



Coding & Reimbursement TrueKAST TCC 2020

Hospital Outpatient Facility/ Ambulatory Surgical Center

		CODE	DESCRIPTION	Medicare Base Payment Rate/ Hospital Outpatient	Medicare Payment Rate /Ambulatory Surgical Center
Physician Code (CPT)	29445		Application of Rigid Total Contact Leg Cast	106.10	\$134.25
Hospital Outpatient Facility (APC)	5102		Level II Strapping and Cast Application	229.82	62.07
				\$335.92	\$196.32

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Non-Facility/Physician Office

HCPCS CODE	AVG PAYMENT		DESCRIPTION	TYPE	# Units
	PER UNIT				
Q4038	\$39.56		Cast Supplies, Short Leg Cast, Adult (11Years +)	Fiberglass	x 4 Units
29445	\$134.25		Application of Rigid Total Contact Leg Cast	Fiberglass	x 1 Units

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