.17
88237 00	Pathology	3.98	3.98	\$257.44	\$257.44
88239 00	Pathology	4.09	4.09	\$264.19	\$264.19
88240 00	Pathology	0.36	0.36	\$23.41	\$23.41
88241 00	Pathology	0.33	0.33	\$21.65	\$21.65
88245 00	Pathology	4.80	4.80	\$310.13	\$310.13
88248 00	Pathology	4.80	4.80	\$310.13	\$310.13
88249 00	Pathology	4.80	4.80	\$310.13	\$310.13
88261 00	Pathology	7.32	7.32	\$473.41	\$473.41
88262 00	Pathology	3.48	3.48	\$224.74	\$224.74
88263 00	Pathology	4.16	4.16	\$269.15	\$269.15
88264 00	Pathology	4.01	4.01	\$258.98	\$258.98
88267 00	Pathology	5.23	5.23	\$380.00	\$380.00
88269 00	Pathology	4.81	4.81	\$311.01	\$311.01
88271 00	Pathology	0.59	0.59	\$38.36	\$38.36
88272 00	Pathology	1.13	1.13	\$72.89	\$72.89
88273 00	Pathology	0.96	0.96	\$62.34	\$62.34
88274 00	Pathology	1.17	1.17	\$75.90	\$75.90
88275 00	Pathology	1.42	1.42	\$91.68	\$91.68
88280 00	Pathology	0.93	0.93	\$59.94	\$59.94
88283 00	Pathology	1.90	1.90	\$122.86	\$122.86
88285 00	Pathology	0.75	0.75	\$48.19	\$48.19
88289 00	Pathology	0.95	0.95	\$61.66	\$61.66
88291 00	Pathology	0.96	0.96	\$62.05	\$62.05
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.44	0.44	\$28.44	\$28.44
88300 26	Pathology	0.13	0.13	\$10.03	\$10.03
88300 TC	Pathology	0.31	0.31	\$20.04	\$20.04
88302 00	Pathology	0.87	0.87	\$56.23	\$56.23
88302 26	Pathology	0.20	0.20	\$21.20	\$21.20
88302 TC	Pathology	0.67	0.67	\$43.30	\$43.30
88304 00	Pathology	1.16	1.16	\$74.97	\$74.97
88304 26	Pathology	0.33	0.33	\$27.64	\$27.64
88304 TC	Pathology	0.83	0.83	\$53.65	\$53.65
88305 00	Pathology	1.98	1.98	\$127.97	\$127.97
88305 26	Pathology	1.09	1.09	\$70.45	\$70.45
88305 TC	Pathology	0.89	0.89	\$57.52	\$57.52
88307 00	Pathology	7.80	7.80	\$504.14	\$504.14
88307 26	Pathology	2.40	2.40	\$155.12	\$155.12

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88307 TC	Pathology	5.40	5.40	\$349.02	\$349.02
88309 00	Pathology	11.85	11.85	\$765.90	\$765.90
88309 26	Pathology	4.23	4.23	\$273.40	\$273.40
88309 TC	Pathology	7.62	7.62	\$492.50	\$492.50
88311 00	Pathology	0.61	0.61	\$39.43	\$39.43
88311 26	Pathology	0.36	0.36	\$23.27	\$23.27
88311 TC	Pathology	0.25	0.25	\$16.16	\$16.16
88312 00	Pathology	2.97	2.97	\$191.96	\$191.96
88312 26	Pathology	0.77	0.77	\$49.77	\$49.77
88312 TC	Pathology	2.20	2.20	\$142.19	\$142.19
88313 00	Pathology	2.14	2.14	\$138.31	\$138.31
88313 26	Pathology	0.35	0.35	\$22.62	\$22.62
88313 TC	Pathology	1.79	1.79	\$115.69	\$115.69
88314 00	Pathology	2.73	2.73	\$176.45	\$176.45
88314 26	Pathology	0.64	0.64	\$41.37	\$41.37
88314 TC	Pathology	2.09	2.09	\$135.08	\$135.08
88319 00	Pathology	3.15	3.15	\$203.59	\$203.59
88319 26	Pathology	0.78	0.78	\$50.41	\$50.41
88319 TC	Pathology	2.37	2.37	\$153.18	\$153.18
88321 00	Pathology	2.84	2.44	\$183.56	\$157.70
88323 00	Pathology	3.26	3.26	\$210.70	\$210.70
88323 26	Pathology	2.52	2.52	\$162.88	\$162.88
88323 TC	Pathology	0.74	0.74	\$47.83	\$47.83
88325 00	Pathology	4.96	4.18	\$320.58	\$270.17
88329 00	Pathology	1.51	1.05	\$97.60	\$67.86
88331 00	Pathology	2.78	2.78	\$179.68	\$179.68
88331 26	Pathology	1.81	1.81	\$116.99	\$116.99
88331 TC	Pathology	0.97	0.97	\$62.69	\$62.69
88332 00	Pathology	1.54	1.54	\$99.53	\$99.53
88332 26	Pathology	0.90	0.90	\$58.17	\$58.17
88332 TC	Pathology	0.64	0.64	\$41.37	\$41.37
88333 00	Pathology	2.55	2.55	\$164.81	\$164.81
88333 26	Pathology	1.81	1.81	\$116.99	\$116.99
88333 TC	Pathology	0.74	0.74	\$47.83	\$47.83
88334 00	Pathology	1.60	1.60	\$103.41	\$103.41
88334 26	Pathology	1.10	1.10	\$71.10	\$71.10
88334 TC	Pathology	0.50	0.50	\$32.32	\$32.32
88341 00	Pathology	2.61	2.61	\$168.69	\$168.69
88341 26	Pathology	0.82	0.82	\$53.00	\$53.00
88341 TC	Pathology	1.79	1.79	\$115.69	\$115.69

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88342 00	Pathology	2.97	2.97	\$191.96	\$191.96
88342 26	Pathology	1.02	1.02	\$65.93	\$65.93
88342 TC	Pathology	1.95	1.95	\$126.03	\$126.03
88344 00	Pathology	4.86	4.86	\$314.12	\$314.12
88344 26	Pathology	1.11	1.11	\$71.74	\$71.74
88344 TC	Pathology	3.75	3.75	\$242.37	\$242.37
88346 00	Pathology	3.56	3.56	\$230.09	\$230.09
88346 26	Pathology	1.04	1.04	\$69.12	\$69.12
88346 TC	Pathology	2.52	2.52	\$162.88	\$162.88
88348 00	Pathology	10.92	10.92	\$705.79	\$705.79
88348 26	Pathology	2.21	2.21	\$142.84	\$142.84
88348 TC	Pathology	8.71	8.71	\$562.95	\$562.95
88350 00	Pathology	2.61	2.61	\$168.69	\$168.69
88350 26	Pathology	0.84	0.84	\$54.29	\$54.29
88350 TC	Pathology	1.77	1.77	\$114.40	\$114.40
88355 00	Pathology	3.88	3.88	\$250.78	\$250.78
88355 26	Pathology	2.38	2.38	\$153.83	\$153.83
88355 TC	Pathology	1.50	1.50	\$96.95	\$96.95
88356 00	Pathology	6.66	6.66	\$430.46	\$430.46
88356 26	Pathology	3.71	3.71	\$239.79	\$239.79
88356 TC	Pathology	2.95	2.95	\$190.67	\$190.67
88358 00	Pathology	3.77	3.77	\$243.67	\$243.67
88358 26	Pathology	1.45	1.45	\$93.72	\$93.72
88358 TC	Pathology	2.32	2.32	\$149.95	\$149.95
88360 00	Pathology	3.53	3.53	\$228.15	\$228.15
88360 26	Pathology	1.22	1.22	\$78.85	\$78.85
88360 TC	Pathology	2.31	2.31	\$149.30	\$149.30
88361 00	Pathology	3.58	3.58	\$231.39	\$231.39
88361 26	Pathology	1.29	1.29	\$83.38	\$83.38
88361 TC	Pathology	2.29	2.29	\$148.01	\$148.01
88362 00	Pathology	6.44	6.44	\$416.24	\$416.24
88362 26	Pathology	3.27	3.27	\$211.35	\$211.35
88362 TC	Pathology	3.17	3.17	\$204.89	\$204.89
88363 00	Pathology	0.67	0.57	\$43.30	\$38.60
88364 00	Pathology	3.89	3.89	\$251.42	\$251.42
88364 26	Pathology	1.00	1.00	\$64.63	\$64.63
88364 TC	Pathology	2.89	2.89	\$186.79	\$186.79
88365 00	Pathology	5.10	5.10	\$329.63	\$329.63
88365 26	Pathology	1.27	1.27	\$82.08	\$82.08
88365 TC	Pathology	3.83	3.83	\$247.54	\$247.54

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88366 00	Pathology	7.80	7.80	\$504.14	\$504.14
88366 26	Pathology	1.80	1.80	\$116.34	\$116.34
88366 TC	Pathology	6.00	6.00	\$387.80	\$387.80
88367 00	Pathology	3.19	3.19	\$237.89	\$237.89
88367 26	Pathology	0.99	0.99	\$74.79	\$74.79
88367 TC	Pathology	2.20	2.20	\$163.11	\$163.11
88368 00	Pathology	3.71	3.71	\$239.79	\$239.79
88368 26	Pathology	1.20	1.20	\$81.35	\$81.35
88368 TC	Pathology	2.51	2.51	\$162.23	\$162.23
88369 00	Pathology	3.23	3.23	\$208.76	\$208.76
88369 26	Pathology	0.94	0.94	\$60.76	\$60.76
88369 TC	Pathology	2.29	2.29	\$148.01	\$148.01
88371 00	Pathology	0.62	0.62	\$50.43	\$50.43
88371 26	Pathology	0.57	0.57	\$36.84	\$36.84
88372 00	Pathology	0.73	0.73	\$50.06	\$50.06
88372 26	Pathology	0.53	0.53	\$34.26	\$34.26
88373 00	Pathology	2.08	2.08	\$134.44	\$134.44
88373 26	Pathology	0.77	0.77	\$49.77	\$49.77
88373 TC	Pathology	1.31	1.31	\$84.67	\$84.67
88374 00	Pathology	9.65	9.65	\$623.71	\$623.71
88374 26	Pathology	1.28	1.28	\$82.73	\$82.73
88374 TC	Pathology	8.37	8.37	\$540.98	\$540.98
88375 00	Pathology	1.42	1.42	\$91.78	\$91.78
88377 00	Pathology	11.41	11.41	\$737.46	\$737.46
88377 26	Pathology	1.87	1.87	\$120.86	\$120.86
88377 TC	Pathology	9.54	9.54	\$616.60	\$616.60
88380 00	Pathology	3.82	3.82	\$246.90	\$246.90
88380 26	Pathology	1.60	1.60	\$103.41	\$103.41
88380 TC	Pathology	2.22	2.22	\$143.49	\$143.49
88381 00	Pathology	5.07	5.07	\$327.69	\$327.69
88381 26	Pathology	0.72	0.72	\$46.54	\$46.54
88381 TC	Pathology	4.35	4.35	\$281.15	\$281.15
88387 00	Pathology	1.00	1.00	\$64.63	\$64.63
88387 26	Pathology	0.80	0.80	\$51.71	\$51.71
88387 TC	Pathology	0.20	0.20	\$12.93	\$12.93
88388 00	Pathology	1.04	1.04	\$67.22	\$67.22
88388 26	Pathology	0.69	0.69	\$44.60	\$44.60
88388 TC	Pathology	0.35	0.35	\$22.62	\$22.62
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.14	0.14	\$8.99	\$8.99
88738 00	Pathology	0.14	0.14	\$8.99	\$8.99
88740 00	Pathology	0.26	0.26	\$16.78	\$16.78
88741 00	Pathology	0.26	0.26	\$16.78	\$16.78
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	7.13	1.75	\$460.83	\$206.57
89050 00	Pathology	0.13	0.13	\$8.45	\$8.45
89051 00	Pathology	0.16	0.16	\$10.50	\$10.50
89055 00	Pathology	0.12	0.12	\$10.68	\$10.68
89060 00	Pathology	0.20	0.20	\$22.06	\$22.06
89060 26	Pathology	0.53	0.53	\$34.26	\$34.26
89125 00	Pathology	0.16	0.16	\$11.50	\$11.50
89160 00	Pathology	0.13	0.13	\$8.69	\$8.69
89190 00	Pathology	0.16	0.16	\$10.37	\$10.37
89220 00	Pathology	0.46	0.46	\$29.73	\$29.73
89230 00	Pathology	0.07	0.07	\$8.09	\$8.09
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	27.39	27.39	\$1,770.30	\$1,770.30
89251 00	Pathology	28.49	28.49	\$1,841.39	\$1,841.39
89253 00	Pathology	0.00	0.00	BR	BR
89254 00	Pathology	0.00	0.00	BR	BR
89255 00	Pathology	0.00	0.00	BR	BR
89257 00	Pathology	0.00	0.00	BR	BR
89258 00	Pathology	0.00	0.00	BR	BR
89259 00	Pathology	0.00	0.00	BR	BR
89260 00	Pathology	0.00	0.00	BR	BR
89261 00	Pathology	0.00	0.00	BR	BR
89264 00	Pathology	0.00	0.00	BR	BR
89268 00	Pathology	0.00	0.00	BR	BR
89272 00	Pathology	0.00	0.00	BR	BR
89280 00	Pathology	0.00	0.00	BR	BR
89281 00	Pathology	0.00	0.00	BR	BR
89290 00	Pathology	0.00	0.00	BR	BR
89291 00	Pathology	0.00	0.00	BR	BR
89300 00	Pathology	0.27	0.27	\$17.84	\$17.84
89310 00	Pathology	0.24	0.24	\$15.88	\$15.88
89320 00	Pathology	0.34	0.34	\$22.05	\$22.05
89321 00	Pathology	0.33	0.33	\$22.54	\$22.54
89322 00	Pathology	0.43	0.43	\$27.76	\$27.76

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PATHOLOGY AND LABORATORY CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
89325 00	Pathology	0.30	0.30	\$21.12	\$21.12
89329 00	Pathology	0.54	0.54	\$73.90	\$73.90
89330 00	Pathology	0.29	0.29	\$21.00	\$21.00
89331 00	Pathology	0.54	0.54	\$35.08	\$35.08
89335 00	Pathology	0.00	0.00	BR	BR
89337 00	Pathology	0.00	0.00	BR	BR
89342 00	Pathology	0.00	0.00	BR	BR
89343 00	Pathology	0.00	0.00	BR	BR
89344 00	Pathology	0.00	0.00	BR	BR
89346 00	Pathology	0.00	0.00	BR	BR
89352 00	Pathology	0.00	0.00	BR	BR
89353 00	Pathology	0.00	0.00	BR	BR
89354 00	Pathology	0.00	0.00	BR	BR
89356 00	Pathology	0.00	0.00	BR	BR
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.17	3.17	\$204.89	\$204.89
G0481 00	Pathology	4.34	4.34	\$280.51	\$280.51
G0482 00	Pathology	5.51	5.51	\$356.13	\$356.13
G0483 00	Pathology	6.84	6.84	\$442.09	\$442.09
G2023 00	Pathology	0.65	0.65	\$42.01	\$42.01
G2024 00	Pathology	0.71	0.71	\$45.89	\$45.89
U0001 00	Pathology	1.00	1.00	\$64.63	\$64.63
U0002 00	Pathology	1.42	1.42	\$91.78	\$91.78

**Historical Note**

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**MEDICINE GUIDELINES**

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT<sup>®</sup>-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT<sup>®</sup> codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT<sup>®</sup>-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT<sup>®</sup>-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER:** A healthcare provider may charge for materials and supplies as described in subsection (I)(4) of the Introduction Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICAN'S WITH DISABILITIES ACT:** Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The American's With Disabilities Act", i.e. interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT<sup>®</sup> codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier -51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT<sup>®</sup> codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (e.g., a telephone call from a hospital nurse regarding the care of a patient).

**Historical Note**

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90281 00	Medicine	0.00	0.00	\$-	\$-
90283 00	Medicine	0.00	0.00	\$-	\$-
90284 00	Medicine	0.00	0.00	\$-	\$-
90287 00	Medicine	0.00	0.00	\$-	\$-
90288 00	Medicine	0.00	0.00	\$-	\$-
90291 00	Medicine	0.00	0.00	\$-	\$-
90296 00	Medicine	0.00	0.00	\$-	\$-
90371 00	Medicine	3.21	3.21	\$207.47	\$207.47
90375 00	Medicine	7.68	7.68	\$496.38	\$496.38
90376 00	Medicine	7.72	7.72	\$498.97	\$498.97
90378 00	Medicine	0.00	0.00	\$-	\$-
90384 00	Medicine	2.38	2.38	\$153.83	\$153.83
90385 00	Medicine	1.09	1.09	\$70.45	\$70.45
90386 00	Medicine	2.55	2.55	\$164.81	\$164.81
90389 00	Medicine	2.21	2.21	\$142.84	\$142.84
90393 00	Medicine	0.00	0.00	\$-	\$-
90396 00	Medicine	2.45	2.45	\$158.35	\$158.35
90399 00	Medicine	0.00	0.00	\$-	\$-
90460 00	Medicine	0.40	0.40	\$25.85	\$25.85
90461 00	Medicine	0.36	0.36	\$23.27	\$23.27
90471 00	Medicine	0.40	0.40	\$25.85	\$25.85
90472 00	Medicine	0.36	0.36	\$23.27	\$23.27
90473 00	Medicine	0.40	0.40	\$25.85	\$25.85
90474 00	Medicine	0.36	0.36	\$23.27	\$23.27
90476 00	Medicine	0.00	0.00	\$-	\$-
90477 00	Medicine	0.00	0.00	\$-	\$-
90581 00	Medicine	2.83	2.83	\$182.91	\$182.91
90585 00	Medicine	3.91	3.91	\$252.72	\$252.72
90586 00	Medicine	3.91	3.91	\$252.72	\$252.72
90587 00	Medicine	0.00	0.00	\$-	\$-
90619 00	Medicine	0.00	0.00	\$-	\$-
90620 00	Medicine	0.00	0.00	\$-	\$-
90621 00	Medicine	0.00	0.00	\$-	\$-
90625 00	Medicine	0.00	0.00	\$-	\$-
90630 00	Medicine	0.00	0.00	\$-	\$-
90632 00	Medicine	1.66	1.66	\$107.29	\$107.29
90633 00	Medicine	0.68	0.68	\$43.95	\$43.95
90634 00	Medicine	0.71	0.71	\$45.89	\$45.89
90636 00	Medicine	1.87	1.87	\$120.86	\$120.86
90644 00	Medicine	0.54	0.54	\$34.90	\$34.90

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90647 00	Medicine	0.58	0.58	\$37.49	\$37.49
90648 00	Medicine	0.54	0.54	\$34.90	\$34.90
90649 00	Medicine	2.58	2.58	\$166.75	\$166.75
90650 00	Medicine	0.00	0.00	\$-	\$-
90651 00	Medicine	0.00	0.00	\$-	\$-
90653 00	Medicine	1.65	1.65	\$106.64	\$106.64
90654 00	Medicine	0.00	0.00	\$31.24	\$31.24
90655 00	Medicine	0.31	0.31	\$20.04	\$20.04
90656 00	Medicine	0.31	0.31	\$20.04	\$20.04
90657 00	Medicine	0.31	0.31	\$20.04	\$20.04
90658 00	Medicine	0.31	0.31	\$20.04	\$20.04
90660 00	Medicine	0.41	0.41	\$26.50	\$26.50
90661 00	Medicine	0.00	0.00	\$33.32	\$33.32
90662 00	Medicine	1.55	1.55	\$100.18	\$100.18
90664 00	Medicine	0.00	0.00	\$-	\$-
90666 00	Medicine	0.00	0.00	\$-	\$-
90667 00	Medicine	0.00	0.00	\$-	\$-
90668 00	Medicine	0.00	0.00	\$-	\$-
90670 00	Medicine	5.95	5.95	\$384.57	\$384.57
90672 00	Medicine	0.74	0.74	\$47.83	\$47.83
90673 00	Medicine	0.00	0.00	\$36.41	\$36.41
90674 00	Medicine	0.78	0.78	\$50.41	\$50.41
90675 00	Medicine	7.70	7.70	\$497.67	\$497.67
90676 00	Medicine	0.00	0.00	\$-	\$-
90680 00	Medicine	1.53	1.53	\$98.89	\$98.89
90681 00	Medicine	1.53	1.53	\$98.89	\$98.89
90682 00	Medicine	1.55	1.55	\$100.18	\$100.18
90685 00	Medicine	0.56	0.56	\$36.19	\$36.19
90686 00	Medicine	0.53	0.53	\$34.26	\$34.26
90687 00	Medicine	0.26	0.26	\$16.80	\$16.80
90688 00	Medicine	0.49	0.49	\$31.67	\$31.67
90689 00	Medicine	0.00	0.00	\$-	\$-
90690 00	Medicine	0.78	0.78	\$50.41	\$50.41
90691 00	Medicine	2.89	2.89	\$186.79	\$186.79
90694 00	Medicine	0.00	0.00	\$-	\$-
90696 00	Medicine	0.00	0.00	\$-	\$-
90697 00	Medicine	0.00	0.00	\$-	\$-
90698 00	Medicine	1.53	1.53	\$98.89	\$98.89
90700 00	Medicine	0.51	0.51	\$32.96	\$32.96
90702 00	Medicine	0.42	0.42	\$27.15	\$27.15

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90707 00	Medicine	1.02	1.02	\$65.93	\$65.93
90710 00	Medicine	2.72	2.72	\$175.80	\$175.80
90713 00	Medicine	0.58	0.58	\$37.49	\$37.49
90714 00	Medicine	0.70	0.70	\$45.24	\$45.24
90715 00	Medicine	0.93	0.93	\$60.11	\$60.11
90716 00	Medicine	1.50	1.50	\$96.95	\$96.95
90717 00	Medicine	1.73	1.73	\$111.82	\$111.82
90723 00	Medicine	1.50	1.50	\$96.95	\$96.95
90732 00	Medicine	3.16	3.16	\$204.24	\$204.24
90733 00	Medicine	2.04	2.04	\$131.85	\$131.85
90734 00	Medicine	1.94	1.94	\$125.39	\$125.39
90736 00	Medicine	3.26	3.26	\$210.70	\$210.70
90738 00	Medicine	1.35	1.35	\$126.97	\$126.97
90739 00	Medicine	3.63	3.63	\$234.62	\$234.62
90740 00	Medicine	3.72	3.72	\$240.43	\$240.43
90743 00	Medicine	1.02	1.02	\$65.93	\$65.93
90744 00	Medicine	0.75	0.75	\$48.47	\$48.47
90746 00	Medicine	1.86	1.86	\$120.22	\$120.22
90747 00	Medicine	3.72	3.72	\$240.43	\$240.43
90748 00	Medicine	1.14	1.14	\$73.68	\$73.68
90749 00	Medicine	0.00	0.00	\$-	\$-
90750 00	Medicine	0.00	0.00	\$-	\$-
90756 00	Medicine	0.74	0.74	\$47.83	\$47.83
90785 00	Medicine	0.43	0.39	\$27.79	\$25.21
90791 00	Medicine	4.03	3.54	\$260.47	\$228.80
90792 00	Medicine	4.46	3.96	\$288.26	\$255.95
90832 00	Medicine	1.97	1.77	\$127.33	\$114.40
90833 00	Medicine	2.02	1.84	\$130.56	\$118.92
90834 00	Medicine	2.62	2.36	\$169.34	\$152.53
90836 00	Medicine	2.56	2.33	\$165.46	\$150.59
90837 00	Medicine	3.92	3.53	\$253.36	\$228.15
90838 00	Medicine	3.36	3.06	\$217.17	\$197.78
90839 00	Medicine	4.09	3.69	\$264.35	\$238.50
90840 00	Medicine	1.96	1.77	\$126.68	\$114.40
90845 00	Medicine	2.78	2.53	\$179.68	\$163.52
90846 00	Medicine	2.87	2.85	\$185.50	\$184.20
90847 00	Medicine	2.97	2.96	\$191.96	\$191.31
90849 00	Medicine	1.02	0.82	\$65.93	\$53.00
90853 00	Medicine	0.78	0.70	\$50.41	\$45.24
90863 00	Medicine	0.76	0.71	\$49.12	\$45.89

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90865 00	Medicine	4.80	3.61	\$310.24	\$233.33
90867 00	Medicine	7.10	7.10	\$458.89	\$458.89
90868 00	Medicine	4.59	4.59	\$296.67	\$296.67
90869 00	Medicine	6.48	6.48	\$418.82	\$418.82
90870 00	Medicine	4.99	3.11	\$322.52	\$201.01
90875 00	Medicine	1.76	1.75	\$113.75	\$113.11
90876 00	Medicine	3.08	2.78	\$199.07	\$179.68
90880 00	Medicine	3.08	2.60	\$199.07	\$168.05
90882 00	Medicine	2.42	2.42	\$156.41	\$156.41
90885 00	Medicine	1.43	1.43	\$92.43	\$92.43
90887 00	Medicine	2.50	2.16	\$161.58	\$139.61
90889 00	Medicine	2.05	2.05	\$132.50	\$132.50
90899 00	Medicine	0.00	0.00	\$-	\$-
90901 00	Medicine	1.15	0.57	\$74.33	\$36.84
90912 00	Medicine	2.27	1.26	\$146.72	\$81.44
90913 00	Medicine	0.92	0.70	\$59.46	\$45.24
90935 00	Medicine	2.08	2.08	\$134.44	\$134.44
90937 00	Medicine	2.97	2.97	\$191.96	\$191.96
90940 00	Medicine	1.66	1.66	\$107.29	\$107.29
90940 26	Medicine	0.66	0.66	\$42.66	\$42.66
90940 TC	Medicine	1.00	1.00	\$64.63	\$64.63
90945 00	Medicine	2.44	2.44	\$157.70	\$157.70
90947 00	Medicine	3.54	3.54	\$228.80	\$228.80
90951 00	Medicine	26.60	26.60	\$1,719.24	\$1,719.24
90952 00	Medicine	20.76	20.76	\$1,341.78	\$1,341.78
90953 00	Medicine	13.84	13.84	\$894.52	\$894.52
90954 00	Medicine	23.07	23.07	\$1,491.08	\$1,491.08
90955 00	Medicine	13.00	13.00	\$840.23	\$840.23
90956 00	Medicine	9.05	9.05	\$584.93	\$584.93
90957 00	Medicine	18.30	18.30	\$1,182.78	\$1,182.78
90958 00	Medicine	12.43	12.43	\$803.39	\$803.39
90959 00	Medicine	8.41	8.41	\$543.56	\$543.56
90960 00	Medicine	8.07	8.07	\$521.59	\$521.59
90961 00	Medicine	6.78	6.78	\$438.21	\$438.21
90962 00	Medicine	5.23	5.23	\$338.03	\$338.03
90963 00	Medicine	15.46	15.46	\$999.23	\$999.23
90964 00	Medicine	13.52	13.52	\$873.84	\$873.84
90965 00	Medicine	12.92	12.92	\$835.06	\$835.06
90966 00	Medicine	6.77	6.77	\$437.57	\$437.57
90967 00	Medicine	0.51	0.51	\$32.96	\$32.96

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
90968 00	Medicine	0.45	0.45	\$29.08	\$29.08
90969 00	Medicine	0.43	0.43	\$27.79	\$27.79
90970 00	Medicine	0.23	0.23	\$14.87	\$14.87
90989 00	Medicine	10.38	10.38	\$670.89	\$670.89
90993 00	Medicine	2.26	2.26	\$146.07	\$146.07
90997 00	Medicine	2.56	2.56	\$232.03	\$232.03
90999 00	Medicine	0.00	0.00	\$-	\$-
91010 00	Medicine	5.70	5.70	\$368.41	\$368.41
91010 26	Medicine	1.89	1.89	\$122.16	\$122.16
91010 TC	Medicine	3.81	3.81	\$246.25	\$246.25
91013 00	Medicine	0.73	0.73	\$47.18	\$47.18
91013 26	Medicine	0.27	0.27	\$17.45	\$17.45
91013 TC	Medicine	0.46	0.46	\$29.73	\$29.73
91020 00	Medicine	7.35	7.35	\$475.05	\$475.05
91020 26	Medicine	2.12	2.12	\$137.02	\$137.02
91020 TC	Medicine	5.23	5.23	\$338.03	\$338.03
91022 00	Medicine	4.77	4.77	\$308.30	\$308.30
91022 26	Medicine	2.12	2.12	\$137.02	\$137.02
91022 TC	Medicine	2.65	2.65	\$171.28	\$171.28
91030 00	Medicine	3.94	3.94	\$254.65	\$254.65
91030 26	Medicine	1.34	1.34	\$86.61	\$86.61
91030 TC	Medicine	2.60	2.60	\$168.05	\$168.05
91034 00	Medicine	5.41	5.41	\$349.66	\$349.66
91034 26	Medicine	1.44	1.44	\$93.07	\$93.07
91034 TC	Medicine	3.97	3.97	\$256.59	\$256.59
91035 00	Medicine	13.71	13.71	\$886.12	\$886.12
91035 26	Medicine	2.37	2.37	\$153.18	\$153.18
91035 TC	Medicine	11.34	11.34	\$732.94	\$732.94
91037 00	Medicine	4.71	4.71	\$304.42	\$304.42
91037 26	Medicine	1.43	1.43	\$92.43	\$92.43
91037 TC	Medicine	3.28	3.28	\$212.00	\$212.00
91038 00	Medicine	12.45	12.45	\$804.68	\$804.68
91038 26	Medicine	1.62	1.62	\$104.71	\$104.71
91038 TC	Medicine	10.83	10.83	\$699.98	\$699.98
91040 00	Medicine	14.40	14.40	\$930.72	\$930.72
91040 26	Medicine	1.46	1.46	\$94.36	\$94.36
91040 TC	Medicine	12.94	12.94	\$836.35	\$836.35
91065 00	Medicine	2.26	2.26	\$146.07	\$146.07
91065 26	Medicine	0.29	0.29	\$28.13	\$28.13
91065 TC	Medicine	1.97	1.97	\$127.33	\$127.33

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ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
91110 00	Medicine	24.37	24.37	\$1,575.11	\$1,575.11
91110 26	Medicine	3.66	3.66	\$236.56	\$236.56
91110 TC	Medicine	20.71	20.71	\$1,338.55	\$1,338.55
91111 00	Medicine	24.48	24.48	\$1,582.22	\$1,582.22
91111 26	Medicine	1.48	1.48	\$95.66	\$95.66
91111 TC	Medicine	23.00	23.00	\$1,486.56	\$1,486.56
91112 00	Medicine	40.99	40.99	\$2,649.31	\$2,649.31
91112 26	Medicine	3.09	3.09	\$199.72	\$199.72
91112 TC	Medicine	37.90	37.90	\$2,449.59	\$2,449.59
91117 00	Medicine	3.92	3.92	\$253.36	\$253.36
91120 00	Medicine	13.79	13.79	\$891.29	\$891.29
91120 26	Medicine	1.41	1.41	\$91.13	\$91.13
91120 TC	Medicine	12.38	12.38	\$800.16	\$800.16
91122 00	Medicine	7.13	7.13	\$460.83	\$460.83
91122 26	Medicine	2.55	2.55	\$164.81	\$164.81
91122 TC	Medicine	4.58	4.58	\$296.02	\$296.02
91132 00	Medicine	9.16	9.16	\$592.04	\$592.04
91132 26	Medicine	0.77	0.77	\$49.77	\$49.77
91132 TC	Medicine	8.39	8.39	\$542.27	\$542.27
91133 00	Medicine	9.82	9.82	\$634.70	\$634.70
91133 26	Medicine	0.97	0.97	\$62.69	\$62.69
91133 TC	Medicine	8.85	8.85	\$572.00	\$572.00
91200 00	Medicine	1.05	1.05	\$67.86	\$67.86
91200 26	Medicine	0.40	0.40	\$25.85	\$25.85
91200 TC	Medicine	0.65	0.65	\$42.01	\$42.01
91299 00	Medicine	0.00	0.00	\$-	\$-
91299 26	Medicine	0.00	0.00	\$-	\$-
91299 TC	Medicine	0.00	0.00	\$-	\$-
92002 00	Medicine	2.37	1.34	\$153.18	\$86.61
92004 00	Medicine	4.23	2.77	\$273.40	\$179.03
92012 00	Medicine	2.49	1.47	\$160.94	\$95.01
92014 00	Medicine	3.55	2.23	\$229.45	\$144.13
92015 00	Medicine	0.57	0.56	\$36.84	\$36.19
92018 00	Medicine	4.06	4.06	\$262.41	\$262.41
92019 00	Medicine	2.07	2.07	\$133.79	\$133.79
92020 00	Medicine	0.78	0.59	\$50.41	\$38.13
92025 00	Medicine	1.04	1.04	\$67.22	\$67.22
92025 26	Medicine	0.56	0.56	\$36.19	\$36.19
92025 TC	Medicine	0.48	0.48	\$31.02	\$31.02
92060 00	Medicine	1.79	1.79	\$115.69	\$115.69

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92060 26	Medicine	1.07	1.07	\$69.16	\$69.16
92060 TC	Medicine	0.72	0.72	\$46.54	\$46.54
92065 00	Medicine	1.49	1.49	\$96.30	\$96.30
92065 26	Medicine	0.51	0.51	\$32.96	\$32.96
92065 TC	Medicine	0.98	0.98	\$63.34	\$63.34
92071 00	Medicine	1.06	0.94	\$68.51	\$60.76
92072 00	Medicine	3.62	2.76	\$233.97	\$178.39
92081 00	Medicine	0.95	0.95	\$61.40	\$61.40
92081 26	Medicine	0.46	0.46	\$29.73	\$29.73
92081 TC	Medicine	0.49	0.49	\$31.67	\$31.67
92082 00	Medicine	1.34	1.34	\$86.61	\$86.61
92082 26	Medicine	0.61	0.61	\$39.43	\$39.43
92082 TC	Medicine	0.73	0.73	\$47.18	\$47.18
92083 00	Medicine	1.78	1.78	\$115.05	\$115.05
92083 26	Medicine	0.78	0.78	\$50.41	\$50.41
92083 TC	Medicine	1.00	1.00	\$64.63	\$64.63
92100 00	Medicine	2.33	0.94	\$150.59	\$71.61
92132 00	Medicine	0.89	0.89	\$57.52	\$57.52
92132 26	Medicine	0.47	0.47	\$30.38	\$30.38
92132 TC	Medicine	0.42	0.42	\$27.15	\$27.15
92133 00	Medicine	1.05	1.05	\$67.86	\$67.86
92133 26	Medicine	0.63	0.63	\$40.72	\$40.72
92133 TC	Medicine	0.42	0.42	\$27.15	\$27.15
92134 00	Medicine	1.15	1.15	\$74.33	\$74.33
92134 26	Medicine	0.72	0.72	\$46.54	\$46.54
92134 TC	Medicine	0.43	0.43	\$27.79	\$27.79
92136 00	Medicine	1.76	1.76	\$113.75	\$113.75
92136 26	Medicine	0.88	0.88	\$56.88	\$56.88
92136 TC	Medicine	0.88	0.88	\$56.88	\$56.88
92145 00	Medicine	0.42	0.42	\$27.15	\$27.15
92145 26	Medicine	0.22	0.22	\$14.22	\$14.22
92145 TC	Medicine	0.20	0.20	\$12.93	\$12.93
92201 00	Medicine	0.71	0.65	\$45.89	\$42.01
92202 00	Medicine	0.45	0.42	\$29.08	\$27.15
92227 00	Medicine	0.38	0.38	\$24.56	\$24.56
92228 00	Medicine	0.96	0.96	\$62.05	\$62.05
92228 26	Medicine	0.59	0.59	\$38.13	\$38.13
92228 TC	Medicine	0.37	0.37	\$23.91	\$23.91
92230 00	Medicine	2.18	0.95	\$140.90	\$74.11
92235 00	Medicine	2.93	2.93	\$189.37	\$189.37

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92235 26	Medicine	1.22	1.22	\$78.85	\$78.85
92235 TC	Medicine	1.71	1.71	\$110.52	\$110.52
92240 00	Medicine	5.69	5.69	\$367.76	\$367.76
92240 26	Medicine	1.34	1.34	\$86.61	\$86.61
92240 TC	Medicine	4.35	4.35	\$281.15	\$281.15
92242 00	Medicine	6.71	6.71	\$433.69	\$433.69
92242 26	Medicine	1.54	1.54	\$99.53	\$99.53
92242 TC	Medicine	5.17	5.17	\$334.15	\$334.15
92250 00	Medicine	1.27	1.27	\$82.08	\$82.08
92250 26	Medicine	0.61	0.61	\$40.63	\$40.63
92250 TC	Medicine	0.66	0.66	\$42.66	\$42.66
92260 00	Medicine	0.55	0.31	\$36.45	\$36.45
92265 00	Medicine	2.45	2.45	\$158.35	\$158.35
92265 26	Medicine	1.32	1.32	\$85.32	\$85.32
92265 TC	Medicine	1.13	1.13	\$73.04	\$73.04
92270 00	Medicine	2.73	2.73	\$176.45	\$176.45
92270 26	Medicine	1.21	1.21	\$78.21	\$78.21
92270 TC	Medicine	1.52	1.52	\$98.24	\$98.24
92273 00	Medicine	3.68	3.68	\$237.85	\$237.85
92273 26	Medicine	1.05	1.05	\$67.86	\$67.86
92273 TC	Medicine	2.63	2.63	\$169.98	\$169.98
92274 00	Medicine	2.49	2.49	\$160.94	\$160.94
92274 26	Medicine	0.93	0.93	\$60.11	\$60.11
92274 TC	Medicine	1.56	1.56	\$100.83	\$100.83
92283 00	Medicine	1.49	1.49	\$96.30	\$96.30
92283 26	Medicine	0.26	0.26	\$24.86	\$24.86
92283 TC	Medicine	1.23	1.23	\$79.50	\$79.50
92284 00	Medicine	1.68	1.68	\$108.58	\$108.58
92284 26	Medicine	0.36	0.36	\$23.27	\$23.27
92284 TC	Medicine	1.32	1.32	\$85.32	\$85.32
92285 00	Medicine	0.62	0.62	\$40.07	\$40.07
92285 26	Medicine	0.09	0.09	\$11.44	\$11.44
92285 TC	Medicine	0.53	0.53	\$34.26	\$34.26
92286 00	Medicine	1.10	1.10	\$108.51	\$108.51
92286 26	Medicine	0.63	0.63	\$50.58	\$50.58
92286 TC	Medicine	0.47	0.47	\$57.93	\$57.93
92287 00	Medicine	4.46	4.46	\$288.26	\$288.26
92287 26	Medicine	1.32	1.32	\$85.32	\$85.32
92287 TC	Medicine	3.14	3.14	\$202.95	\$202.95
92310 00	Medicine	2.86	1.71	\$184.85	\$110.52

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ARIZONA PHYSICIANS' FEE SCHEDULE  
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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92311 00	Medicine	2.95	1.54	\$190.67	\$102.66
92312 00	Medicine	3.42	1.77	\$221.04	\$114.40
92313 00	Medicine	2.77	1.27	\$179.03	\$106.20
92314 00	Medicine	2.43	1.02	\$157.06	\$77.63
92315 00	Medicine	2.22	0.61	\$143.49	\$78.54
92316 00	Medicine	2.76	0.92	\$178.39	\$95.22
92317 00	Medicine	2.32	0.61	\$149.95	\$84.05
92325 00	Medicine	1.25	1.25	\$80.79	\$80.79
92326 00	Medicine	1.06	1.06	\$68.51	\$68.51
92340 00	Medicine	0.99	0.54	\$63.99	\$34.90
92341 00	Medicine	1.15	0.70	\$74.33	\$45.24
92342 00	Medicine	1.23	0.78	\$79.50	\$50.41
92352 00	Medicine	1.24	0.54	\$80.14	\$37.37
92353 00	Medicine	1.44	0.74	\$93.07	\$47.83
92354 00	Medicine	0.37	0.37	\$43.02	\$43.02
92355 00	Medicine	0.58	0.58	\$37.49	\$37.49
92358 00	Medicine	0.31	0.31	\$50.00	\$50.00
92370 00	Medicine	0.88	0.47	\$56.88	\$30.38
92371 00	Medicine	0.32	0.32	\$23.79	\$23.79
92499 00	Medicine	0.00	0.00	\$-	\$-
92499 26	Medicine	0.00	0.00	\$-	\$-
92499 TC	Medicine	0.00	0.00	\$-	\$-
92502 00	Medicine	2.69	2.69	\$173.86	\$173.86
92504 00	Medicine	0.82	0.27	\$53.00	\$26.94
92507 00	Medicine	2.25	2.25	\$145.42	\$145.42
92508 00	Medicine	0.68	0.68	\$43.95	\$43.95
92511 00	Medicine	3.18	1.08	\$205.53	\$115.00
92512 00	Medicine	1.69	0.81	\$109.23	\$54.66
92516 00	Medicine	1.94	0.65	\$125.39	\$63.21
92520 00	Medicine	2.28	1.17	\$147.36	\$75.62
92521 00	Medicine	3.21	3.21	\$207.47	\$207.47
92522 00	Medicine	2.62	2.62	\$169.34	\$169.34
92523 00	Medicine	5.50	5.50	\$355.48	\$355.48
92524 00	Medicine	2.56	2.56	\$165.46	\$165.46
92526 00	Medicine	2.48	2.48	\$160.29	\$160.29
92531 00	Medicine	0.41	0.41	\$26.50	\$26.50
92532 00	Medicine	0.48	0.48	\$31.02	\$31.02
92533 00	Medicine	0.69	0.69	\$44.60	\$44.60
92534 00	Medicine	0.53	0.53	\$34.26	\$34.26
92537 00	Medicine	1.18	1.18	\$76.27	\$76.27

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ARIZONA PHYSICIANS' FEE SCHEDULE  
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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92537 26	Medicine	0.90	0.90	\$58.17	\$58.17
92537 TC	Medicine	0.28	0.28	\$18.10	\$18.10
92538 00	Medicine	0.64	0.64	\$41.37	\$41.37
92538 26	Medicine	0.46	0.46	\$29.73	\$29.73
92538 TC	Medicine	0.18	0.18	\$11.63	\$11.63
92540 00	Medicine	3.04	3.04	\$196.48	\$196.48
92540 26	Medicine	2.26	2.26	\$146.07	\$146.07
92540 TC	Medicine	0.78	0.78	\$50.41	\$50.41
92541 00	Medicine	0.72	0.72	\$46.54	\$46.54
92541 26	Medicine	0.60	0.60	\$38.78	\$38.78
92541 TC	Medicine	0.12	0.12	\$23.22	\$23.22
92542 00	Medicine	0.84	0.84	\$54.29	\$54.29
92542 26	Medicine	0.72	0.72	\$46.54	\$46.54
92542 TC	Medicine	0.12	0.12	\$28.38	\$28.38
92544 00	Medicine	0.50	0.50	\$32.32	\$32.32
92544 26	Medicine	0.41	0.41	\$26.50	\$26.50
92544 TC	Medicine	0.09	0.09	\$16.38	\$16.38
92545 00	Medicine	0.47	0.47	\$32.42	\$32.42
92545 26	Medicine	0.38	0.38	\$24.56	\$24.56
92545 TC	Medicine	0.09	0.09	\$19.29	\$19.29
92546 00	Medicine	3.15	3.15	\$203.59	\$203.59
92546 26	Medicine	0.43	0.43	\$27.79	\$27.79
92546 TC	Medicine	2.72	2.72	\$175.80	\$175.80
92547 00	Medicine	0.24	0.24	\$15.51	\$15.51
92547 26	Medicine	0.05	0.05	\$10.60	\$10.60
92547 TC	Medicine	0.19	0.19	\$12.28	\$12.28
92548 00	Medicine	1.41	1.41	\$95.28	\$95.28
92548 26	Medicine	0.99	0.99	\$63.99	\$63.99
92548 TC	Medicine	0.42	0.42	\$61.28	\$61.28
92549 00	Medicine	1.80	1.80	\$116.34	\$116.34
92549 26	Medicine	1.28	1.28	\$82.73	\$82.73
92549 TC	Medicine	0.52	0.52	\$33.61	\$33.61
92550 00	Medicine	0.63	0.63	\$40.72	\$40.72
92551 00	Medicine	0.33	0.33	\$21.33	\$21.33
92552 00	Medicine	0.89	0.89	\$57.52	\$57.52
92553 00	Medicine	1.08	1.08	\$69.80	\$69.80
92555 00	Medicine	0.67	0.67	\$43.30	\$43.30
92556 00	Medicine	1.07	1.07	\$69.16	\$69.16
92557 00	Medicine	1.08	0.93	\$69.80	\$60.11
92558 00	Medicine	0.28	0.25	\$20.02	\$20.02

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92559 00	Medicine	0.86	0.86	\$55.58	\$55.58
92560 00	Medicine	0.59	0.59	\$38.13	\$38.13
92561 00	Medicine	1.10	1.10	\$71.10	\$71.10
92562 00	Medicine	1.25	1.25	\$80.79	\$80.79
92563 00	Medicine	0.86	0.86	\$55.58	\$55.58
92564 00	Medicine	0.67	0.67	\$43.30	\$43.30
92565 00	Medicine	0.44	0.44	\$28.44	\$28.44
92567 00	Medicine	0.45	0.31	\$29.08	\$20.04
92568 00	Medicine	0.45	0.44	\$29.08	\$28.44
92570 00	Medicine	0.94	0.85	\$60.76	\$54.94
92571 00	Medicine	0.76	0.76	\$49.12	\$49.12
92572 00	Medicine	0.98	0.98	\$63.34	\$63.34
92575 00	Medicine	1.84	1.84	\$118.92	\$118.92
92576 00	Medicine	1.02	1.02	\$65.93	\$65.93
92577 00	Medicine	0.39	0.39	\$25.21	\$25.21
92579 00	Medicine	1.32	1.09	\$85.32	\$70.45
92582 00	Medicine	2.07	2.07	\$133.79	\$133.79
92583 00	Medicine	1.36	1.36	\$87.90	\$87.90
92584 00	Medicine	2.08	2.08	\$134.44	\$134.44
92585 00	Medicine	3.82	3.82	\$246.90	\$246.90
92585 26	Medicine	0.76	0.76	\$49.79	\$49.79
92585 TC	Medicine	3.06	3.06	\$197.78	\$197.78
92586 00	Medicine	2.68	2.68	\$173.22	\$173.22
92587 00	Medicine	0.63	0.63	\$47.87	\$47.87
92587 26	Medicine	0.53	0.53	\$34.26	\$34.26
92587 TC	Medicine	0.10	0.10	\$33.61	\$33.61
92588 00	Medicine	0.96	0.96	\$69.86	\$69.86
92588 26	Medicine	0.83	0.83	\$53.65	\$53.65
92588 TC	Medicine	0.13	0.13	\$44.94	\$44.94
92590 00	Medicine	1.57	1.57	\$101.47	\$101.47
92591 00	Medicine	2.00	2.00	\$129.27	\$129.27
92592 00	Medicine	0.62	0.62	\$40.07	\$40.07
92593 00	Medicine	1.03	1.03	\$66.57	\$66.57
92594 00	Medicine	0.59	0.59	\$38.13	\$38.13
92595 00	Medicine	1.29	1.29	\$83.38	\$83.38
92596 00	Medicine	1.84	1.84	\$118.92	\$118.92
92597 00	Medicine	2.08	2.08	\$134.44	\$134.44
92601 00	Medicine	4.73	3.59	\$305.71	\$232.03
92602 00	Medicine	2.96	2.03	\$191.31	\$131.21
92603 00	Medicine	4.41	3.48	\$285.03	\$224.92

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92604 00	Medicine	2.64	1.94	\$170.63	\$125.39
92605 00	Medicine	2.70	2.55	\$174.51	\$164.81
92606 00	Medicine	2.39	2.05	\$154.47	\$132.50
92607 00	Medicine	3.66	3.66	\$236.56	\$236.56
92608 00	Medicine	1.47	1.47	\$95.01	\$95.01
92609 00	Medicine	3.08	3.08	\$199.07	\$199.07
92610 00	Medicine	2.47	2.07	\$159.64	\$133.79
92611 00	Medicine	2.62	2.62	\$169.34	\$169.34
92612 00	Medicine	5.67	1.95	\$366.47	\$154.93
92613 00	Medicine	1.08	1.08	\$69.80	\$69.80
92614 00	Medicine	4.22	1.91	\$272.75	\$128.61
92615 00	Medicine	0.95	0.95	\$61.40	\$61.40
92616 00	Medicine	6.14	2.85	\$396.85	\$184.20
92617 00	Medicine	1.18	1.18	\$76.27	\$76.27
92618 00	Medicine	0.96	0.95	\$62.05	\$61.40
92620 00	Medicine	2.67	2.33	\$172.57	\$150.59
92621 00	Medicine	0.64	0.54	\$41.37	\$34.90
92625 00	Medicine	2.00	1.78	\$129.27	\$115.05
92626 00	Medicine	2.56	2.17	\$165.46	\$140.25
92627 00	Medicine	0.61	0.51	\$39.43	\$32.96
92630 00	Medicine	0.00	0.00	\$-	\$-
92633 00	Medicine	0.00	0.00	\$-	\$-
92640 00	Medicine	3.24	2.74	\$209.41	\$177.09
92700 00	Medicine	0.00	0.00	\$-	\$-
92920 00	Medicine	15.41	15.41	\$995.99	\$995.99
92921 00	Medicine	0.00	0.00	\$-	\$-
92924 00	Medicine	18.37	18.37	\$1,187.31	\$1,187.31
92925 00	Medicine	0.00	0.00	\$-	\$-
92928 00	Medicine	17.14	17.14	\$1,107.81	\$1,107.81
92929 00	Medicine	0.00	0.00	\$-	\$-
92933 00	Medicine	19.24	19.24	\$1,243.54	\$1,243.54
92934 00	Medicine	0.00	0.00	\$-	\$-
92937 00	Medicine	17.12	17.12	\$1,106.52	\$1,106.52
92938 00	Medicine	0.00	0.00	\$367.50	\$367.50
92941 00	Medicine	19.27	19.27	\$1,245.48	\$1,245.48
92943 00	Medicine	19.27	19.27	\$1,245.48	\$1,245.48
92944 00	Medicine	0.00	0.00	\$-	\$-
92950 00	Medicine	9.16	5.36	\$592.04	\$346.43
92953 00	Medicine	0.03	0.03	\$83.60	\$83.60
92960 00	Medicine	4.51	3.12	\$291.49	\$218.45

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
92961 00	Medicine	7.17	7.17	\$463.42	\$463.42
92970 00	Medicine	5.49	5.49	\$354.84	\$354.84
92971 00	Medicine	2.91	2.91	\$188.08	\$188.08
92973 00	Medicine	5.12	5.12	\$330.92	\$330.92
92974 00	Medicine	4.68	4.68	\$302.48	\$302.48
92975 00	Medicine	10.93	10.93	\$706.44	\$706.44
92977 00	Medicine	1.51	1.51	\$321.50	\$321.50
92978 00	Medicine	7.83	7.83	\$506.08	\$506.08
92978 26	Medicine	2.74	2.74	\$177.09	\$177.09
92978 TC	Medicine	5.09	5.09	\$328.98	\$328.98
92979 00	Medicine	4.80	4.80	\$310.24	\$310.24
92979 26	Medicine	2.21	2.21	\$142.84	\$142.84
92979 TC	Medicine	2.59	2.59	\$167.40	\$167.40
92986 00	Medicine	38.18	38.18	\$2,467.69	\$2,467.69
92987 00	Medicine	39.38	39.38	\$2,545.25	\$2,545.25
92990 00	Medicine	31.46	31.46	\$2,033.35	\$2,033.35
92992 00	Medicine	30.74	30.74	\$2,572.66	\$2,572.66
92993 00	Medicine	24.31	24.31	\$2,509.38	\$2,509.38
92997 00	Medicine	18.49	18.49	\$1,195.06	\$1,195.06
92998 00	Medicine	9.37	9.37	\$605.61	\$605.61
93000 00	Medicine	0.48	0.48	\$31.02	\$31.02
93005 00	Medicine	0.24	0.24	\$15.77	\$15.77
93005 26	Medicine	0.00	0.00	\$-	\$-
93005 TC	Medicine	0.24	0.24	\$15.77	\$15.77
93010 00	Medicine	0.24	0.24	\$15.69	\$15.69
93015 00	Medicine	2.00	2.00	\$161.00	\$161.00
93016 00	Medicine	0.63	0.63	\$40.72	\$40.72
93017 00	Medicine	0.95	0.95	\$71.19	\$71.19
93017 26	Medicine	0.00	0.00	\$-	\$-
93017 TC	Medicine	0.95	0.95	\$71.19	\$71.19
93018 00	Medicine	0.42	0.42	\$29.00	\$29.00
93024 00	Medicine	3.10	3.10	\$200.36	\$200.36
93024 26	Medicine	1.63	1.63	\$105.35	\$105.35
93024 TC	Medicine	1.47	1.47	\$95.01	\$95.01
93025 00	Medicine	3.98	3.98	\$299.67	\$299.67
93025 26	Medicine	1.05	1.05	\$67.86	\$67.86
93025 TC	Medicine	2.93	2.93	\$263.07	\$263.07
93040 00	Medicine	0.36	0.36	\$23.27	\$23.27
93041 00	Medicine	0.16	0.16	\$10.48	\$10.48
93041 26	Medicine	0.00	0.00	\$-	\$-

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93041 TC	Medicine	0.16	0.16	\$10.48	\$10.48
93042 00	Medicine	0.20	0.20	\$13.67	\$13.67
93050 00	Medicine	0.46	0.46	\$29.73	\$29.73
93050 26	Medicine	0.24	0.24	\$15.51	\$15.51
93050 TC	Medicine	0.22	0.22	\$14.22	\$14.22
93224 00	Medicine	2.49	2.49	\$160.94	\$160.94
93225 00	Medicine	0.72	0.72	\$57.74	\$57.74
93225 26	Medicine	0.00	0.00	\$-	\$-
93225 TC	Medicine	0.72	0.72	\$57.74	\$57.74
93226 00	Medicine	1.02	1.02	\$65.93	\$65.93
93226 26	Medicine	0.00	0.00	\$-	\$-
93226 TC	Medicine	1.02	1.02	\$65.93	\$65.93
93227 00	Medicine	0.75	0.75	\$59.50	\$59.50
93228 00	Medicine	0.76	0.76	\$49.12	\$49.12
93229 00	Medicine	19.83	19.83	\$1,281.67	\$1,281.67
93260 00	Medicine	2.04	2.04	\$131.85	\$131.85
93260 26	Medicine	1.23	1.23	\$79.50	\$79.50
93260 TC	Medicine	0.81	0.81	\$52.35	\$52.35
93261 00	Medicine	1.87	1.87	\$120.86	\$120.86
93261 26	Medicine	1.06	1.06	\$68.51	\$68.51
93261 TC	Medicine	0.81	0.81	\$52.35	\$52.35
93264 00	Medicine	1.43	1.03	\$92.43	\$66.57
93268 00	Medicine	5.64	5.64	\$364.53	\$364.53
93270 00	Medicine	0.25	0.25	\$36.00	\$36.00
93270 26	Medicine	0.00	0.00	\$-	\$-
93270 TC	Medicine	0.25	0.25	\$36.00	\$36.00
93271 00	Medicine	4.67	4.67	\$301.84	\$301.84
93271 26	Medicine	0.00	0.00	\$-	\$-
93271 TC	Medicine	4.67	4.67	\$301.84	\$301.84
93272 00	Medicine	0.72	0.72	\$46.54	\$46.54
93278 00	Medicine	0.85	0.85	\$72.59	\$72.59
93278 26	Medicine	0.36	0.36	\$24.50	\$24.50
93278 TC	Medicine	0.49	0.49	\$48.09	\$48.09
93279 00	Medicine	1.72	1.72	\$111.17	\$111.17
93279 26	Medicine	0.92	0.92	\$59.46	\$59.46
93279 TC	Medicine	0.80	0.80	\$51.71	\$51.71
93280 00	Medicine	2.03	2.03	\$131.21	\$131.21
93280 26	Medicine	1.10	1.10	\$71.10	\$71.10
93280 TC	Medicine	0.93	0.93	\$60.11	\$60.11
93281 00	Medicine	2.17	2.17	\$140.25	\$140.25

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MEDICINE CODES 2020-2021

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93281 26	Medicine	1.22	1.22	\$78.85	\$78.85
93281 TC	Medicine	0.95	0.95	\$61.40	\$61.40
93282 00	Medicine	2.08	2.08	\$134.44	\$134.44
93282 26	Medicine	1.22	1.22	\$78.85	\$78.85
93282 TC	Medicine	0.86	0.86	\$55.58	\$55.58
93283 00	Medicine	2.60	2.60	\$168.05	\$168.05
93283 26	Medicine	1.66	1.66	\$107.29	\$107.29
93283 TC	Medicine	0.94	0.94	\$60.76	\$60.76
93284 00	Medicine	2.81	2.81	\$181.62	\$181.62
93284 26	Medicine	1.80	1.80	\$116.34	\$116.34
93284 TC	Medicine	1.01	1.01	\$65.28	\$65.28
93285 00	Medicine	1.52	1.52	\$98.24	\$98.24
93285 26	Medicine	0.75	0.75	\$48.47	\$48.47
93285 TC	Medicine	0.77	0.77	\$49.77	\$49.77
93286 00	Medicine	1.14	1.14	\$73.68	\$73.68
93286 26	Medicine	0.44	0.44	\$28.44	\$28.44
93286 TC	Medicine	0.70	0.70	\$45.24	\$45.24
93287 00	Medicine	1.36	1.36	\$87.90	\$87.90
93287 26	Medicine	0.66	0.66	\$42.66	\$42.66
93287 TC	Medicine	0.70	0.70	\$45.24	\$45.24
93288 00	Medicine	1.39	1.39	\$89.84	\$89.84
93288 26	Medicine	0.60	0.60	\$38.78	\$38.78
93288 TC	Medicine	0.79	0.79	\$51.06	\$51.06
93289 00	Medicine	1.87	1.87	\$120.86	\$120.86
93289 26	Medicine	1.07	1.07	\$69.16	\$69.16
93289 TC	Medicine	0.80	0.80	\$51.71	\$51.71
93290 00	Medicine	1.34	1.34	\$86.61	\$86.61
93290 26	Medicine	0.62	0.62	\$40.07	\$40.07
93290 TC	Medicine	0.72	0.72	\$46.54	\$46.54
93291 00	Medicine	1.22	1.22	\$78.85	\$78.85
93291 26	Medicine	0.53	0.53	\$34.26	\$34.26
93291 TC	Medicine	0.69	0.69	\$44.60	\$44.60
93292 00	Medicine	1.27	1.27	\$82.08	\$82.08
93292 26	Medicine	0.61	0.61	\$39.43	\$39.43
93292 TC	Medicine	0.66	0.66	\$42.66	\$42.66
93293 00	Medicine	1.46	1.46	\$94.36	\$94.36
93293 26	Medicine	0.43	0.43	\$27.79	\$27.79
93293 TC	Medicine	1.03	1.03	\$66.57	\$66.57
93294 00	Medicine	0.89	0.89	\$57.52	\$57.52
93295 00	Medicine	1.09	1.09	\$70.45	\$70.45

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93296 00	Medicine	0.72	0.72	\$46.54	\$46.54
93297 00	Medicine	0.77	0.77	\$49.77	\$49.77
93298 00	Medicine	0.78	0.78	\$50.41	\$50.41
93303 00	Medicine	6.58	6.58	\$425.29	\$425.29
93303 26	Medicine	1.81	1.81	\$116.99	\$116.99
93303 TC	Medicine	4.77	4.77	\$308.30	\$308.30
93304 00	Medicine	4.52	4.52	\$292.14	\$292.14
93304 26	Medicine	1.04	1.04	\$67.22	\$67.22
93304 TC	Medicine	3.48	3.48	\$224.92	\$224.92
93306 00	Medicine	5.86	5.86	\$378.75	\$378.75
93306 26	Medicine	2.08	2.08	\$134.44	\$134.44
93306 TC	Medicine	3.78	3.78	\$244.31	\$244.31
93307 00	Medicine	3.99	3.99	\$257.89	\$257.89
93307 26	Medicine	1.28	1.28	\$94.50	\$94.50
93307 TC	Medicine	2.71	2.71	\$175.16	\$175.16
93308 00	Medicine	2.79	2.79	\$180.33	\$180.33
93308 26	Medicine	0.73	0.73	\$53.43	\$53.43
93308 TC	Medicine	2.06	2.06	\$133.14	\$133.14
93312 00	Medicine	6.96	6.96	\$449.85	\$449.85
93312 26	Medicine	3.12	3.12	\$201.65	\$201.65
93312 TC	Medicine	3.84	3.84	\$248.19	\$248.19
93313 00	Medicine	0.33	0.33	\$77.78	\$77.78
93314 00	Medicine	6.68	6.68	\$431.75	\$431.75
93314 26	Medicine	2.59	2.59	\$167.40	\$167.40
93314 TC	Medicine	4.09	4.09	\$264.35	\$264.35
93315 00	Medicine	7.34	7.34	\$474.41	\$474.41
93315 26	Medicine	3.67	3.67	\$237.20	\$237.20
93315 TC	Medicine	3.67	3.67	\$237.20	\$237.20
93316 00	Medicine	0.78	0.78	\$58.90	\$58.90
93317 00	Medicine	5.22	5.22	\$337.38	\$337.38
93317 26	Medicine	2.61	2.61	\$168.69	\$168.69
93317 TC	Medicine	2.61	2.61	\$168.69	\$168.69
93318 00	Medicine	5.94	5.94	\$383.92	\$383.92
93318 26	Medicine	2.97	2.97	\$191.96	\$191.96
93318 TC	Medicine	2.97	2.97	\$191.96	\$191.96
93320 00	Medicine	1.51	1.51	\$98.24	\$98.24
93320 26	Medicine	0.52	0.52	\$33.61	\$33.61
93320 TC	Medicine	0.99	0.99	\$71.88	\$71.88
93321 00	Medicine	0.75	0.75	\$58.00	\$58.00
93321 26	Medicine	0.21	0.21	\$14.77	\$14.77

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93321 TC	Medicine	0.54	0.54	\$43.24	\$43.24
93325 00	Medicine	0.70	0.70	\$96.73	\$96.73
93325 26	Medicine	0.09	0.09	\$35.63	\$35.63
93325 TC	Medicine	0.61	0.61	\$61.11	\$61.11
93350 00	Medicine	5.36	5.36	\$346.43	\$346.43
93350 26	Medicine	2.02	2.02	\$130.56	\$130.56
93350 TC	Medicine	3.34	3.34	\$215.87	\$215.87
93351 00	Medicine	6.63	6.63	\$428.52	\$428.52
93351 26	Medicine	2.42	2.42	\$156.41	\$156.41
93351 TC	Medicine	4.21	4.21	\$272.10	\$272.10
93352 00	Medicine	0.95	0.95	\$61.40	\$61.40
93355 00	Medicine	6.58	6.58	\$425.29	\$425.29
93356 00	Medicine	1.13	0.34	\$73.04	\$21.98
93451 00	Medicine	23.94	23.94	\$1,547.31	\$1,547.31
93451 26	Medicine	3.80	3.80	\$245.61	\$245.61
93451 TC	Medicine	20.14	20.14	\$1,301.71	\$1,301.71
93452 00	Medicine	25.91	25.91	\$1,674.64	\$1,674.64
93452 26	Medicine	6.85	6.85	\$442.74	\$442.74
93452 TC	Medicine	19.06	19.06	\$1,231.91	\$1,231.91
93453 00	Medicine	33.39	33.39	\$2,158.10	\$2,158.10
93453 26	Medicine	9.17	9.17	\$592.68	\$592.68
93453 TC	Medicine	24.22	24.22	\$1,565.41	\$1,565.41
93454 00	Medicine	25.97	25.97	\$1,678.52	\$1,678.52
93454 26	Medicine	6.93	6.93	\$447.91	\$447.91
93454 TC	Medicine	19.04	19.04	\$1,230.61	\$1,230.61
93455 00	Medicine	29.51	29.51	\$1,907.32	\$1,907.32
93455 26	Medicine	8.07	8.07	\$521.59	\$521.59
93455 TC	Medicine	21.44	21.44	\$1,385.73	\$1,385.73
93456 00	Medicine	32.87	32.87	\$2,124.49	\$2,124.49
93456 26	Medicine	9.02	9.02	\$582.99	\$582.99
93456 TC	Medicine	23.85	23.85	\$1,541.50	\$1,541.50
93457 00	Medicine	36.40	36.40	\$2,352.64	\$2,352.64
93457 26	Medicine	10.18	10.18	\$657.96	\$657.96
93457 TC	Medicine	26.22	26.22	\$1,694.68	\$1,694.68
93458 00	Medicine	30.41	30.41	\$1,965.49	\$1,965.49
93458 26	Medicine	8.56	8.56	\$553.26	\$553.26
93458 TC	Medicine	21.85	21.85	\$1,412.23	\$1,412.23
93459 00	Medicine	33.10	33.10	\$2,139.35	\$2,139.35
93459 26	Medicine	9.70	9.70	\$626.94	\$626.94
93459 TC	Medicine	23.40	23.40	\$1,512.41	\$1,512.41

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93460 00	Medicine	36.63	36.63	\$2,367.51	\$2,367.51
93460 26	Medicine	10.85	10.85	\$701.27	\$701.27
93460 TC	Medicine	25.78	25.78	\$1,666.24	\$1,666.24
93461 00	Medicine	41.00	41.00	\$2,649.95	\$2,649.95
93461 26	Medicine	12.00	12.00	\$775.60	\$775.60
93461 TC	Medicine	29.00	29.00	\$1,874.36	\$1,874.36
93462 00	Medicine	6.10	6.10	\$394.26	\$394.26
93463 00	Medicine	2.82	2.82	\$182.27	\$182.27
93464 00	Medicine	6.89	6.89	\$445.32	\$445.32
93464 26	Medicine	2.54	2.54	\$164.17	\$164.17
93464 TC	Medicine	4.35	4.35	\$281.15	\$281.15
93503 00	Medicine	2.55	2.55	\$202.00	\$202.00
93505 00	Medicine	20.16	20.16	\$1,303.00	\$1,303.00
93505 26	Medicine	6.46	6.46	\$417.53	\$417.53
93505 TC	Medicine	13.70	13.70	\$885.47	\$885.47
93530 00	Medicine	22.69	22.69	\$1,466.52	\$1,466.52
93530 26	Medicine	5.90	5.90	\$381.33	\$381.33
93530 TC	Medicine	16.79	16.79	\$1,085.19	\$1,085.19
93531 00	Medicine	49.00	49.00	\$3,167.02	\$3,167.02
93531 26	Medicine	12.25	12.25	\$791.75	\$791.75
93531 TC	Medicine	36.75	36.75	\$2,375.26	\$2,375.26
93532 00	Medicine	61.16	61.16	\$3,952.95	\$3,952.95
93532 26	Medicine	15.29	15.29	\$988.24	\$988.24
93532 TC	Medicine	45.87	45.87	\$2,964.72	\$2,964.72
93533 00	Medicine	51.20	51.20	\$3,309.21	\$3,309.21
93533 26	Medicine	10.24	10.24	\$661.84	\$661.84
93533 TC	Medicine	40.96	40.96	\$2,647.37	\$2,647.37
93561 00	Medicine	2.43	2.43	\$157.06	\$157.06
93561 26	Medicine	1.31	1.31	\$84.67	\$84.67
93561 TC	Medicine	1.12	1.12	\$72.39	\$72.39
93562 00	Medicine	2.79	2.79	\$180.33	\$180.33
93562 26	Medicine	1.06	1.06	\$68.51	\$68.51
93562 TC	Medicine	1.73	1.73	\$111.82	\$111.82
93563 00	Medicine	1.67	1.67	\$107.94	\$107.94
93564 00	Medicine	1.78	1.78	\$115.05	\$115.05
93565 00	Medicine	1.29	1.29	\$83.38	\$83.38
93566 00	Medicine	4.18	1.34	\$270.17	\$154.76
93567 00	Medicine	3.55	1.53	\$229.45	\$126.86
93568 00	Medicine	3.84	1.37	\$248.19	\$138.39
93571 00	Medicine	6.06	6.06	\$391.68	\$391.68

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93571 26	Medicine	2.12	2.12	\$137.02	\$137.02
93571 TC	Medicine	3.94	3.94	\$254.65	\$254.65
93572 00	Medicine	3.26	3.26	\$228.75	\$228.75
93572 26	Medicine	1.53	1.53	\$98.89	\$98.89
93572 TC	Medicine	1.73	1.73	\$159.63	\$159.63
93580 00	Medicine	28.28	28.28	\$1,827.82	\$1,827.82
93581 00	Medicine	38.53	38.53	\$2,490.31	\$2,490.31
93582 00	Medicine	19.29	19.29	\$1,246.77	\$1,246.77
93583 00	Medicine	21.56	21.56	\$1,393.49	\$1,393.49
93590 00	Medicine	31.23	31.23	\$2,018.49	\$2,018.49
93591 00	Medicine	25.89	25.89	\$1,673.35	\$1,673.35
93592 00	Medicine	11.38	11.38	\$735.52	\$735.52
93600 00	Medicine	5.76	5.76	\$372.29	\$372.29
93600 26	Medicine	3.45	3.45	\$222.98	\$222.98
93600 TC	Medicine	2.31	2.31	\$149.30	\$149.30
93602 00	Medicine	4.69	4.69	\$303.13	\$303.13
93602 26	Medicine	3.38	3.38	\$218.46	\$218.46
93602 TC	Medicine	1.31	1.31	\$84.67	\$84.67
93603 00	Medicine	5.37	5.37	\$347.08	\$347.08
93603 26	Medicine	3.38	3.38	\$218.46	\$218.46
93603 TC	Medicine	1.99	1.99	\$128.62	\$128.62
93609 00	Medicine	11.18	11.18	\$722.60	\$722.60
93609 26	Medicine	8.05	8.05	\$520.30	\$520.30
93609 TC	Medicine	3.13	3.13	\$352.59	\$352.59
93610 00	Medicine	6.32	6.32	\$408.48	\$408.48
93610 26	Medicine	4.74	4.74	\$306.36	\$306.36
93610 TC	Medicine	1.58	1.58	\$110.53	\$110.53
93612 00	Medicine	6.51	6.51	\$420.76	\$420.76
93612 26	Medicine	4.69	4.69	\$303.13	\$303.13
93612 TC	Medicine	1.82	1.82	\$120.80	\$120.80
93613 00	Medicine	8.63	8.63	\$557.78	\$557.78
93613 26	Medicine	6.21	6.20	\$406.00	\$406.00
93613 TC	Medicine	2.42	2.43	\$156.41	\$157.06
93615 00	Medicine	1.38	1.38	\$89.19	\$89.19
93615 26	Medicine	1.09	1.09	\$70.45	\$70.45
93615 TC	Medicine	0.29	0.29	\$28.64	\$28.64
93616 00	Medicine	2.29	2.29	\$148.01	\$148.01
93616 26	Medicine	1.72	1.72	\$111.17	\$111.17
93616 TC	Medicine	0.57	0.57	\$57.45	\$57.45
93618 00	Medicine	10.65	10.65	\$688.34	\$688.34

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93618 26	Medicine	6.39	6.39	\$413.00	\$413.00
93618 TC	Medicine	4.26	4.26	\$288.63	\$288.63
93619 00	Medicine	19.88	19.88	\$1,284.90	\$1,284.90
93619 26	Medicine	11.33	11.33	\$732.29	\$732.29
93619 TC	Medicine	8.55	8.55	\$552.61	\$552.61
93620 00	Medicine	24.21	24.21	\$1,564.77	\$1,564.77
93620 26	Medicine	18.16	18.16	\$1,173.74	\$1,173.74
93620 TC	Medicine	6.05	6.05	\$479.05	\$479.05
93621 00	Medicine	4.53	4.53	\$1,378.85	\$1,378.85
93621 26	Medicine	3.40	3.40	\$885.72	\$885.72
93621 TC	Medicine	1.13	1.13	\$493.14	\$493.14
93622 00	Medicine	6.64	6.64	\$1,378.85	\$1,378.85
93622 26	Medicine	4.98	4.98	\$885.72	\$885.72
93622 TC	Medicine	1.66	1.66	\$493.14	\$493.14
93623 00	Medicine	6.12	6.12	\$395.55	\$395.55
93623 26	Medicine	4.59	4.59	\$296.67	\$296.67
93623 TC	Medicine	1.53	1.53	\$98.89	\$98.89
93624 00	Medicine	8.92	8.92	\$576.53	\$576.53
93624 26	Medicine	6.96	6.96	\$449.85	\$449.85
93624 TC	Medicine	1.96	1.96	\$126.68	\$126.68
93631 00	Medicine	15.25	15.25	\$985.65	\$985.65
93631 26	Medicine	11.44	11.44	\$739.40	\$739.40
93631 TC	Medicine	3.81	3.81	\$282.30	\$282.30
93640 00	Medicine	12.93	12.93	\$835.70	\$835.70
93640 26	Medicine	5.17	5.17	\$334.15	\$334.15
93640 TC	Medicine	7.76	7.76	\$501.55	\$501.55
93641 00	Medicine	17.08	17.08	\$1,103.93	\$1,103.93
93641 26	Medicine	9.05	9.05	\$584.93	\$584.93
93641 TC	Medicine	8.03	8.03	\$519.00	\$519.00
93642 00	Medicine	9.71	9.71	\$645.50	\$645.50
93642 26	Medicine	7.40	7.40	\$478.28	\$478.28
93642 TC	Medicine	2.31	2.31	\$314.86	\$314.86
93644 00	Medicine	5.63	5.63	\$363.88	\$363.88
93644 26	Medicine	4.17	4.17	\$269.52	\$269.52
93644 TC	Medicine	1.46	1.46	\$94.36	\$94.36
93650 00	Medicine	17.17	17.17	\$1,109.75	\$1,109.75
93653 00	Medicine	24.29	24.29	\$1,569.94	\$1,569.94
93654 00	Medicine	32.53	32.53	\$2,102.51	\$2,102.51
93655 00	Medicine	12.39	12.39	\$800.80	\$800.80
93656 00	Medicine	32.62	32.62	\$2,108.33	\$2,108.33

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93657 00	Medicine	12.38	12.38	\$800.16	\$800.16
93660 00	Medicine	4.50	4.50	\$290.85	\$290.85
93660 26	Medicine	2.67	2.67	\$172.57	\$172.57
93660 TC	Medicine	1.83	1.83	\$129.94	\$129.94
93662 00	Medicine	5.44	5.44	\$351.60	\$351.60
93662 26	Medicine	4.08	4.08	\$263.70	\$263.70
93662 TC	Medicine	1.36	1.36	\$111.15	\$111.15
93668 00	Medicine	0.44	0.44	\$28.44	\$28.44
93668 26	Medicine	0.00	0.00	\$-	\$-
93668 TC	Medicine	0.44	0.44	\$28.44	\$28.44
93701 00	Medicine	0.74	0.74	\$47.83	\$47.83
93701 26	Medicine	0.20	0.20	\$12.93	\$12.93
93701 TC	Medicine	0.54	0.54	\$34.90	\$34.90
93702 00	Medicine	3.90	3.90	\$252.07	\$252.07
93724 00	Medicine	8.04	8.04	\$519.65	\$519.65
93724 26	Medicine	6.96	6.96	\$449.85	\$449.85
93724 TC	Medicine	1.08	1.08	\$145.84	\$145.84
93740 00	Medicine	0.23	0.23	\$52.79	\$52.79
93740 26	Medicine	0.19	0.19	\$33.60	\$33.60
93740 TC	Medicine	0.04	0.04	\$19.19	\$19.19
93745 00	Medicine	2.83	2.83	\$182.91	\$182.91
93745 26	Medicine	1.84	1.84	\$118.92	\$118.92
93745 TC	Medicine	0.99	0.99	\$63.99	\$63.99
93750 00	Medicine	1.64	1.38	\$106.00	\$89.19
93770 00	Medicine	0.23	0.23	\$15.07	\$15.07
93770 26	Medicine	0.21	0.21	\$13.57	\$13.57
93770 TC	Medicine	0.02	0.02	\$4.13	\$4.13
93784 00	Medicine	1.31	1.31	\$153.14	\$153.14
93786 00	Medicine	0.64	0.64	\$41.37	\$41.37
93786 26	Medicine	0.00	0.00	\$-	\$-
93786 TC	Medicine	0.64	0.64	\$41.37	\$41.37
93788 00	Medicine	0.14	0.14	\$49.50	\$49.50
93788 26	Medicine	0.00	0.00	\$-	\$-
93788 TC	Medicine	0.14	0.14	\$49.50	\$49.50
93790 00	Medicine	0.53	0.53	\$61.26	\$61.26
93792 00	Medicine	1.84	1.84	\$118.92	\$118.92
93793 00	Medicine	0.33	0.33	\$21.33	\$21.33
93797 00	Medicine	0.46	0.25	\$29.73	\$28.74
93798 00	Medicine	0.72	0.40	\$46.54	\$31.50
93799 00	Medicine	0.00	0.00	\$-	\$-

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93799 26	Medicine	0.00	0.00	\$-	\$-
93799 TC	Medicine	0.00	0.00	\$-	\$-
93880 00	Medicine	5.64	5.64	\$364.53	\$364.53
93880 26	Medicine	1.13	1.13	\$73.04	\$73.04
93880 TC	Medicine	4.51	4.51	\$291.49	\$291.49
93882 00	Medicine	3.64	3.64	\$235.26	\$235.26
93882 26	Medicine	0.72	0.72	\$46.54	\$46.54
93882 TC	Medicine	2.92	2.92	\$188.73	\$188.73
93886 00	Medicine	7.70	7.70	\$497.67	\$497.67
93886 26	Medicine	1.35	1.35	\$87.25	\$87.25
93886 TC	Medicine	6.35	6.35	\$410.42	\$410.42
93888 00	Medicine	4.59	4.59	\$296.67	\$296.67
93888 26	Medicine	0.75	0.75	\$48.47	\$48.47
93888 TC	Medicine	3.84	3.84	\$248.19	\$248.19
93890 00	Medicine	7.82	7.82	\$505.43	\$505.43
93890 26	Medicine	1.47	1.47	\$95.01	\$95.01
93890 TC	Medicine	6.35	6.35	\$410.42	\$410.42
93892 00	Medicine	8.81	8.81	\$569.42	\$569.42
93892 26	Medicine	1.71	1.71	\$110.52	\$110.52
93892 TC	Medicine	7.10	7.10	\$458.89	\$458.89
93893 00	Medicine	10.10	10.10	\$652.79	\$652.79
93893 26	Medicine	1.71	1.71	\$110.52	\$110.52
93893 TC	Medicine	8.39	8.39	\$542.27	\$542.27
93895 00	Medicine	0.00	0.00	\$7.48	\$7.48
93895 26	Medicine	0.00	0.00	\$-	\$-
93895 TC	Medicine	0.00	0.00	\$-	\$-
93922 00	Medicine	2.40	2.40	\$155.12	\$155.12
93922 26	Medicine	0.36	0.36	\$40.25	\$40.25
93922 TC	Medicine	2.04	2.04	\$131.85	\$131.85
93923 00	Medicine	3.74	3.74	\$241.73	\$241.73
93923 26	Medicine	0.63	0.63	\$61.23	\$61.23
93923 TC	Medicine	3.11	3.11	\$201.01	\$201.01
93924 00	Medicine	4.62	4.62	\$298.60	\$298.60
93924 26	Medicine	0.70	0.70	\$65.09	\$65.09
93924 TC	Medicine	3.92	3.92	\$253.36	\$253.36
93925 00	Medicine	7.17	7.17	\$463.42	\$463.42
93925 26	Medicine	1.11	1.11	\$71.74	\$71.74
93925 TC	Medicine	6.06	6.06	\$391.68	\$391.68
93926 00	Medicine	4.24	4.24	\$274.04	\$274.04
93926 26	Medicine	0.69	0.69	\$44.60	\$44.60

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93926 TC	Medicine	3.55	3.55	\$229.45	\$229.45
93930 00	Medicine	5.83	5.83	\$376.81	\$376.81
93930 26	Medicine	1.14	1.14	\$73.68	\$73.68
93930 TC	Medicine	4.69	4.69	\$303.13	\$303.13
93931 00	Medicine	3.64	3.64	\$235.26	\$235.26
93931 26	Medicine	0.70	0.70	\$45.24	\$45.24
93931 TC	Medicine	2.94	2.94	\$190.02	\$190.02
93970 00	Medicine	5.51	5.51	\$356.13	\$356.13
93970 26	Medicine	0.98	0.98	\$63.34	\$63.34
93970 TC	Medicine	4.53	4.53	\$292.79	\$292.79
93971 00	Medicine	3.44	3.44	\$222.34	\$222.34
93971 26	Medicine	0.63	0.63	\$40.72	\$40.72
93971 TC	Medicine	2.81	2.81	\$181.62	\$181.62
93975 00	Medicine	7.83	7.83	\$506.08	\$506.08
93975 26	Medicine	1.63	1.63	\$105.35	\$105.35
93975 TC	Medicine	6.20	6.20	\$400.72	\$400.72
93976 00	Medicine	4.64	4.64	\$299.90	\$299.90
93976 26	Medicine	1.13	1.13	\$73.04	\$73.04
93976 TC	Medicine	3.51	3.51	\$226.86	\$226.86
93978 00	Medicine	5.32	5.32	\$343.85	\$343.85
93978 26	Medicine	1.12	1.12	\$72.39	\$72.39
93978 TC	Medicine	4.20	4.20	\$271.46	\$271.46
93979 00	Medicine	3.42	3.42	\$221.04	\$221.04
93979 26	Medicine	0.70	0.70	\$45.24	\$45.24
93979 TC	Medicine	2.72	2.72	\$175.80	\$175.80
93980 00	Medicine	3.46	3.46	\$223.63	\$223.63
93980 26	Medicine	1.75	1.75	\$113.11	\$113.11
93980 TC	Medicine	1.71	1.71	\$110.52	\$110.52
93981 00	Medicine	2.08	2.08	\$137.59	\$137.59
93981 26	Medicine	0.61	0.61	\$45.14	\$45.14
93981 TC	Medicine	1.47	1.47	\$95.01	\$95.01
93985 00	Medicine	7.53	7.53	\$486.69	\$486.69
93985 26	Medicine	1.10	1.10	\$71.10	\$71.10
93985 TC	Medicine	6.43	6.43	\$415.59	\$415.59
93986 00	Medicine	4.37	4.37	\$282.45	\$282.45
93986 26	Medicine	0.71	0.71	\$45.89	\$45.89
93986 TC	Medicine	3.66	3.66	\$236.56	\$236.56
93990 00	Medicine	4.39	4.39	\$283.74	\$283.74
93990 26	Medicine	0.71	0.71	\$45.89	\$45.89
93990 TC	Medicine	3.68	3.68	\$237.85	\$237.85

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
93998 00	Medicine	0.00	0.00	\$-	\$-
94002 00	Medicine	2.63	2.63	\$169.98	\$169.98
94003 00	Medicine	1.90	1.90	\$122.80	\$122.80
94004 00	Medicine	1.41	1.41	\$91.13	\$91.13
94005 00	Medicine	2.63	2.63	\$169.98	\$169.98
94010 00	Medicine	1.00	1.00	\$64.63	\$64.63
94010 26	Medicine	0.24	0.24	\$20.93	\$20.93
94010 TC	Medicine	0.76	0.76	\$49.12	\$49.12
94011 00	Medicine	2.46	2.46	\$159.00	\$159.00
94012 00	Medicine	4.01	4.01	\$259.18	\$259.18
94013 00	Medicine	0.55	0.55	\$35.55	\$35.55
94014 00	Medicine	1.58	1.58	\$102.12	\$102.12
94014 26	Medicine	0.63	0.63	\$40.72	\$40.72
94014 TC	Medicine	0.95	0.95	\$61.40	\$61.40
94015 00	Medicine	0.86	0.86	\$55.58	\$55.58
94015 26	Medicine	0.00	0.00	\$-	\$-
94015 TC	Medicine	0.86	0.86	\$55.58	\$55.58
94016 00	Medicine	0.72	0.72	\$46.54	\$46.54
94060 00	Medicine	1.67	1.67	\$107.94	\$107.94
94060 26	Medicine	0.37	0.37	\$26.00	\$26.00
94060 TC	Medicine	1.30	1.30	\$84.02	\$84.02
94070 00	Medicine	1.67	1.67	\$117.85	\$117.85
94070 26	Medicine	0.81	0.81	\$52.35	\$52.35
94070 TC	Medicine	0.86	0.86	\$91.56	\$91.56
94150 00	Medicine	0.71	0.71	\$45.89	\$45.89
94150 26	Medicine	0.11	0.11	\$7.11	\$7.11
94150 TC	Medicine	0.60	0.60	\$38.78	\$38.78
94200 00	Medicine	0.63	0.63	\$40.72	\$40.72
94200 26	Medicine	0.13	0.13	\$11.05	\$11.05
94200 TC	Medicine	0.50	0.50	\$32.32	\$32.32
94250 00	Medicine	0.77	0.77	\$49.77	\$49.77
94250 26	Medicine	0.16	0.16	\$10.34	\$10.34
94250 TC	Medicine	0.61	0.61	\$39.43	\$39.43
94375 00	Medicine	1.10	1.10	\$71.10	\$71.10
94375 26	Medicine	0.42	0.42	\$27.15	\$27.15
94375 TC	Medicine	0.68	0.68	\$43.95	\$43.95
94400 00	Medicine	1.59	1.59	\$102.77	\$102.77
94400 26	Medicine	0.55	0.55	\$38.28	\$38.28
94400 TC	Medicine	1.04	1.04	\$67.22	\$67.22
94450 00	Medicine	1.88	1.88	\$121.51	\$121.51

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
94450 26	Medicine	0.54	0.54	\$34.90	\$34.90
94450 TC	Medicine	1.34	1.34	\$86.61	\$86.61
94452 00	Medicine	1.48	1.48	\$95.66	\$95.66
94452 26	Medicine	0.41	0.41	\$26.50	\$26.50
94452 TC	Medicine	1.07	1.07	\$69.16	\$69.16
94453 00	Medicine	2.03	2.03	\$131.21	\$131.21
94453 26	Medicine	0.54	0.54	\$34.90	\$34.90
94453 TC	Medicine	1.49	1.49	\$96.30	\$96.30
94610 00	Medicine	1.59	1.59	\$102.77	\$102.77
94617 00	Medicine	2.58	2.58	\$166.75	\$166.75
94617 26	Medicine	0.95	0.95	\$61.40	\$61.40
94617 TC	Medicine	1.63	1.63	\$105.35	\$105.35
94618 00	Medicine	0.95	0.95	\$61.40	\$61.40
94618 26	Medicine	0.65	0.65	\$42.01	\$42.01
94618 TC	Medicine	0.30	0.30	\$19.39	\$19.39
94621 00	Medicine	4.50	4.50	\$290.85	\$290.85
94621 26	Medicine	1.99	1.99	\$128.62	\$128.62
94621 TC	Medicine	2.51	2.51	\$162.23	\$162.23
94640 00	Medicine	0.50	0.50	\$32.32	\$32.32
94642 00	Medicine	1.25	1.25	\$80.79	\$80.79
94644 00	Medicine	1.51	1.51	\$97.60	\$97.60
94645 00	Medicine	0.47	0.47	\$30.38	\$30.38
94660 00	Medicine	1.81	1.09	\$116.99	\$70.45
94662 00	Medicine	1.03	1.03	\$66.57	\$66.57
94664 00	Medicine	0.47	0.47	\$30.38	\$30.38
94667 00	Medicine	0.70	0.70	\$45.24	\$45.24
94668 00	Medicine	0.81	0.81	\$52.35	\$52.35
94669 00	Medicine	0.83	0.83	\$53.65	\$53.65
94680 00	Medicine	1.51	1.51	\$97.60	\$97.60
94680 26	Medicine	0.36	0.36	\$27.35	\$27.35
94680 TC	Medicine	1.15	1.15	\$74.33	\$74.33
94681 00	Medicine	1.49	1.49	\$166.41	\$166.41
94681 26	Medicine	0.29	0.29	\$40.63	\$40.63
94681 TC	Medicine	1.20	1.20	\$125.78	\$125.78
94690 00	Medicine	1.43	1.43	\$96.68	\$96.68
94690 26	Medicine	0.11	0.11	\$20.59	\$20.59
94690 TC	Medicine	1.32	1.32	\$85.32	\$85.32
94726 00	Medicine	1.51	1.51	\$97.60	\$97.60
94726 26	Medicine	0.35	0.35	\$22.62	\$22.62
94726 TC	Medicine	1.16	1.16	\$74.97	\$74.97

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
94727 00	Medicine	1.23	1.23	\$79.50	\$79.50
94727 26	Medicine	0.35	0.35	\$22.62	\$22.62
94727 TC	Medicine	0.88	0.88	\$56.88	\$56.88
94728 00	Medicine	1.15	1.15	\$74.33	\$74.33
94728 26	Medicine	0.36	0.36	\$23.27	\$23.27
94728 TC	Medicine	0.79	0.79	\$51.06	\$51.06
94729 00	Medicine	1.59	1.59	\$102.77	\$102.77
94729 26	Medicine	0.26	0.26	\$16.80	\$16.80
94729 TC	Medicine	1.33	1.33	\$85.96	\$85.96
94750 00	Medicine	2.48	2.48	\$160.29	\$160.29
94750 26	Medicine	0.31	0.31	\$22.88	\$22.88
94750 TC	Medicine	2.17	2.17	\$140.25	\$140.25
94760 00	Medicine	0.07	0.07	\$26.57	\$26.57
94760 26	Medicine	0.00	0.00	\$-	\$-
94760 TC	Medicine	0.07	0.07	\$26.57	\$26.57
94761 00	Medicine	0.11	0.11	\$31.25	\$31.25
94761 26	Medicine	0.00	0.00	\$-	\$-
94761 TC	Medicine	0.11	0.11	\$31.25	\$31.25
94762 00	Medicine	0.74	0.74	\$47.83	\$47.83
94762 26	Medicine	0.00	0.00	\$-	\$-
94762 TC	Medicine	0.74	0.74	\$47.83	\$47.83
94770 00	Medicine	0.21	0.21	\$34.70	\$34.70
94770 26	Medicine	0.04	0.04	\$13.70	\$13.70
94770 TC	Medicine	0.17	0.17	\$21.00	\$21.00
94772 00	Medicine	8.01	8.01	\$517.71	\$517.71
94772 26	Medicine	3.21	3.20	\$207.47	\$206.83
94772 TC	Medicine	4.80	4.81	\$310.24	\$310.88
94774 00	Medicine	8.27	8.27	\$534.51	\$534.51
94775 00	Medicine	1.31	1.31	\$84.67	\$84.67
94776 00	Medicine	6.20	6.20	\$400.72	\$400.72
94777 00	Medicine	0.78	0.78	\$50.41	\$50.41
94780 00	Medicine	1.43	0.68	\$92.43	\$43.95
94781 00	Medicine	0.56	0.24	\$36.19	\$15.51
94799 00	Medicine	0.00	0.00	\$-	\$-
94799 26	Medicine	0.00	0.00	\$-	\$-
94799 TC	Medicine	0.00	0.00	\$-	\$-
95004 00	Medicine	0.12	0.12	\$7.76	\$7.76
95012 00	Medicine	0.56	0.56	\$36.19	\$36.19
95017 00	Medicine	0.24	0.11	\$15.51	\$7.37
95018 00	Medicine	0.60	0.20	\$38.78	\$17.95

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95024 00	Medicine	0.23	0.03	\$14.87	\$7.01
95027 00	Medicine	0.14	0.14	\$9.38	\$9.38
95028 00	Medicine	0.36	0.36	\$23.27	\$23.27
95044 00	Medicine	0.15	0.15	\$9.69	\$9.69
95052 00	Medicine	0.18	0.18	\$11.63	\$11.63
95056 00	Medicine	1.31	1.31	\$84.67	\$84.67
95060 00	Medicine	0.99	0.99	\$63.99	\$63.99
95065 00	Medicine	0.73	0.73	\$47.18	\$47.18
95070 00	Medicine	0.93	0.93	\$78.89	\$78.89
95071 00	Medicine	1.06	1.06	\$92.53	\$92.53
95076 00	Medicine	3.37	2.13	\$217.81	\$137.67
95079 00	Medicine	2.40	1.96	\$155.12	\$126.68
95115 00	Medicine	0.26	0.26	\$16.80	\$16.80
95117 00	Medicine	0.30	0.30	\$19.39	\$19.39
95120 00	Medicine	0.31	0.31	\$20.04	\$20.04
95125 00	Medicine	0.37	0.37	\$23.91	\$23.91
95130 00	Medicine	0.53	0.53	\$34.26	\$34.26
95131 00	Medicine	0.68	0.68	\$43.95	\$43.95
95132 00	Medicine	0.81	0.81	\$52.35	\$52.35
95133 00	Medicine	0.99	0.99	\$63.99	\$63.99
95134 00	Medicine	1.18	1.18	\$76.27	\$76.27
95144 00	Medicine	0.42	0.09	\$27.15	\$11.06
95145 00	Medicine	0.87	0.09	\$56.23	\$20.24
95146 00	Medicine	1.60	0.09	\$103.41	\$32.23
95147 00	Medicine	1.61	0.09	\$104.06	\$31.60
95148 00	Medicine	2.35	0.09	\$151.89	\$47.16
95149 00	Medicine	3.12	0.09	\$201.65	\$55.76
95165 00	Medicine	0.41	0.09	\$26.50	\$11.37
95170 00	Medicine	0.31	0.09	\$20.04	\$9.05
95180 00	Medicine	3.87	2.95	\$250.13	\$190.67
95199 00	Medicine	0.00	0.00	\$-	\$-
95249 00	Medicine	1.54	1.54	\$99.53	\$99.53
95250 00	Medicine	4.23	4.23	\$273.40	\$273.40
95250 26	Medicine	0.00	0.00	\$-	\$-
95250 TC	Medicine	4.23	4.23	\$273.40	\$273.40
95251 00	Medicine	1.02	1.02	\$65.93	\$65.93
95700 00	Medicine	0.00	0.00	\$-	\$-
95705 00	Medicine	0.00	0.00	\$-	\$-
95706 00	Medicine	0.00	0.00	\$-	\$-
95707 00	Medicine	0.00	0.00	\$-	\$-

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95708 00	Medicine	0.00	0.00	\$-	\$-
95709 00	Medicine	0.00	0.00	\$-	\$-
95710 00	Medicine	0.00	0.00	\$-	\$-
95711 00	Medicine	0.00	0.00	\$-	\$-
95712 00	Medicine	0.00	0.00	\$-	\$-
95713 00	Medicine	0.00	0.00	\$-	\$-
95714 00	Medicine	0.00	0.00	\$-	\$-
95715 00	Medicine	0.00	0.00	\$-	\$-
95716 00	Medicine	0.00	0.00	\$-	\$-
95717 00	Medicine	2.94	2.90	\$190.02	\$187.44
95718 00	Medicine	3.87	3.81	\$250.13	\$246.25
95719 00	Medicine	4.55	4.50	\$294.08	\$290.85
95720 00	Medicine	5.99	5.90	\$387.15	\$381.33
95721 00	Medicine	6.04	5.92	\$390.38	\$382.63
95722 00	Medicine	7.33	7.20	\$473.76	\$465.36
95723 00	Medicine	7.49	7.33	\$484.10	\$473.76
95724 00	Medicine	9.36	9.18	\$604.96	\$593.33
95725 00	Medicine	8.55	8.34	\$552.61	\$539.04
95726 00	Medicine	11.83	11.60	\$764.61	\$749.74
95782 00	Medicine	25.49	25.49	\$1,647.50	\$1,647.50
95782 26	Medicine	3.59	3.59	\$232.03	\$232.03
95782 TC	Medicine	21.90	21.90	\$1,415.46	\$1,415.46
95783 00	Medicine	27.10	27.10	\$1,751.55	\$1,751.55
95783 26	Medicine	3.90	3.90	\$252.07	\$252.07
95783 TC	Medicine	23.20	23.20	\$1,499.49	\$1,499.49
95800 00	Medicine	4.68	4.68	\$887.70	\$887.70
95800 26	Medicine	1.18	1.18	\$76.27	\$76.27
95800 TC	Medicine	3.50	3.50	\$829.64	\$829.64
95801 00	Medicine	2.52	2.52	\$1,442.64	\$1,442.64
95801 26	Medicine	1.18	1.18	\$76.27	\$76.27
95801 TC	Medicine	1.34	1.34	\$1,393.40	\$1,393.40
95803 00	Medicine	4.22	4.22	\$272.75	\$272.75
95803 26	Medicine	1.27	1.27	\$82.08	\$82.08
95803 TC	Medicine	2.95	2.95	\$190.67	\$190.67
95805 00	Medicine	11.71	11.71	\$756.85	\$756.85
95805 26	Medicine	1.68	1.68	\$108.58	\$108.58
95805 TC	Medicine	10.03	10.03	\$648.27	\$648.27
95806 00	Medicine	3.30	3.30	\$281.46	\$281.46
95806 26	Medicine	1.28	1.28	\$124.95	\$124.95
95806 TC	Medicine	2.02	2.02	\$156.51	\$156.51

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ARIZONA PHYSICIANS' FEE SCHEDULE  
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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95807 00	Medicine	11.49	11.49	\$742.63	\$742.63
95807 26	Medicine	1.75	1.75	\$113.11	\$113.11
95807 TC	Medicine	9.74	9.74	\$629.53	\$629.53
95808 00	Medicine	18.42	18.42	\$1,190.54	\$1,190.54
95808 26	Medicine	2.49	2.49	\$160.94	\$160.94
95808 TC	Medicine	15.93	15.93	\$1,029.60	\$1,029.60
95810 00	Medicine	17.21	17.21	\$1,112.33	\$1,112.33
95810 26	Medicine	3.45	3.45	\$222.98	\$222.98
95810 TC	Medicine	13.76	13.76	\$889.35	\$889.35
95811 00	Medicine	17.98	17.98	\$1,162.10	\$1,162.10
95811 26	Medicine	3.58	3.58	\$231.39	\$231.39
95811 TC	Medicine	14.40	14.40	\$930.72	\$930.72
95812 00	Medicine	9.29	9.29	\$600.44	\$600.44
95812 26	Medicine	1.64	1.64	\$106.00	\$106.00
95812 TC	Medicine	7.65	7.65	\$494.44	\$494.44
95813 00	Medicine	11.55	11.55	\$746.51	\$746.51
95813 26	Medicine	2.49	2.49	\$160.94	\$160.94
95813 TC	Medicine	9.06	9.06	\$585.58	\$585.58
95816 00	Medicine	10.30	10.30	\$665.72	\$665.72
95816 26	Medicine	1.64	1.64	\$106.00	\$106.00
95816 TC	Medicine	8.66	8.66	\$559.72	\$559.72
95819 00	Medicine	12.23	12.23	\$790.46	\$790.46
95819 26	Medicine	1.65	1.65	\$106.64	\$106.64
95819 TC	Medicine	10.58	10.58	\$683.82	\$683.82
95822 00	Medicine	11.09	11.09	\$716.78	\$716.78
95822 26	Medicine	1.65	1.65	\$106.64	\$106.64
95822 TC	Medicine	9.44	9.44	\$610.14	\$610.14
95824 00	Medicine	2.87	2.87	\$185.50	\$185.50
95824 26	Medicine	1.12	1.12	\$72.39	\$72.39
95824 TC	Medicine	1.75	1.75	\$113.11	\$113.11
95829 00	Medicine	52.92	52.92	\$3,420.38	\$3,420.38
95829 26	Medicine	9.63	9.63	\$622.42	\$622.42
95829 TC	Medicine	43.29	43.29	\$2,797.96	\$2,797.96
95830 00	Medicine	14.23	2.65	\$919.73	\$218.75
95836 00	Medicine	3.19	3.19	\$206.18	\$206.18
95851 00	Medicine	0.62	0.23	\$40.07	\$19.73
95852 00	Medicine	0.54	0.17	\$34.90	\$22.32
95857 00	Medicine	1.57	0.86	\$101.47	\$55.58
95860 00	Medicine	3.40	3.40	\$219.75	\$219.75
95860 26	Medicine	1.49	1.49	\$96.30	\$96.30

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95860 TC	Medicine	1.91	1.91	\$123.45	\$123.45
95861 00	Medicine	4.87	4.87	\$314.76	\$314.76
95861 26	Medicine	2.36	2.36	\$152.53	\$152.53
95861 TC	Medicine	2.51	2.51	\$162.23	\$162.23
95863 00	Medicine	6.02	6.02	\$389.09	\$389.09
95863 26	Medicine	2.85	2.85	\$184.20	\$184.20
95863 TC	Medicine	3.17	3.17	\$204.89	\$204.89
95864 00	Medicine	7.07	7.07	\$456.96	\$456.96
95864 26	Medicine	3.04	3.04	\$196.48	\$196.48
95864 TC	Medicine	4.03	4.03	\$260.47	\$260.47
95865 00	Medicine	4.34	4.34	\$280.51	\$280.51
95865 26	Medicine	2.40	2.40	\$155.12	\$155.12
95865 TC	Medicine	1.94	1.94	\$125.39	\$125.39
95866 00	Medicine	3.83	3.83	\$247.54	\$247.54
95866 26	Medicine	1.91	1.91	\$123.45	\$123.45
95866 TC	Medicine	1.92	1.92	\$124.10	\$124.10
95867 00	Medicine	3.05	3.05	\$197.13	\$197.13
95867 26	Medicine	1.22	1.22	\$78.85	\$78.85
95867 TC	Medicine	1.83	1.83	\$118.28	\$118.28
95868 00	Medicine	4.00	4.00	\$258.53	\$258.53
95868 26	Medicine	1.80	1.80	\$116.34	\$116.34
95868 TC	Medicine	2.20	2.20	\$142.19	\$142.19
95869 00	Medicine	2.71	2.71	\$175.16	\$175.16
95869 26	Medicine	0.57	0.57	\$36.84	\$36.84
95869 TC	Medicine	2.14	2.14	\$138.31	\$138.31
95870 00	Medicine	2.56	2.56	\$165.46	\$165.46
95870 26	Medicine	0.57	0.57	\$36.84	\$36.84
95870 TC	Medicine	1.99	1.99	\$128.62	\$128.62
95872 00	Medicine	5.66	5.66	\$365.82	\$365.82
95872 26	Medicine	4.35	4.35	\$281.15	\$281.15
95872 TC	Medicine	1.31	1.31	\$84.67	\$84.67
95873 00	Medicine	2.17	2.17	\$140.25	\$140.25
95873 26	Medicine	0.57	0.57	\$36.84	\$36.84
95873 TC	Medicine	1.60	1.60	\$103.41	\$103.41
95874 00	Medicine	2.23	2.23	\$144.13	\$144.13
95874 26	Medicine	0.56	0.56	\$36.19	\$36.19
95874 TC	Medicine	1.67	1.67	\$107.94	\$107.94
95875 00	Medicine	3.78	3.78	\$244.31	\$244.31
95875 26	Medicine	1.68	1.68	\$108.58	\$108.58
95875 TC	Medicine	2.10	2.10	\$135.73	\$135.73

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95885 00	Medicine	1.77	1.77	\$114.40	\$114.40
95885 26	Medicine	0.53	0.53	\$34.26	\$34.26
95885 TC	Medicine	1.24	1.24	\$80.14	\$80.14
95886 00	Medicine	2.75	2.75	\$177.74	\$177.74
95886 26	Medicine	1.31	1.31	\$84.67	\$84.67
95886 TC	Medicine	1.44	1.44	\$93.07	\$93.07
95887 00	Medicine	2.40	2.40	\$155.12	\$155.12
95887 26	Medicine	1.08	1.08	\$69.80	\$69.80
95887 TC	Medicine	1.32	1.32	\$85.32	\$85.32
95905 00	Medicine	1.53	1.53	\$98.89	\$98.89
95905 26	Medicine	0.08	0.08	\$5.17	\$5.17
95905 TC	Medicine	1.45	1.45	\$93.72	\$93.72
95907 00	Medicine	2.71	2.71	\$175.16	\$175.16
95907 26	Medicine	1.54	1.54	\$99.53	\$99.53
95907 TC	Medicine	1.17	1.17	\$75.62	\$75.62
95908 00	Medicine	3.44	3.44	\$222.34	\$222.34
95908 26	Medicine	1.92	1.92	\$124.10	\$124.10
95908 TC	Medicine	1.52	1.52	\$98.24	\$98.24
95909 00	Medicine	4.12	4.12	\$266.29	\$266.29
95909 26	Medicine	2.30	2.30	\$148.66	\$148.66
95909 TC	Medicine	1.82	1.82	\$117.63	\$117.63
95910 00	Medicine	5.42	5.42	\$350.31	\$350.31
95910 26	Medicine	3.08	3.08	\$199.07	\$199.07
95910 TC	Medicine	2.34	2.34	\$151.24	\$151.24
95911 00	Medicine	6.49	6.49	\$419.47	\$419.47
95911 26	Medicine	3.81	3.81	\$246.25	\$246.25
95911 TC	Medicine	2.68	2.68	\$173.22	\$173.22
95912 00	Medicine	7.43	7.43	\$480.22	\$480.22
95912 26	Medicine	4.54	4.54	\$293.43	\$293.43
95912 TC	Medicine	2.89	2.89	\$186.79	\$186.79
95913 00	Medicine	8.60	8.60	\$555.84	\$555.84
95913 26	Medicine	5.39	5.39	\$348.37	\$348.37
95913 TC	Medicine	3.21	3.21	\$207.47	\$207.47
95921 00	Medicine	2.43	2.43	\$157.06	\$157.06
95921 26	Medicine	1.29	1.29	\$83.38	\$83.38
95921 TC	Medicine	1.14	1.14	\$73.68	\$73.68
95922 00	Medicine	2.79	2.79	\$180.33	\$180.33
95922 26	Medicine	1.38	1.38	\$89.19	\$89.19
95922 TC	Medicine	1.41	1.41	\$91.13	\$91.13
95923 00	Medicine	3.64	3.64	\$235.26	\$235.26

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95923 26	Medicine	1.31	1.31	\$84.67	\$84.67
95923 TC	Medicine	2.33	2.33	\$150.59	\$150.59
95924 00	Medicine	4.26	4.26	\$275.34	\$275.34
95924 26	Medicine	2.51	2.51	\$162.23	\$162.23
95924 TC	Medicine	1.75	1.75	\$113.11	\$113.11
95925 00	Medicine	3.95	3.95	\$255.30	\$255.30
95925 26	Medicine	0.80	0.80	\$51.71	\$51.71
95925 TC	Medicine	3.15	3.15	\$203.59	\$203.59
95926 00	Medicine	3.76	3.76	\$243.02	\$243.02
95926 26	Medicine	0.78	0.78	\$50.41	\$50.41
95926 TC	Medicine	2.98	2.98	\$192.61	\$192.61
95927 00	Medicine	3.75	3.75	\$242.37	\$242.37
95927 26	Medicine	0.77	0.77	\$49.77	\$49.77
95927 TC	Medicine	2.98	2.98	\$192.61	\$192.61
95928 00	Medicine	6.38	6.38	\$412.36	\$412.36
95928 26	Medicine	2.28	2.28	\$147.36	\$147.36
95928 TC	Medicine	4.10	4.10	\$265.00	\$265.00
95929 00	Medicine	6.57	6.57	\$424.64	\$424.64
95929 26	Medicine	2.28	2.28	\$147.36	\$147.36
95929 TC	Medicine	4.29	4.29	\$277.28	\$277.28
95930 00	Medicine	1.88	1.88	\$138.69	\$138.69
95930 26	Medicine	0.53	0.53	\$34.26	\$34.26
95930 TC	Medicine	1.35	1.35	\$114.35	\$114.35
95933 00	Medicine	2.33	2.33	\$150.59	\$150.59
95933 26	Medicine	0.90	0.90	\$58.17	\$58.17
95933 TC	Medicine	1.43	1.43	\$92.43	\$92.43
95937 00	Medicine	2.66	2.66	\$171.92	\$171.92
95937 26	Medicine	0.99	0.99	\$63.99	\$63.99
95937 TC	Medicine	1.67	1.67	\$107.94	\$107.94
95938 00	Medicine	9.88	9.88	\$638.57	\$638.57
95938 26	Medicine	1.32	1.32	\$85.32	\$85.32
95938 TC	Medicine	8.56	8.56	\$553.26	\$553.26
95939 00	Medicine	14.84	14.84	\$959.15	\$959.15
95939 26	Medicine	3.41	3.41	\$220.40	\$220.40
95939 TC	Medicine	11.43	11.43	\$738.76	\$738.76
95940 00	Medicine	0.94	0.94	\$60.76	\$60.76
95941 00	Medicine	0.00	0.00	\$-	\$-
95943 00	Medicine	3.69	3.69	\$238.50	\$238.50
95943 26	Medicine	2.21	2.21	\$142.84	\$142.84
95943 TC	Medicine	1.48	1.48	\$95.66	\$95.66

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95954 00	Medicine	11.03	11.03	\$712.90	\$712.90
95954 26	Medicine	3.24	3.24	\$209.41	\$209.41
95954 TC	Medicine	7.79	7.79	\$503.49	\$503.49
95955 00	Medicine	5.94	5.94	\$383.92	\$383.92
95955 26	Medicine	1.54	1.54	\$99.53	\$99.53
95955 TC	Medicine	4.40	4.40	\$284.39	\$284.39
95957 00	Medicine	7.24	7.24	\$467.94	\$467.94
95957 26	Medicine	2.94	2.94	\$190.02	\$190.02
95957 TC	Medicine	4.30	4.30	\$277.92	\$277.92
95958 00	Medicine	16.49	16.49	\$1,065.80	\$1,065.80
95958 26	Medicine	6.49	6.49	\$419.47	\$419.47
95958 TC	Medicine	10.00	10.00	\$646.33	\$646.33
95961 00	Medicine	8.79	8.79	\$568.12	\$568.12
95961 26	Medicine	4.62	4.62	\$298.60	\$298.60
95961 TC	Medicine	4.17	4.17	\$269.52	\$269.52
95962 00	Medicine	7.44	7.44	\$480.87	\$480.87
95962 26	Medicine	4.93	4.93	\$318.64	\$318.64
95962 TC	Medicine	2.51	2.51	\$162.23	\$162.23
95965 00	Medicine	60.05	60.05	\$3,881.21	\$3,881.21
95965 26	Medicine	12.01	12.01	\$776.24	\$776.24
95965 TC	Medicine	48.04	48.04	\$3,104.97	\$3,104.97
95966 00	Medicine	30.45	30.45	\$1,968.08	\$1,968.08
95966 26	Medicine	6.09	6.09	\$393.62	\$393.62
95966 TC	Medicine	24.36	24.36	\$1,574.46	\$1,574.46
95967 00	Medicine	26.60	26.60	\$1,719.24	\$1,719.24
95967 26	Medicine	5.32	5.32	\$343.85	\$343.85
95967 TC	Medicine	21.28	21.28	\$1,375.39	\$1,375.39
95970 00	Medicine	0.55	0.54	\$49.47	\$49.47
95971 00	Medicine	1.44	1.17	\$93.07	\$75.62
95972 00	Medicine	1.62	1.19	\$104.71	\$78.12
95976 00	Medicine	1.18	1.16	\$76.27	\$74.97
95977 00	Medicine	1.54	1.52	\$99.53	\$98.24
95980 00	Medicine	1.32	1.32	\$85.32	\$85.32
95981 00	Medicine	1.01	0.51	\$65.28	\$32.96
95982 00	Medicine	1.61	1.06	\$104.06	\$68.51
95983 00	Medicine	1.46	1.44	\$94.36	\$93.07
95984 00	Medicine	1.29	1.27	\$83.38	\$82.08
95990 00	Medicine	2.55	2.55	\$164.81	\$164.81
95991 00	Medicine	3.24	1.16	\$209.41	\$98.56
95992 00	Medicine	1.27	1.08	\$82.08	\$69.80

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
95999 00	Medicine	0.00	0.00	\$-	\$-
96000 00	Medicine	2.67	2.67	\$172.57	\$172.57
96001 00	Medicine	3.16	3.16	\$204.24	\$204.24
96002 00	Medicine	0.63	0.63	\$40.72	\$40.72
96003 00	Medicine	0.49	0.49	\$31.67	\$31.67
96004 00	Medicine	3.24	3.24	\$209.41	\$209.41
96020 00	Medicine	0.00	0.00	\$-	\$-
96020 26	Medicine	4.65	4.65	\$300.54	\$300.54
96020 TC	Medicine	0.00	0.00	\$-	\$-
96040 00	Medicine	1.29	1.29	\$83.38	\$83.38
96105 00	Medicine	2.93	2.93	\$189.37	\$189.37
96110 00	Medicine	0.28	0.28	\$18.10	\$18.10
96112 00	Medicine	3.89	3.64	\$251.42	\$235.26
96113 00	Medicine	1.74	1.65	\$112.46	\$106.64
96116 00	Medicine	2.76	2.40	\$178.39	\$155.12
96121 00	Medicine	2.39	2.22	\$154.47	\$143.49
96125 00	Medicine	3.10	3.10	\$200.36	\$200.36
96127 00	Medicine	0.14	0.14	\$23.34	\$23.34
96130 00	Medicine	3.38	3.08	\$218.46	\$199.07
96131 00	Medicine	2.60	2.37	\$168.05	\$153.18
96132 00	Medicine	3.78	3.04	\$244.31	\$196.48
96133 00	Medicine	2.84	2.34	\$183.56	\$151.24
96136 00	Medicine	1.33	0.70	\$85.96	\$45.24
96137 00	Medicine	1.22	0.55	\$78.85	\$35.55
96138 00	Medicine	1.07	1.07	\$69.16	\$69.16
96139 00	Medicine	1.07	1.07	\$69.16	\$69.16
96146 00	Medicine	0.06	0.06	\$3.88	\$3.88
96156 00	Medicine	0.00	0.00	\$-	\$-
96158 00	Medicine	0.00	0.00	\$-	\$-
96159 00	Medicine	0.00	0.00	\$-	\$-
96160 00	Medicine	0.00	0.00	\$-	\$-
96161 00	Medicine	0.00	0.00	\$-	\$-
96164 00	Medicine	0.00	0.00	\$-	\$-
96165 00	Medicine	0.00	0.00	\$-	\$-
96167 00	Medicine	0.00	0.00	\$-	\$-
96168 00	Medicine	0.00	0.00	\$-	\$-
96170 00	Medicine	0.00	0.00	\$-	\$-
96171 00	Medicine	0.00	0.00	\$-	\$-
96360 00	Medicine	0.96	0.96	\$62.05	\$62.05
96361 00	Medicine	0.38	0.38	\$24.56	\$24.56

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
96365 00	Medicine	2.00	2.00	\$129.27	\$129.27
96366 00	Medicine	0.61	0.61	\$39.43	\$39.43
96367 00	Medicine	0.87	0.87	\$56.23	\$56.23
96368 00	Medicine	0.59	0.59	\$38.13	\$38.13
96369 00	Medicine	4.49	4.49	\$290.20	\$290.20
96370 00	Medicine	0.43	0.43	\$27.79	\$27.79
96371 00	Medicine	1.79	1.79	\$115.69	\$115.69
96372 00	Medicine	0.40	0.40	\$25.85	\$25.85
96373 00	Medicine	0.52	0.52	\$33.61	\$33.61
96374 00	Medicine	1.11	1.11	\$71.74	\$71.74
96375 00	Medicine	0.46	0.46	\$29.73	\$29.73
96376 00	Medicine	0.28	0.28	\$18.10	\$18.10
96377 00	Medicine	0.56	0.56	\$36.19	\$36.19
96379 00	Medicine	0.00	0.00	\$-	\$-
96401 00	Medicine	2.22	2.22	\$143.49	\$143.49
96402 00	Medicine	0.89	0.89	\$57.52	\$57.52
96405 00	Medicine	2.35	0.84	\$151.89	\$73.02
96406 00	Medicine	3.61	1.31	\$233.33	\$106.03
96409 00	Medicine	3.05	3.05	\$197.13	\$197.13
96411 00	Medicine	1.66	1.66	\$107.29	\$107.29
96413 00	Medicine	3.95	3.95	\$255.30	\$255.30
96415 00	Medicine	0.85	0.85	\$54.94	\$54.94
96416 00	Medicine	3.95	3.95	\$255.30	\$255.30
96417 00	Medicine	1.92	1.92	\$124.10	\$124.10
96420 00	Medicine	2.93	2.93	\$189.37	\$189.37
96422 00	Medicine	4.81	4.81	\$310.88	\$310.88
96423 00	Medicine	2.23	2.23	\$144.13	\$144.13
96425 00	Medicine	5.10	5.10	\$329.63	\$329.63
96440 00	Medicine	25.24	3.57	\$1,631.34	\$606.04
96446 00	Medicine	5.68	0.73	\$367.12	\$178.14
96450 00	Medicine	5.08	2.26	\$328.34	\$166.83
96521 00	Medicine	4.13	4.13	\$266.93	\$266.93
96522 00	Medicine	3.45	3.45	\$222.98	\$222.98
96523 00	Medicine	0.78	0.78	\$50.41	\$50.41
96542 00	Medicine	3.72	1.21	\$240.43	\$106.96
96549 00	Medicine	0.01	0.01	\$0.65	\$0.65
96567 00	Medicine	3.77	3.77	\$243.67	\$243.67
96570 00	Medicine	1.63	1.63	\$105.35	\$105.35
96571 00	Medicine	0.75	0.75	\$48.47	\$48.47
96573 00	Medicine	6.03	6.03	\$389.74	\$389.74

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**MEDICINE CODES 2020-2021**

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
96574 00	Medicine	7.58	7.58	\$489.92	\$489.92
96900 00	Medicine	0.63	0.63	\$40.72	\$40.72
96902 00	Medicine	0.64	0.60	\$41.37	\$38.78
96904 00	Medicine	1.93	1.93	\$124.74	\$124.74
96910 00	Medicine	3.28	3.28	\$212.00	\$212.00
96912 00	Medicine	2.80	2.80	\$180.97	\$180.97
96913 00	Medicine	4.06	4.06	\$262.41	\$262.41
96920 00	Medicine	4.61	1.88	\$297.96	\$133.85
96921 00	Medicine	5.05	2.11	\$326.40	\$146.45
96922 00	Medicine	6.89	3.41	\$445.32	\$220.40
96931 00	Medicine	4.87	4.87	\$314.76	\$314.76
96932 00	Medicine	3.57	3.57	\$230.74	\$230.74
96933 00	Medicine	1.30	1.30	\$84.02	\$84.02
96934 00	Medicine	2.97	2.97	\$191.96	\$191.96
96935 00	Medicine	1.73	1.73	\$111.82	\$111.82
96936 00	Medicine	1.24	1.24	\$80.14	\$80.14
96999 00	Medicine	0.00	0.00	\$-	\$-

**Historical Note**

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**PHYSICAL MEDICINE GUIDELINES**

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

General requirements in reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section on PHYSICAL MEDICINE are defined or identified as follows:

- A. During the course of physical medicine treatments, only one evaluation and management billing is allowed per week, except that the following evaluations are allowed once every two calendar weeks: 97164, 97168, and 97172. Additional billing for evaluation and management procedures may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services.

IT IS IMPORTANT TO NOTE THAT THESE LIMITATIONS DO *NOT* APPLY TO REFERRING HEALTHCARE PROVIDERS OR TO HEALTHCARE PROVIDERS WHO TREAT PATIENTS ONCE PER MONTH.

- B. When multiple modalities (97010\* through 97039) are performed, the first modality is reported as listed. The second modality is identified by adding modifier “-51” to the code number. The second and each subsequent modality should be valued at 50% of its listed value.

100% - Full value for the first modality

50% - For the second and additional modalities

\*97010 is bundled in the payment when a separate Physical Therapy Service is performed.

Any more than 5 additional modalities or therapeutic procedures must have prior approval of the payer.

Example: During a visit, a patient receives the following care: therapeutic exercise (97110) for 45 minutes, mechanical traction (97012) for 15 minutes, electrical stimulation (97014) for 15 minutes and moist heat (97010) for 15 minutes. Under the multiple procedure rule, you would bill 100% of the total value for (97110) therapeutic exercise (\$56.23 x 3), 100% of the total value for (97012) mechanical traction (\$27.79 x 1) and 50% of the total value for (97014) electrical stimulation (\$26.50 x 50%) and 0% (zero percent) for moist heat (97010), for a total billing of \$209.73. Moist heat (97010) is paid at 0% (zero percent) because it is bundled with the physical therapy service (therapeutic exercise, 97110).

- C. Codes 97110 – 97150 and 97530 -97546 are not subject to the multiple procedure rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), excluding work hardening (97545/97546) and Functional Capacity Evaluation 97750), a maximum of 60 minutes is allowed each day. Approval must be obtained by the payer prior to performing therapeutic procedures in excess of 60 minutes.
- D. The values for codes in this section apply to provider's time, expertise and use of equipment. Medications and disposable electrodes used in these procedures should be considered supplies, code 99070, (see item 1, Guidelines for Medicine Section regarding billing for supplies).
- E. Time-Based Physical Medicine Services are billed according to guidance provided by the Centers for Medicare and Medicaid Services (CMS). When only one service is provided in a day, healthcare providers should not bill for services performed for less than 8 minutes. For any single timed service provided in a day measured in 15-minute units, healthcare providers bill a single 15-minute unit for treatment greater than or equal to 8 minutes through and including 22 minutes. Please refer to the following table which outlines the billing units for each time interval.

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service (as noted in the chart above) determines the number of timed units billed. If any 15-minute timed service that is performed for 7 minutes or less on the same day as another 15-minute timed service that was also performed for 7 minutes or less and the total time of the two is 8 minutes or greater, then the provider may bill one unit for the service performed for the most minutes. The same logic is applied when three or more different services are provided for 7 minutes or less than 7 minutes. See example below.

During a visit, a patient receives the following care: therapeutic exercise (97110) for 45 minutes, manual therapy (97140) for 5 minutes, and therapeutic activities (97530) for 7 minutes. The provider would bill 3 units of therapeutic exercise (97110) and 1 unit of therapeutic activities (97530). Since the total time spent on therapeutic activities and manual therapy is greater than 8 minutes (7 minutes + 5 minutes = 12 minutes), one unit should be billed. The unit billed is for therapeutic activities (97530) since the time spent on that time-based service is greater than the time spent on manual therapy (97140).

The expectation (based on the work values for these codes) is that a provider's direct patient contact time for each unit will average 15 minutes in length. The healthcare provider is also expected to include the duration (in minutes) for each time-based service in their documentation.

- F. A work hardening program is limited to 6 1/2 hours per day, not to exceed a 6-week period of time.
- G. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two weeks, it is at that time the healthcare provider should be required to address the success of the treatment protocol, i.e. improvements or lack of improvements regarding stamina, flexibility and strength.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessary detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools are straightforward. Modalities are utilized as a sub-element of the overall treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

#### Historical Note

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PHYSICAL MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97010 00	Physical Medicine	0.18	0.18	\$11.63	\$11.63
97012 00	Physical Medicine	0.43	0.43	\$27.79	\$27.79
97014 00	Physical Medicine	0.41	0.41	\$26.50	\$26.50
97016 00	Physical Medicine	0.35	0.35	\$22.62	\$22.62
97018 00	Physical Medicine	0.17	0.17	\$11.00	\$11.00
97022 00	Physical Medicine	0.51	0.51	\$32.96	\$32.96
97024 00	Physical Medicine	0.20	0.20	\$12.93	\$12.93
97026 00	Physical Medicine	0.18	0.18	\$11.63	\$11.63
97028 00	Physical Medicine	0.23	0.23	\$14.87	\$14.87
97032 00	Physical Medicine	0.42	0.42	\$27.15	\$27.15
97033 00	Physical Medicine	0.59	0.59	\$38.13	\$38.13
97034 00	Physical Medicine	0.43	0.43	\$27.79	\$27.79
97035 00	Physical Medicine	0.41	0.41	\$26.50	\$26.50
97036 00	Physical Medicine	1.00	1.00	\$64.63	\$64.63
97039 00	Physical Medicine	0.36	0.36	\$23.27	\$23.27
97110 00	Physical Medicine	0.87	0.87	\$56.23	\$56.23
97112 00	Physical Medicine	1.00	1.00	\$64.63	\$64.63
97113 00	Physical Medicine	1.10	1.10	\$71.10	\$71.10
97116 00	Physical Medicine	0.86	0.86	\$55.58	\$55.58
97124 00	Physical Medicine	0.83	0.83	\$53.65	\$53.65
97129 00	Physical Medicine	0.68	0.67	\$43.95	\$43.30
97130 00	Physical Medicine	0.65	0.65	\$42.01	\$42.01
97139 00	Physical Medicine	0.49	0.49	\$31.67	\$31.67
97140 00	Physical Medicine	0.80	0.80	\$51.71	\$51.71
97150 00	Physical Medicine	0.52	0.52	\$33.61	\$33.61
97151 00	Physical Medicine	0.00	0.00	\$-	\$-
97152 00	Physical Medicine	0.00	0.00	\$-	\$-
97153 00	Physical Medicine	0.00	0.00	\$-	\$-
97154 00	Physical Medicine	0.00	0.00	\$-	\$-
97155 00	Physical Medicine	0.00	0.00	\$-	\$-
97156 00	Physical Medicine	0.00	0.00	\$-	\$-
97157 00	Physical Medicine	0.00	0.00	\$-	\$-
97158 00	Physical Medicine	0.00	0.00	\$-	\$-
97161 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97162 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97163 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97164 00	Physical Medicine	1.67	1.67	\$107.94	\$107.94
97165 00	Physical Medicine	2.58	2.58	\$166.75	\$166.75
97166 00	Physical Medicine	2.57	2.57	\$166.11	\$166.11

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## ARIZONA PHYSICIANS' FEE SCHEDULE

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97167 00	Physical Medicine	2.57	2.57	\$166.11	\$166.11
97168 00	Physical Medicine	1.78	1.78	\$115.05	\$115.05
97169 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97170 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97171 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97172 00	Physical Medicine	0.77	0.77	\$49.77	\$49.77
97530 00	Physical Medicine	1.12	1.12	\$72.39	\$72.39
97533 00	Physical Medicine	1.47	1.47	\$95.01	\$95.01
97535 00	Physical Medicine	0.97	0.97	\$62.69	\$62.69
97537 00	Physical Medicine	0.93	0.93	\$60.11	\$60.11
97542 00	Physical Medicine	0.94	0.94	\$60.76	\$60.76
97545 00	Physical Medicine	4.63	4.63	\$299.25	\$299.25
97546 00	Physical Medicine	1.85	1.85	\$119.57	\$119.57
97597 00	Physical Medicine	2.74	1.05	\$177.09	\$67.86
97598 00	Physical Medicine	1.31	0.74	\$84.67	\$58.00
97602 00	Physical Medicine	2.35	2.35	\$151.89	\$151.89
97605 00	Physical Medicine	1.24	0.74	\$80.14	\$47.83
97606 00	Physical Medicine	1.46	0.80	\$94.36	\$51.71
97607 00	Physical Medicine	9.50	0.65	\$614.01	\$42.01
97608 00	Physical Medicine	9.53	0.73	\$615.95	\$47.18
97610 00	Physical Medicine	9.14	0.53	\$590.75	\$34.26
97750 00	Physical Medicine	0.99	0.99	\$63.99	\$63.99
97755 00	Physical Medicine	1.09	1.09	\$70.45	\$70.45
97760 00	Physical Medicine	1.40	1.40	\$90.49	\$90.49
97761 00	Physical Medicine	1.19	1.19	\$76.91	\$76.91
97763 00	Physical Medicine	1.50	1.50	\$96.95	\$96.95
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.06	0.96	\$68.51	\$62.05
97803 00	Physical Medicine	0.92	0.81	\$59.46	\$52.35
97804 00	Physical Medicine	0.48	0.45	\$31.02	\$29.08
97810 00	Physical Medicine	1.05	0.88	\$67.86	\$56.88
97811 00	Physical Medicine	0.80	0.74	\$51.71	\$47.83
97813 00	Physical Medicine	1.17	0.95	\$75.62	\$61.40
97814 00	Physical Medicine	0.96	0.81	\$62.05	\$52.35
98925 00	Physical Medicine	0.89	0.68	\$57.52	\$43.95
98926 00	Physical Medicine	1.29	1.03	\$83.38	\$66.57
98927 00	Physical Medicine	1.68	1.35	\$108.58	\$87.25
98928 00	Physical Medicine	2.05	1.69	\$132.50	\$109.23
98929 00	Physical Medicine	2.45	2.07	\$158.35	\$133.79

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## PHYSICAL MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
98940 00	Physical Medicine	0.80	0.64	\$51.71	\$41.37
98941 00	Physical Medicine	1.15	0.98	\$74.33	\$63.34
98942 00	Physical Medicine	1.50	1.33	\$96.95	\$85.96
98943 00	Physical Medicine	0.79	0.69	\$51.06	\$44.60
98960 00	Physical Medicine	0.77	0.77	\$49.77	\$49.77
98961 00	Physical Medicine	0.37	0.37	\$23.91	\$23.91
98962 00	Physical Medicine	0.27	0.27	\$17.45	\$17.45
98966 00	Physical Medicine	0.40	0.37	\$25.85	\$23.91
98967 00	Physical Medicine	0.78	0.74	\$50.41	\$47.83
98968 00	Physical Medicine	1.14	1.10	\$73.68	\$71.10
98970 00	Physical Medicine	0.34	0.34	\$21.98	\$21.98
98971 00	Physical Medicine	0.60	0.60	\$38.78	\$38.78
98972 00	Physical Medicine	0.94	0.93	\$60.76	\$60.11
97010 00	Physical Medicine	0.18	0.18	\$11.63	\$11.63
97012 00	Physical Medicine	0.43	0.43	\$27.79	\$27.79
97014 00	Physical Medicine	0.41	0.41	\$26.50	\$26.50
97016 00	Physical Medicine	0.35	0.35	\$22.62	\$22.62
97018 00	Physical Medicine	0.17	0.17	\$11.00	\$11.00
97022 00	Physical Medicine	0.51	0.51	\$32.96	\$32.96
97024 00	Physical Medicine	0.20	0.20	\$12.93	\$12.93
97026 00	Physical Medicine	0.18	0.18	\$11.63	\$11.63
97028 00	Physical Medicine	0.23	0.23	\$14.87	\$14.87
97032 00	Physical Medicine	0.42	0.42	\$27.15	\$27.15
97033 00	Physical Medicine	0.59	0.59	\$38.13	\$38.13
97034 00	Physical Medicine	0.43	0.43	\$27.79	\$27.79
97035 00	Physical Medicine	0.41	0.41	\$26.50	\$26.50
97036 00	Physical Medicine	1.00	1.00	\$64.63	\$64.63
97039 00	Physical Medicine	0.36	0.36	\$23.27	\$23.27
97110 00	Physical Medicine	0.87	0.87	\$56.23	\$56.23
97112 00	Physical Medicine	1.00	1.00	\$64.63	\$64.63
97113 00	Physical Medicine	1.10	1.10	\$71.10	\$71.10
97116 00	Physical Medicine	0.86	0.86	\$55.58	\$55.58
97124 00	Physical Medicine	0.83	0.83	\$53.65	\$53.65
97129 00	Physical Medicine	0.68	0.67	\$43.95	\$43.30
97130 00	Physical Medicine	0.65	0.65	\$42.01	\$42.01
97139 00	Physical Medicine	0.49	0.49	\$31.67	\$31.67
97140 00	Physical Medicine	0.80	0.80	\$51.71	\$51.71
97150 00	Physical Medicine	0.52	0.52	\$33.61	\$33.61
97151 00	Physical Medicine	0.00	0.00	\$-	\$-

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## PHYSICAL MEDICINE CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97152 00	Physical Medicine	0.00	0.00	\$-	\$-
97153 00	Physical Medicine	0.00	0.00	\$-	\$-
97154 00	Physical Medicine	0.00	0.00	\$-	\$-
97155 00	Physical Medicine	0.00	0.00	\$-	\$-
97156 00	Physical Medicine	0.00	0.00	\$-	\$-
97157 00	Physical Medicine	0.00	0.00	\$-	\$-
97158 00	Physical Medicine	0.00	0.00	\$-	\$-
97161 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97162 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97163 00	Physical Medicine	2.43	2.43	\$157.06	\$157.06
97164 00	Physical Medicine	1.67	1.67	\$107.94	\$107.94
97165 00	Physical Medicine	2.58	2.58	\$166.75	\$166.75
97166 00	Physical Medicine	2.57	2.57	\$166.11	\$166.11
97167 00	Physical Medicine	2.57	2.57	\$166.11	\$166.11
97168 00	Physical Medicine	1.78	1.78	\$115.05	\$115.05
97169 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97170 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97171 00	Physical Medicine	1.54	1.54	\$99.53	\$99.53
97172 00	Physical Medicine	0.77	0.77	\$49.77	\$49.77
97530 00	Physical Medicine	1.12	1.12	\$72.39	\$72.39
97533 00	Physical Medicine	1.47	1.47	\$95.01	\$95.01
97535 00	Physical Medicine	0.97	0.97	\$62.69	\$62.69
97537 00	Physical Medicine	0.93	0.93	\$60.11	\$60.11
97542 00	Physical Medicine	0.94	0.94	\$60.76	\$60.76
97545 00	Physical Medicine	4.63	4.63	\$299.25	\$299.25
97546 00	Physical Medicine	1.85	1.85	\$119.57	\$119.57
97597 00	Physical Medicine	2.74	1.05	\$177.09	\$67.86
97598 00	Physical Medicine	1.31	0.74	\$84.67	\$58.00
97602 00	Physical Medicine	2.35	2.35	\$151.89	\$151.89
97605 00	Physical Medicine	1.24	0.74	\$80.14	\$47.83
97606 00	Physical Medicine	1.46	0.80	\$94.36	\$51.71
97607 00	Physical Medicine	9.50	0.65	\$614.01	\$42.01
97608 00	Physical Medicine	9.53	0.73	\$615.95	\$47.18
97610 00	Physical Medicine	9.14	0.53	\$590.75	\$34.26
97750 00	Physical Medicine	0.99	0.99	\$63.99	\$63.99
97755 00	Physical Medicine	1.09	1.09	\$70.45	\$70.45
97760 00	Physical Medicine	1.40	1.40	\$90.49	\$90.49
97761 00	Physical Medicine	1.19	1.19	\$76.91	\$76.91
97763 00	Physical Medicine	1.50	1.50	\$96.95	\$96.95

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## ARIZONA PHYSICIANS' FEE SCHEDULE

**PHYSICAL MEDICINE CODES 2020-2021**

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.06	0.96	\$68.51	\$62.05
97803 00	Physical Medicine	0.92	0.81	\$59.46	\$52.35
97804 00	Physical Medicine	0.48	0.45	\$31.02	\$29.08
97810 00	Physical Medicine	1.05	0.88	\$67.86	\$56.88
97811 00	Physical Medicine	0.80	0.74	\$51.71	\$47.83
97813 00	Physical Medicine	1.17	0.95	\$75.62	\$61.40
97814 00	Physical Medicine	0.96	0.81	\$62.05	\$52.35
98925 00	Physical Medicine	0.89	0.68	\$57.52	\$43.95
98926 00	Physical Medicine	1.29	1.03	\$83.38	\$66.57
98927 00	Physical Medicine	1.68	1.35	\$108.58	\$87.25
98928 00	Physical Medicine	2.05	1.69	\$132.50	\$109.23
98929 00	Physical Medicine	2.45	2.07	\$158.35	\$133.79
98940 00	Physical Medicine	0.80	0.64	\$51.71	\$41.37
98941 00	Physical Medicine	1.15	0.98	\$74.33	\$63.34
98942 00	Physical Medicine	1.50	1.33	\$96.95	\$85.96
98943 00	Physical Medicine	0.79	0.69	\$51.06	\$44.60
98960 00	Physical Medicine	0.77	0.77	\$49.77	\$49.77
98961 00	Physical Medicine	0.37	0.37	\$23.91	\$23.91
98962 00	Physical Medicine	0.27	0.27	\$17.45	\$17.45
98966 00	Physical Medicine	0.40	0.37	\$25.85	\$23.91
98967 00	Physical Medicine	0.78	0.74	\$50.41	\$47.83
98968 00	Physical Medicine	1.14	1.10	\$73.68	\$71.10
98970 00	Physical Medicine	0.34	0.34	\$21.98	\$21.98
98971 00	Physical Medicine	0.60	0.60	\$38.78	\$38.78
98972 00	Physical Medicine	0.94	0.93	\$60.76	\$60.11

**Historical Note**

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**SPECIAL SERVICES GUIDELINES**

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT<sup>®</sup>-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT<sup>®</sup> codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT<sup>®</sup>-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

To the extent that a conflict may exist between an adopted portion of the CPT<sup>®</sup>-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

**Historical Note**

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

**SPECIAL SERVICES CODES 2020-2021**

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF	RBRVS FAC RATE
99000 00	Special Service	0.16	0.16	\$11.75	\$11.75
99001 00	Special Service	0.17	0.17	\$10.99	\$10.99
99002 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99024 00	Special Service	0.00	0.00	BR	BR
99026 00	Special Service	0.00	0.00	BR	BR
99027 00	Special Service	0.00	0.00	BR	BR
99050 00	Special Service	0.51	0.51	\$32.96	\$32.96
99051 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99053 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99056 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99058 00	Special Service	0.61	0.61	\$39.43	\$39.43
99060 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99070 00	Special Service	0.00	0.00	BR	BR
99071 00	Special Service	0.00	0.00	BR	BR
99075 00	Special Service	0.00	0.00	BR	BR
99078 00	Special Service	0.00	0.00	BR	BR
99080 00	Special Service	0.00	0.00	BR	BR
99082 00	Special Service	0.78	0.78	\$50.41	\$50.41
99091 00	Special Service	1.64	1.64	\$106.00	\$106.00
99100 00	Special Service	BR	BR	N/A	N/A
99116 00	Special Service	BR	BR	N/A	N/A
99135 00	Special Service	BR	BR	N/A	N/A
99140 00	Special Service	BR	BR	N/A	N/A
99151 00	Special Service	2.10	0.67	\$135.73	\$43.30
99152 00	Special Service	1.43	0.35	\$92.43	\$22.62
99153 00	Special Service	0.30	0.30	\$19.39	\$19.39
99155 00	Special Service	2.43	2.43	\$157.06	\$157.06
99156 00	Special Service	2.22	2.22	\$143.49	\$143.49
99157 00	Special Service	1.81	1.81	\$116.99	\$116.99
99170 00	Special Service	4.48	2.46	\$289.56	\$159.00
99172 00	Special Service	0.49	0.49	\$34.04	\$34.04
99172 26	Special Service	0.09	0.09	\$5.82	\$5.82
99172 TC	Special Service	0.40	0.40	\$25.85	\$25.85
99173 00	Special Service	0.08	0.08	\$5.17	\$5.17
99174 00	Special Service	0.16	0.16	\$20.41	\$20.41
99175 00	Special Service	0.70	0.70	\$45.24	\$45.24
99177 00	Special Service	0.13	0.13	\$8.40	\$8.40
99183 00	Special Service	3.16	3.16	\$204.24	\$204.24
99184 00	Special Service	6.33	6.33	\$520.63	\$520.63
99188 00	Special Service	0.35	0.30	\$22.62	\$20.12

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## SPECIAL SERVICES CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF	RBRVS FAC RATE
99190 00	Special Service	12.20	12.20	\$788.52	\$788.52
99191 00	Special Service	8.54	8.54	\$551.97	\$551.97
99192 00	Special Service	6.11	6.11	\$394.91	\$394.91
99195 00	Special Service	2.85	2.85	\$184.20	\$184.20
99199 00	Special Service	0.00	0.00	BR	BR
99500 00	Special Service	0.00	0.00	\$-	\$-
99501 00	Special Service	0.00	0.00	\$-	\$-
99502 00	Special Service	0.00	0.00	\$-	\$-
99503 00	Special Service	0.00	0.00	\$-	\$-
99504 00	Special Service	0.00	0.00	\$-	\$-
99505 00	Special Service	0.00	0.00	\$-	\$-
99506 00	Special Service	0.00	0.00	\$-	\$-
99507 00	Special Service	0.00	0.00	\$-	\$-
99509 00	Special Service	0.00	0.00	\$-	\$-
99510 00	Special Service	0.00	0.00	\$-	\$-
99511 00	Special Service	0.00	0.00	\$-	\$-
99512 00	Special Service	0.00	0.00	\$-	\$-
99600 00	Special Service	0.00	0.00	\$-	\$-
99601 00	Special Service	0.00	0.00	\$-	\$-
99602 00	Special Service	0.00	0.00	\$-	\$-
99605 00	Special Service	0.00	0.00	BR	BR
99606 00	Special Service	0.00	0.00	BR	BR
99607 00	Special Service	0.00	0.00	BR	BR
AZ099-001 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	Special Service	1.16	1.16	\$75.00	\$75.00
AZ099-002 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	Special Service	1.55	1.55	\$100.00	\$100.00
AZ099-003 Meeting with NCM with patient	Special Service	1.16	1.16	\$75.00	\$75.00
AZ099-004 Meeting with NCM without patient	Special Service	1.55	1.55	\$100.00	\$100.00

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## SPECIAL SERVICES CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF	RBRVS FAC RATE
AZ099-005 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance carrier, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.	Special Service	0.62	0.62	\$40.07	\$40.07
AZ099-026 Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	Special Service	-	-	BR	BR
AZ099-027 Over 7 miles, per mile.	Special Service	-	-	BR	BR
AZ099-028 When more than one patient seen, apportion mileage charge among total number of patients.	Special Service	-	-	BR	BR
AZ099-030 Mileage round-trip: each mile in excess of 8 miles of travel by physician.	Special Service	-	-	BR	BR

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## ARIZONA PHYSICIANS' FEE SCHEDULE

**SPECIAL SERVICES CODES 2020-2021**

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF	RBRVS FAC RATE
AZ099-031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ099-031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	Special Service	-	-	BR	BR
AZ099-044 Services rendered in a night medical care facility: a charge in addition to the usual value of the procedure may be warranted.	Special Service	-	-	BR	BR
AZ099-099 Expert testimony at hearing, per hour.	Special Service	1.70	1.70	\$110.00	\$110.00

**Historical Note**

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019-2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## EVALUATION AND MANAGEMENT GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT®-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT®-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines adopted by reference may be found in the *Current Procedural Terminology®*, Fourth Edition ("CPT® book") published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an adopted portion of the CPT®-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

On March 26, 2020 the Commission approved the adopted two HCPCS codes used for a Virtual check-in with physicians via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. Virtual check-ins are initiated by the patient and may be performed via multiple technology modalities including telephone, secure text messaging, email, or use of a patient portal. The two HCPCS codes are included in the 2020/2021 Fee Schedule.

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES: The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of work varies by type of service, place of service, and the patient's status.

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, e.g., office consultation. Third, the content of the service is defined, e.g. comprehensive history and comprehensive examination. (See "Levels of E/M Services" in 2020 AMA CPT® codebook, for details on the content of E/M services). Fourth, the nature of the presenting problem(s) usually associated with a given level is described. Fifth, the time typically required to provide the service is specified.

B. DEFINITIONS OF COMMONLY USED TERMS: Certain key words and phrases are used throughout the E/M section. The following definitions are intended to reduce the potential for differing interpretations and to increase the consistency of reporting by physicians in differing specialties. E/M services may also be reported by other qualified health care professionals who are authorized to perform such services within the scope of their practice.

- New and Established Patient: Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians who may report evaluation and management services reported by a specific CPT® code(s). A new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

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In the instance where a physician is on call for or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available. When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

- **Chief Complaint:** A chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient's words.
- **Concurrent Care and Transfer of Care:** Concurrent care is the provision of similar services (e.g., hospital visits) to the same patient by more than one physician on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.
- **Counseling:** Counseling is a discussion with a patient and/or family concerning one or more of the following areas:
  - Diagnostic results, impressions, and/or recommended diagnostic studies;
  - Prognosis;
  - Risks and benefits of management (treatment) options;
  - Instructions for management (treatment) and/or follow-up;
  - Importance of compliance with chosen management (treatment) options;
  - Risk factor reduction; and
  - Patient and family education.

(For psychotherapy, see 90832-90834, 90836-90840)

- **Family History:** A review of medical events in the patient's family that includes significant information about:
  - The health status or cause of death of parents, siblings and children;
  - Specific diseases related to problems identified in the Chief Complaint or History of the Present Illness, and/or System Review;
  - Diseases of family members which may be hereditary or place the patient at risk.
- **History of Present Illness:** A chronological description of the development of the patient's present illness from the first sign and/or symptom to the present. This includes a description of location, quality, severity, timing, context, modifying factors, and associated signs and symptoms significantly related to the presenting problem(s).
- **Levels of E/M Services:** Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient.

The levels of E/M services include examinations, evaluations, treatments, conferences with or concerning patients, preventive pediatric and adult health supervision, and similar medical services, such as the determination of the need and/or location for appropriate care. Medical screening includes the history, examination, and medical decision-making required to determine the need and/or location for appropriate care and treatment of the patient (e.g., office and other outpatient setting, emergency department, nursing facility). The levels of E/M services encompass the wide variations in skill, effort, time, responsibility and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and the promotion of optimal health. Each level of E/M services may be used by all physicians.

The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:

- History;
- Examination;
- Medical decision making;

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

- Counseling;
- Coordination of care;
- Nature of presenting problem; and
- Time.

The first three of these components (history, examination and medical decision making) are considered the key components in selecting a level of E/M services.

The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered contributory factors in the majority of encounters. Although the first two of these contributory factors are important E/M services, it is not required that these services be provided at every patient encounter.

Coordination of care with other physicians, other health care professionals, or agencies without a patient encounter on that day is reported using the case management codes.

The final component, time, is discussed in the following pages.

Any specifically identifiable procedure (i.e., identified with a specific CPT<sup>®</sup> code) performed on or subsequent to the date of initial or subsequent E/M services should be reported separately.

The actual performance and/or interpretation of diagnostic test/studies ordered during a patient encounter are not included in the levels of E/M services. Physician performance of diagnostic tests/studies for which specific CPT<sup>®</sup> codes are available may be reported separately, in addition to the appropriate E/M code. The physician's interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT<sup>®</sup> code with modifier 26 appended.

The physician may need to indicate that on the day a procedure or service identified by a CPT<sup>®</sup> code was performed, the patient's condition required a significant separately identifiable E/M service above and beyond other services provided or beyond the usual preservice and post service care associated with the procedure that was performed. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

- **Nature of Presenting Problem:** A presenting problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter. The E/M codes recognize five types of presenting problems that are defined as follows:

**Minimal** - A problem that may not require the presence of the physician, but service is provided under the physician's supervision.

**Self-limited or Minor** - A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status OR has a good prognosis with management/compliance.

**Low severity** - A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.

**Moderate severity** - A problem where the risk of morbidity without treatment is moderate; there is moderate risk of mortality without treatment; uncertain prognosis OR increased probability of prolonged functional impairment.

**High severity** - A problem where the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment OR high probability of severe, prolonged functional impairment.

- **Past History:** A review of the patient's past experiences with illnesses, injuries, and treatments that includes significant information about:
  - Prior major illnesses and injuries;
  - Prior operations;
  - Prior hospitalizations;

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- Current medications;
  - Allergies (e.g., drug, food);
  - Age appropriate immunization status;
  - Age appropriate feeding/dietary status.
- Social History: An age appropriate review of past and current activities that includes significant information about:
    - Marital status and/or living arrangements;
    - Current employment;
    - Occupational history;
    - Military history;
    - Use of drugs, alcohol, and tobacco;
    - Level of education;
    - Sexual history;
    - Other relevant social factors.
  - System Review (Review of Systems): An inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms that the patient may be experiencing or has experienced. For the purposes of CPT®, the following elements of a system review have been identified:
    - Constitutional symptoms (fever, weight loss, etc.);
    - Eyes;
    - Ears, nose, mouth, throat;
    - Cardiovascular;
    - Respiratory;
    - Gastrointestinal;
    - Genitourinary;
    - Musculoskeletal;
    - Integumentary (skin and/or breast);
    - Neurological;
    - Psychiatric;
    - Endocrine;
    - Hematologic/Lymphatic;
    - Allergic/Immunologic.

The review of systems helps define the problem, clarify the differential diagnosis, identify needed testing, or serves as baseline data on other systems that might be affected by any possible management options.

- Time: The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of CPT®. The inclusion of time as an explicit factor beginning in CPT® 1992 is done to assist in selecting the most appropriate level of E/M services. It should be recognized that the specific times expressed in the visit code descriptors are averages and, therefore, represent a range of times which may be higher or lower depending on actual clinical circumstances.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Studies to establish levels of E/M services employed surveys of practicing physicians to obtain data on the amount of time and work associated with typical E/M services. Since “work” is not easily quantifiable, the codes must rely on other objective, verifiable measures that correlate with physicians’ estimates of their “work.” It has been demonstrated that estimations of intraservice time (as explained below), both within and across specialties, is a variable that is predictive of the “work” of E/M services. This same research has shown there is a strong relationship between intraservice time and total time for E/M services. Intraservice time, rather than total time, was chosen for inclusion with the codes because of its relative ease of measurement and because of its direct correlation with measurements of the total amount of time and work associated with typical E/M services.

Intraservice times are defined as **face-to-face** time for office and other outpatient visits and as **unit/floor** time for hospital and other inpatient visits. This distinction is necessary because most of the work of typical office visits takes place during the face-to-face

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time with the patient, while most of the work of typical hospital visits takes place during the time spent on the patient's floor or unit. When prolonged time occurs in either the office or the inpatient areas, the appropriate add-on code should be reported.

Face-to-face time (office and other outpatient visits and office consultations): For coding purposes, face-to-face time for these services is defined as only that time spent face-to-face with the patient and/or family. This includes the time spent performing such tasks as obtaining a history, performing an examination, and counseling the patient.

Time is also spent doing work before or after the face-to-face time with the patient, performing such tasks as reviewing records and tests, arranging for further services, and communicating further with other professionals and the patient through written reports and telephone contact.

This non-face-to-face time for office services – also called pre- and post-encounter time – is not included in the time component described in the E/M codes. However, the pre- and post-non-face-to-face work associated with an encounter was included in calculating the total work of typical services in physician surveys.

Thus, the face-to-face time associated with the services described by any E/M code is a valid proxy for the total work done before, during, and after the visit.

Unit/floor time (hospital observation services, inpatient hospital care, initial inpatient hospital consultations, nursing facility): For reporting purposes, intraservice time for these services is defined as unit/floor time, which includes the time present on the patient's hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient's chart, examine the patient, write notes, and communicate with other professionals and the patient's family.

In the hospital, pre- and post-time includes time spent off the patient's floor performing such tasks as reviewing pathology and radiology findings in another part of the hospital.

This pre- and post-visit time is not included in the time component described in these codes. However, the pre- and post-work performed during the time spent off the floor or unit was included in calculating the total work of typical services in physician surveys.

Thus, the unit/floor time associated with the services described by any code is a valid proxy for the total work done before, during, and after the visit.

- C. UNLISTED SERVICE: An E/M service may be provided that is not listed in this section of CPT® codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by "Special Report," as discussed in item D.

The "Unlisted Services" and accompanying codes for the E/M section are as follows:

- 99429 Unlisted preventive medicine service
- 99499 Unlisted evaluation and management service

- D. SPECIAL REPORT: An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.
- E. CLINICAL EXAMPLES: Clinical examples of the codes for E/M services are provided to assist in understanding the meaning of the descriptors and selecting the correct code. The clinical examples are listed in Appendix C. (*Appendix C of the CPT® has not been reprinted in this text.*) Each example was developed by the specialties shown.

The same problem, when seen by different specialties, may involve different amounts of work. Therefore, the appropriate level of encounter should be reported using the descriptors rather than the examples.

- F. INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:

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- Review the Reporting Instructions for the Selected Category or Subcategory: Most of the categories and many of the subcategories of service have special guidelines or instructions unique to that category or subcategory. Where these are indicated, e.g., “Inpatient Hospital Care,” special instructions will be presented preceding the levels of E/M services.
- Review the Level of E/M Service Descriptors and Examples in the Selected Category or Subcategory: The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:
  - History;
  - Examination;
  - Medical decision making;
  - Counseling;
  - Coordination of care;
  - Nature of presenting problem;
  - Time.

The first three of these components (i.e., history, examination and medical decision making) should be considered the key components in selecting the level of E/M services. An exception to this rule is in the case of visits which consist predominantly of counseling or coordination of care. (See instructions for selecting level of E/M Service).

The nature of the presenting problem and time are provided in some levels to assist the physician in determining the appropriate level of E/M service.

- Determine the Extent of History Obtained: The extent of the history is dependent upon clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of history that are defined as follows:

Problem Focused - Chief complaint; brief history of present illness or problem.

Expanded Problem Focused - Chief complaint; brief history of present illness; problem pertinent system review.

Detailed - Chief complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family, and/or social history directly related to the patient’s problems.

Comprehensive - Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems; complete past, family, and social history.

The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does, however, include a comprehensive system review and comprehensive or interval past, family, and social history as well as a comprehensive assessment/history of pertinent risk factors.

- Determine the Extent of Examination Performed: The extent of the examination performed is dependent on clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of examination that are defined as follows:

Problem Focused - A limited examination of the affected body area or organ system.

Expanded Problem Focused - A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).

Detailed - An extended examination of the affected body area(s) and other symptomatic or related organ system(s).

Comprehensive - A general multisystem examination or a complete examination of a single organ system. Note: The comprehensive examination performed as part of the preventive medicine E/M service is multisystem, but its extent is based on age and risk factors identified.

For the purposes of these CPT® definitions, the following body areas are recognized:

- Head, including the face;
- Neck;
- Chest, including breasts and axilla;

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- Abdomen;
- Genitalia, groin, buttocks;
- Back;
- Each extremity;

For the purposes of these CPT® definitions, the following organ systems are recognized:

- Eyes;
  - Ears, nose, mouth, and throat;
  - Cardiovascular;
  - Respiratory;
  - Gastrointestinal;
  - Genitourinary;
  - Musculoskeletal;
  - Skin;
  - Neurologic;
  - Psychiatric;
  - Hematologic/Lymphatic/Immunologic.
- Determine the Complexity of Medical Decision Making: Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:
    - The number of possible diagnoses and/or the number of management options that must be considered;
    - The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and
    - The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options.

Four types of medical decision making are recognized: straightforward; low complexity; moderate complexity; and high complexity. To qualify for a given type of decision making, two of the three elements in the table following must be met or exceeded.

**Table 1 – Complexity of Medical Decision Making**

Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality	Type of Decision Making
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless their presence significantly increases the complexity of the medical decision making.

- Select the Appropriate Level of E/M Services Based on the Following:
  1. For the following categories/subcategories, **all of the key components** i.e., history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: office, new patient; hospital observation services; initial hospital care; office consultations; initial inpatient consultations; emergency department services; initial nursing facility care; domiciliary care, new patient; and home, new patient.
  2. For the following categories/subcategories, **two of the three key components** (i.e., history, examination, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; subsequent hospital care; subsequent nursing facility care; domiciliary care, established patient; and home, established patient.
  3. When counseling and/or coordination of care dominates (more than 50%) the encounter with the patient and/or family (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time** shall be

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considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

**Historical Note**

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99201 00	E&M	1.29	0.75	\$83.38	\$48.47
99202 00	E&M	2.14	1.43	\$138.31	\$92.43
99203 00	E&M	3.03	2.14	\$195.84	\$138.31
99204 00	E&M	4.63	3.66	\$299.25	\$236.56
99205 00	E&M	5.85	4.78	\$378.10	\$308.95
99211 00	E&M	0.65	0.26	\$42.01	\$17.67
99212 00	E&M	1.28	0.73	\$82.73	\$47.18
99213 00	E&M	2.11	1.45	\$136.38	\$93.72
99214 00	E&M	3.06	2.23	\$197.78	\$144.13
99215 00	E&M	4.11	3.15	\$265.64	\$203.59
99217 00	E&M	2.05	2.05	\$132.50	\$132.50
99218 00	E&M	2.82	2.82	\$182.27	\$182.27
99219 00	E&M	3.83	3.83	\$247.54	\$247.54
99220 00	E&M	5.22	5.22	\$337.38	\$337.38
99221 00	E&M	2.88	2.88	\$186.14	\$186.14
99222 00	E&M	3.89	3.89	\$251.42	\$251.42
99223 00	E&M	5.71	5.71	\$369.05	\$369.05
99224 00	E&M	1.12	1.12	\$72.39	\$72.39
99225 00	E&M	2.05	2.05	\$132.50	\$132.50
99226 00	E&M	2.95	2.95	\$190.67	\$190.67
99231 00	E&M	1.11	1.11	\$71.74	\$71.74
99232 00	E&M	2.04	2.04	\$131.85	\$131.85
99233 00	E&M	2.94	2.94	\$190.02	\$190.02
99234 00	E&M	3.77	3.77	\$243.67	\$243.67
99235 00	E&M	4.77	4.77	\$308.30	\$308.30
99236 00	E&M	6.14	6.14	\$396.85	\$396.85
99238 00	E&M	2.06	2.06	\$133.14	\$133.14
99239 00	E&M	3.02	3.02	\$195.19	\$195.19
99241 00	E&M	1.35	0.93	\$87.25	\$60.11
99242 00	E&M	2.55	1.96	\$164.81	\$126.68
99243 00	E&M	3.49	2.74	\$225.57	\$177.09
99244 00	E&M	5.23	4.41	\$338.03	\$285.03
99245 00	E&M	6.37	5.45	\$411.71	\$352.25
99251 00	E&M	1.41	1.41	\$91.13	\$91.13
99252 00	E&M	2.13	2.13	\$137.67	\$137.67
99253 00	E&M	3.29	3.29	\$212.64	\$212.64
99254 00	E&M	4.79	4.79	\$309.59	\$309.59
99255 00	E&M	5.76	5.76	\$372.29	\$372.29
99281 00	E&M	0.64	0.64	\$41.37	\$41.37

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99282 00	E&M	1.23	1.23	\$79.50	\$79.50
99283 00	E&M	1.84	1.84	\$118.92	\$118.92
99284 00	E&M	3.38	3.38	\$218.46	\$218.46
99285 00	E&M	4.91	4.91	\$317.35	\$317.35
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	7.89	6.28	\$509.95	\$405.90
99292 00	E&M	3.49	3.16	\$225.57	\$204.24
99304 00	E&M	2.55	2.55	\$164.81	\$164.81
99305 00	E&M	3.65	3.65	\$235.91	\$235.91
99306 00	E&M	4.71	4.71	\$304.42	\$304.42
99307 00	E&M	1.24	1.24	\$80.14	\$80.14
99308 00	E&M	1.95	1.95	\$126.03	\$126.03
99309 00	E&M	2.57	2.57	\$166.11	\$166.11
99310 00	E&M	3.79	3.79	\$244.96	\$244.96
99315 00	E&M	2.07	2.07	\$133.79	\$133.79
99316 00	E&M	2.97	2.97	\$191.96	\$191.96
99318 00	E&M	2.71	2.71	\$175.16	\$175.16
99324 00	E&M	1.54	1.54	\$99.53	\$99.53
99325 00	E&M	2.24	2.24	\$144.78	\$144.78
99326 00	E&M	3.90	3.90	\$252.07	\$252.07
99327 00	E&M	5.24	5.24	\$338.68	\$338.68
99328 00	E&M	6.20	6.20	\$400.72	\$400.72
99334 00	E&M	1.70	1.70	\$109.88	\$109.88
99335 00	E&M	2.69	2.69	\$173.86	\$173.86
99336 00	E&M	3.80	3.80	\$245.61	\$245.61
99337 00	E&M	5.48	5.48	\$354.19	\$354.19
99339 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99340 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99341 00	E&M	1.54	1.54	\$99.53	\$99.53
99342 00	E&M	2.21	2.21	\$142.84	\$142.84
99343 00	E&M	3.63	3.63	\$234.62	\$234.62
99344 00	E&M	5.15	5.15	\$332.86	\$332.86
99345 00	E&M	6.27	6.27	\$405.25	\$405.25
99347 00	E&M	1.54	1.54	\$99.53	\$99.53
99348 00	E&M	2.37	2.37	\$153.18	\$153.18
99349 00	E&M	3.63	3.63	\$234.62	\$234.62
99350 00	E&M	5.06	5.06	\$327.04	\$327.04
99354 00	E&M	3.66	3.44	\$236.56	\$222.34
99355 00	E&M	2.78	2.59	\$179.68	\$167.40

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99356 00	E&M	2.61	2.61	\$168.69	\$168.69
99357 00	E&M	2.63	2.63	\$169.98	\$169.98
99358 00	E&M	3.15	3.15	\$203.59	\$203.59
99359 00	E&M	1.54	1.54	\$99.53	\$99.53
99360 00	E&M	1.75	1.75	\$113.11	\$113.11
99366 00	E&M	1.24	1.22	\$80.14	\$78.85
99367 00	E&M	1.61	1.61	\$104.06	\$104.06
99368 00	E&M	1.06	1.06	\$68.51	\$68.51
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	2.96	2.53	\$191.31	\$163.52
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	2.96	2.53	\$191.31	\$163.52
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	BR	BR	BR	BR
99382 00	E&M	BR	BR	BR	BR
99383 00	E&M	BR	BR	BR	BR
99384 00	E&M	BR	BR	BR	BR
99385 00	E&M	BR	BR	BR	BR
99386 00	E&M	BR	BR	BR	BR
99387 00	E&M	BR	BR	BR	BR
99391 00	E&M	BR	BR	BR	BR
99392 00	E&M	BR	BR	BR	BR
99393 00	E&M	BR	BR	BR	BR
99394 00	E&M	BR	BR	BR	BR
99395 00	E&M	BR	BR	BR	BR
99396 00	E&M	BR	BR	BR	BR
99397 00	E&M	BR	BR	BR	BR
99401 00	E&M	BR	BR	BR	BR
99402 00	E&M	BR	BR	BR	BR
99403 00	E&M	BR	BR	BR	BR
99404 00	E&M	BR	BR	BR	BR
99406 00	E&M	BR	BR	BR	BR
99407 00	E&M	BR	BR	BR	BR
99408 00	E&M	BR	BR	BR	BR
99409 00	E&M	BR	BR	BR	BR
99411 00	E&M	BR	BR	BR	BR
99412 00	E&M	BR	BR	BR	BR
99415 00	E&M	0.28	0.28	\$18.10	\$18.10

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CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99416 00	E&M	0.12	0.12	\$7.76	\$7.76
99421 00	E&M	0.43	0.37	\$27.79	\$23.91
99422 00	E&M	0.86	0.76	\$55.58	\$49.12
99423 00	E&M	1.39	1.21	\$89.84	\$78.21
99429 00	E&M	BR	BR	BR	BR
99441 00	E&M	0.40	0.37	\$25.85	\$23.91
99442 00	E&M	0.78	0.74	\$50.41	\$47.83
99443 00	E&M	1.14	1.10	\$73.68	\$71.10
99446 00	E&M	0.51	0.51	\$32.96	\$32.96
99447 00	E&M	1.03	1.03	\$66.57	\$66.57
99448 00	E&M	1.54	1.54	\$99.53	\$99.53
99449 00	E&M	2.05	2.05	\$132.50	\$132.50
99450 00	E&M	0.00	0.00	\$-	\$-
99451 00	E&M	1.04	1.04	\$67.22	\$67.22
99452 00	E&M	1.04	1.04	\$67.22	\$67.22
99453 00	E&M	0.52	0.52	\$33.61	\$33.61
99454 00	E&M	1.73	1.73	\$111.82	\$111.82
99455 00	E&M	5.23	5.23	\$338.03	\$338.03
99456 00	E&M	6.87	6.87	\$444.03	\$444.03
99457 00	E&M	1.43	0.91	\$92.43	\$58.82
99458 00	E&M	1.17	0.91	\$75.62	\$58.82
99460 00	E&M	2.70	2.70	\$174.51	\$174.51
99461 00	E&M	2.57	1.78	\$166.11	\$115.05
99462 00	E&M	1.19	1.19	\$76.91	\$76.91
99463 00	E&M	3.12	3.12	\$201.65	\$201.65
99464 00	E&M	2.11	2.11	\$136.38	\$136.38
99465 00	E&M	4.13	4.13	\$266.93	\$266.93
99466 00	E&M	6.74	6.74	\$435.63	\$435.63
99467 00	E&M	3.38	3.38	\$218.46	\$218.46
99468 00	E&M	25.98	25.98	\$1,679.17	\$1,679.17
99469 00	E&M	11.25	11.25	\$727.12	\$727.12
99471 00	E&M	22.49	22.49	\$1,453.60	\$1,453.60
99472 00	E&M	11.37	11.37	\$734.88	\$734.88
99473 00	E&M	0.31	0.31	\$20.04	\$20.04
99474 00	E&M	0.42	0.25	\$27.15	\$16.16
99475 00	E&M	15.83	15.83	\$1,023.14	\$1,023.14
99476 00	E&M	9.80	9.80	\$633.40	\$633.40
99477 00	E&M	9.87	9.87	\$637.93	\$637.93
99478 00	E&M	3.88	3.88	\$250.78	\$250.78

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## EVALUATION AND MANAGEMENT CODES 2020-2021

All Other Conversion Factor: \$64.63

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
99479 00	E&M	3.52	3.52	\$227.51	\$227.51
99480 00	E&M	3.38	3.38	\$218.46	\$218.46
99483 00	E&M	7.35	5.12	\$475.05	\$330.92
99484 00	E&M	1.33	0.91	\$85.96	\$58.82
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	2.56	1.48	\$165.46	\$95.66
99489 00	E&M	1.24	0.73	\$80.14	\$47.18
99490 00	E&M	1.17	0.91	\$75.62	\$58.82
99491 00	E&M	2.33	2.33	\$150.59	\$150.59
99492 00	E&M	4.35	2.50	\$281.15	\$161.58
99493 00	E&M	3.50	2.25	\$226.22	\$145.42
99494 00	E&M	1.77	1.20	\$114.40	\$77.56
99495 00	E&M	5.20	3.48	\$336.09	\$224.92
99496 00	E&M	6.87	4.59	\$444.03	\$296.67
99497 00	E&M	2.41	2.23	\$155.77	\$144.13
99498 00	E&M	2.11	2.10	\$136.38	\$135.73
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.34	0.26	\$21.98	\$16.80
G2012 00	E&M	0.41	0.37	\$26.50	\$23.91

**Historical Note**

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines 2019-2020 repealed; new Appendix A, Evaluation and Management Guidelines 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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**CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA****CATEGORY III GUIDELINES**

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Physicians' Current Procedural Terminology*, Fourth Edition (CPT<sup>®</sup>-4), including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT<sup>®</sup> codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT<sup>®</sup>-4 are preceded by an AZ identifier and numbered in the following format: AZ0xx-xxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

To the extent that a conflict may exist between an adopted portion of the CPT<sup>®</sup>-4 and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

**Historical Note**

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0042T 00	Category III	-	-	RNE	RNE
0054T 00	Category III	-	-	RNE	RNE
0055T 00	Category III	-	-	RNE	RNE
0058T 00	Category III	-	-	RNE	RNE
0071T 00	Category III	-	-	RNE	RNE
0072T 00	Category III	-	-	RNE	RNE
0075T 00	Category III	-	-	RNE	RNE
0075T 26	Category III	-	-	RNE	RNE
0075T TC	Category III	-	-	RNE	RNE
0076T 00	Category III	-	-	RNE	RNE
0076T 26	Category III	-	-	RNE	RNE
0076T TC	Category III	-	-	RNE	RNE
0085T 00	Category III	-	-	RNE	RNE
0095T 00	Category III	-	-	RNE	RNE
0098T 00	Category III	-	-	RNE	RNE
0100T 00	Category III	-	-	RNE	RNE
0101T 00	Category III	-	-	RNE	RNE
0102T 00	Category III	-	-	RNE	RNE
0106T 00	Category III	-	-	RNE	RNE
0107T 00	Category III	-	-	RNE	RNE
0108T 00	Category III	-	-	RNE	RNE
0109T 00	Category III	-	-	RNE	RNE
0110T 00	Category III	-	-	RNE	RNE
0111T 00	Category III	-	-	RNE	RNE
0126T 00	Category III	-	-	RNE	RNE
0163T 00	Category III	-	-	RNE	RNE
0164T 00	Category III	-	-	RNE	RNE
0165T 00	Category III	-	-	RNE	RNE
0174T 00	Category III	-	-	RNE	RNE
0175T 00	Category III	-	-	RNE	RNE
0184T 00	Category III	-	-	RNE	RNE
0191T 00	Category III	-	-	RNE	RNE
0198T 00	Category III	-	-	RNE	RNE
0200T 00	Category III	-	-	RNE	RNE
0201T 00	Category III	-	-	RNE	RNE
0202T 00	Category III	-	-	RNE	RNE
0207T 00	Category III	-	-	RNE	RNE
0208T 00	Category III	-	-	RNE	RNE
0209T 00	Category III	-	-	RNE	RNE
0210T 00	Category III	-	-	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0211T 00	Category III	-	-	RNE	RNE
0212T 00	Category III	-	-	RNE	RNE
0213T 00	Category III	-	-	RNE	RNE
0214T 00	Category III	-	-	RNE	RNE
0215T 00	Category III	-	-	RNE	RNE
0216T 00	Category III	-	-	RNE	RNE
0217T 00	Category III	-	-	RNE	RNE
0218T 00	Category III	-	-	RNE	RNE
0219T 00	Category III	-	-	RNE	RNE
0220T 00	Category III	-	-	RNE	RNE
0221T 00	Category III	-	-	RNE	RNE
0222T 00	Category III	-	-	RNE	RNE
0228T 00	Category III	-	-	RNE	RNE
0229T 00	Category III	-	-	RNE	RNE
0230T 00	Category III	-	-	RNE	RNE
0231T 00	Category III	-	-	RNE	RNE
0232T 00	Category III	-	-	RNE	RNE
0234T 00	Category III	-	-	RNE	RNE
0235T 00	Category III	-	-	RNE	RNE
0236T 00	Category III	-	-	RNE	RNE
0237T 00	Category III	-	-	RNE	RNE
0238T 00	Category III	-	-	RNE	RNE
0253T 00	Category III	-	-	RNE	RNE
0263T 00	Category III	-	-	RNE	RNE
0264T 00	Category III	-	-	RNE	RNE
0265T 00	Category III	-	-	RNE	RNE
0266T 00	Category III	-	-	RNE	RNE
0267T 00	Category III	-	-	RNE	RNE
0268T 00	Category III	-	-	RNE	RNE
0269T 00	Category III	-	-	RNE	RNE
0270T 00	Category III	-	-	RNE	RNE
0271T 00	Category III	-	-	RNE	RNE
0272T 00	Category III	-	-	RNE	RNE
0273T 00	Category III	-	-	RNE	RNE
0274T 00	Category III	-	-	RNE	RNE
0275T 00	Category III	-	-	RNE	RNE
0278T 00	Category III	-	-	RNE	RNE
0290T 00	Category III	-	-	RNE	RNE
0295T 00	Category III	-	-	RNE	RNE
0296T 00	Category III	-	-	RNE	RNE
0297T 00	Category III	-	-	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0298T 00	Category III	-	-	RNE	RNE
0308T 00	Category III	-	-	RNE	RNE
0312T 00	Category III	-	-	RNE	RNE
0313T 00	Category III	-	-	RNE	RNE
0314T 00	Category III	-	-	RNE	RNE
0315T 00	Category III	-	-	RNE	RNE
0316T 00	Category III	-	-	RNE	RNE
0317T 00	Category III	-	-	RNE	RNE
0329T 00	Category III	-	-	RNE	RNE
0330T 00	Category III	-	-	RNE	RNE
0331T 00	Category III	-	-	RNE	RNE
0332T 00	Category III	-	-	RNE	RNE
0333T 00	Category III	-	-	RNE	RNE
0335T 00	Category III	-	-	RNE	RNE
0338T 00	Category III	-	-	RNE	RNE
0339T 00	Category III	-	-	RNE	RNE
0342T 00	Category III	-	-	RNE	RNE
0345T 00	Category III	-	-	RNE	RNE
0347T 00	Category III	-	-	RNE	RNE
0348T 00	Category III	-	-	RNE	RNE
0349T 00	Category III	-	-	RNE	RNE
0350T 00	Category III	-	-	RNE	RNE
0351T 00	Category III	-	-	RNE	RNE
0352T 00	Category III	-	-	RNE	RNE
0353T 00	Category III	-	-	RNE	RNE
0354T 00	Category III	-	-	RNE	RNE
0355T 00	Category III	-	-	RNE	RNE
0356T 00	Category III	-	-	RNE	RNE
0358T 00	Category III	-	-	RNE	RNE
0362T 00	Category III	-	-	RNE	RNE
0373T 00	Category III	-	-	RNE	RNE
0376T 00	Category III	-	-	RNE	RNE
0378T 00	Category III	-	-	RNE	RNE
0379T 00	Category III	-	-	RNE	RNE
0381T 00	Category III	-	-	RNE	RNE
0382T 00	Category III	-	-	RNE	RNE
0383T 00	Category III	-	-	RNE	RNE
0384T 00	Category III	-	-	RNE	RNE
0385T 00	Category III	-	-	RNE	RNE
0386T 00	Category III	-	-	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0394T 00	Category III	-	-	RNE	RNE
0395T 00	Category III	-	-	RNE	RNE
0396T 00	Category III	-	-	RNE	RNE
0397T 00	Category III	-	-	RNE	RNE
0398T 00	Category III	-	-	RNE	RNE
0400T 00	Category III	-	-	RNE	RNE
0401T 00	Category III	-	-	RNE	RNE
0402T 00	Category III	-	-	RNE	RNE
0403T 00	Category III	-	-	RNE	RNE
0404T 00	Category III	-	-	RNE	RNE
0405T 00	Category III	-	-	RNE	RNE
0408T 00	Category III	-	-	RNE	RNE
0409T 00	Category III	-	-	RNE	RNE
0410T 00	Category III	-	-	RNE	RNE
0411T 00	Category III	-	-	RNE	RNE
0412T 00	Category III	-	-	RNE	RNE
0413T 00	Category III	-	-	RNE	RNE
0414T 00	Category III	-	-	RNE	RNE
0415T 00	Category III	-	-	RNE	RNE
0416T 00	Category III	-	-	RNE	RNE
0417T 00	Category III	-	-	RNE	RNE
0418T 00	Category III	-	-	RNE	RNE
0419T 00	Category III	-	-	RNE	RNE
0420T 00	Category III	-	-	RNE	RNE
0421T 00	Category III	-	-	RNE	RNE
0422T 00	Category III	-	-	RNE	RNE
0423T 00	Category III	-	-	RNE	RNE
0424T 00	Category III	-	-	RNE	RNE
0425T 00	Category III	-	-	RNE	RNE
0426T 00	Category III	-	-	RNE	RNE
0427T 00	Category III	-	-	RNE	RNE
0428T 00	Category III	-	-	RNE	RNE
0429T 00	Category III	-	-	RNE	RNE
0430T 00	Category III	-	-	RNE	RNE
0431T 00	Category III	-	-	RNE	RNE
0432T 00	Category III	-	-	RNE	RNE
0433T 00	Category III	-	-	RNE	RNE
0434T 00	Category III	-	-	RNE	RNE
0435T 00	Category III	-	-	RNE	RNE
0436T 00	Category III	-	-	RNE	RNE
0437T 00	Category III	-	-	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0439T 00	Category III	-	-	RNE	RNE
0440T 00	Category III	-	-	RNE	RNE
0441T 00	Category III	-	-	RNE	RNE
0442T 00	Category III	-	-	RNE	RNE
0443T 00	Category III	-	-	RNE	RNE
0444T 00	Category III	-	-	RNE	RNE
0445T 00	Category III	-	-	RNE	RNE
0446T 00	Category III	-	-	RNE	RNE
0447T 00	Category III	-	-	RNE	RNE
0448T 00	Category III	-	-	RNE	RNE
0449T 00	Category III	-	-	RNE	RNE
0450T 00	Category III	-	-	RNE	RNE
0451T 00	Category III	-	-	RNE	RNE
0452T 00	Category III	-	-	RNE	RNE
0453T 00	Category III	-	-	RNE	RNE
0454T 00	Category III	-	-	RNE	RNE
0455T 00	Category III	-	-	RNE	RNE
0456T 00	Category III	-	-	RNE	RNE
0457T 00	Category III	-	-	RNE	RNE
0458T 00	Category III	-	-	RNE	RNE
0459T 00	Category III	-	-	RNE	RNE
0460T 00	Category III	-	-	RNE	RNE
0461T 00	Category III	-	-	RNE	RNE
0462T 00	Category III	-	-	RNE	RNE
0463T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE
0468T 00	Category III	-	-	RNE	RNE
0468T 00	Category III	-	-	RNE	RNE
0469T 00	Category III	-	-	RNE	RNE
0470T 00	Category III	-	-	RNE	RNE
0471T 00	Category III	-	-	RNE	RNE
0472T 00	Category III	-	-	RNE	RNE
0473T 00	Category III	-	-	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0474T 00	Category III	-	-	RNE	RNE
0475T 00	Category III	-	-	RNE	RNE
0476T 00	Category III	-	-	RNE	RNE
0477T 00	Category III	-	-	RNE	RNE
0478T 00	Category III	-	-	RNE	RNE
0479T 00	Category III	-	-	RNE	RNE
0480T 00	Category III	-	-	RNE	RNE
0481T 00	Category III	-	-	RNE	RNE
0483T 00	Category III	-	-	RNE	RNE
0484T 00	Category III	-	-	RNE	RNE
0485T 00	Category III	-	-	RNE	RNE
0486T 00	Category III	-	-	RNE	RNE
0487T 00	Category III	-	-	RNE	RNE
0488T 00	Category III	-	-	RNE	RNE
0489T 00	Category III	-	-	RNE	RNE
0490T 00	Category III	-	-	RNE	RNE
0491T 00	Category III	-	-	RNE	RNE
0492T 00	Category III	-	-	RNE	RNE
0493T 00	Category III	-	-	RNE	RNE
0494T 00	Category III	-	-	RNE	RNE
0495T 00	Category III	-	-	RNE	RNE
0496T 00	Category III	-	-	RNE	RNE
0497T 00	Category III	-	-	RNE	RNE
0498T 00	Category III	-	-	RNE	RNE
0499T 00	Category III	-	-	RNE	RNE
0500T 00	Category III	-	-	RNE	RNE
0501T 00	Category III	-	-	RNE	RNE
0502T 00	Category III	-	-	RNE	RNE
0503T 00	Category III	-	-	RNE	RNE
0504T 00	Category III	-	-	RNE	RNE
0505T 00	Category III	-	-	RNE	RNE
0506T 00	Category III	-	-	RNE	RNE
0506T 26	Category III	-	-	RNE	RNE
0506T TC	Category III	-	-	RNE	RNE
0507T 00	Category III	-	-	RNE	RNE
0507T 26	Category III	-	-	RNE	RNE
0507T TC	Category III	-	-	RNE	RNE
0508T 00	Category III	-	-	RNE	RNE
0508T 26	Category III	-	-	RNE	RNE
0508T TC	Category III	-	-	RNE	RNE
0509T 00	Category III	-	-	RNE	RNE

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ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0509T 26	Category III	-	-	RNE	RNE
0509T TC	Category III	-	-	RNE	RNE
0510T 00	Category III	-	-	RNE	RNE
0511T 00	Category III	-	-	RNE	RNE
0512T 00	Category III	-	-	RNE	RNE
0513T 00	Category III	-	-	RNE	RNE
0514T 00	Category III	-	-	RNE	RNE
0515T 00	Category III	-	-	RNE	RNE
0516T 00	Category III	-	-	RNE	RNE
0517T 00	Category III	-	-	RNE	RNE
0518T 00	Category III	-	-	RNE	RNE
0519T 00	Category III	-	-	RNE	RNE
0520T 00	Category III	-	-	RNE	RNE
0521T 00	Category III	-	-	RNE	RNE
0521T 26	Category III	-	-	RNE	RNE
0521T TC	Category III	-	-	RNE	RNE
0522T 00	Category III	-	-	RNE	RNE
0522T 26	Category III	-	-	RNE	RNE
0522T TC	Category III	-	-	RNE	RNE
0523T 00	Category III	-	-	RNE	RNE
0524T 00	Category III	-	-	RNE	RNE
0525T 00	Category III	-	-	RNE	RNE
0526T 00	Category III	-	-	RNE	RNE
0527T 00	Category III	-	-	RNE	RNE
0528T 00	Category III	-	-	RNE	RNE
0528T 26	Category III	-	-	RNE	RNE
0528T TC	Category III	-	-	RNE	RNE
0529T 00	Category III	-	-	RNE	RNE
0529T 26	Category III	-	-	RNE	RNE
0529T TC	Category III	-	-	RNE	RNE
0530T 00	Category III	-	-	RNE	RNE
0531T 00	Category III	-	-	RNE	RNE
0532T 00	Category III	-	-	RNE	RNE
0533T 00	Category III	-	-	RNE	RNE
0533T 26	Category III	-	-	RNE	RNE
0533T TC	Category III	-	-	RNE	RNE
0534T 00	Category III	-	-	RNE	RNE
0534T 26	Category III	-	-	RNE	RNE
0534T TC	Category III	-	-	RNE	RNE
0535T 00	Category III	-	-	RNE	RNE

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ARIZONA PHYSICIANS' FEE SCHEDULE  
CATEGORY III CODES 2020-2021

CODE	CATEGORY	NF RVU	FAC RVU	RBRVS NF RATE	RBRVS FAC RATE
0535T 26	Category III	-	-	RNE	RNE
0535T TC	Category III	-	-	RNE	RNE
0536T 00	Category III	-	-	RNE	RNE
0536T 26	Category III	-	-	RNE	RNE
0536T TC	Category III	-	-	RNE	RNE
0537T 00	Category III	-	-	RNE	RNE
0538T 00	Category III	-	-	RNE	RNE
0539T 00	Category III	-	-	RNE	RNE
0540T 00	Category III	-	-	RNE	RNE
0541T 00	Category III	-	-	RNE	RNE
0542T 00	Category III	-	-	RNE	RNE

**Historical Note**

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019-2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

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