

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
2014 HCPCS and Other Procedure Code Updates, effective June 23, 2014

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2014 HCPCS updates. The second section includes the procedure codes being added based on provider requests, clinical review, or significant program exception (PE) requests and by determination of the Deputy Secretary's Office. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2014 HCPCS updates and by clinical review. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	01	017	23			\$125.28	No	per procedure	once per day	N/A
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	01	183	22			\$125.28	No	per procedure	once per day	N/A
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	08	082	49			\$125.28	No	per procedure	once per day	N/A
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	31	All	11, 21, 23			\$125.28	No, but AUR and PSR process applies	per procedure	once per day	N/A
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	01	183	22			\$148.30	No	per procedure	once per day	0 days
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	31	All	11, 21, 24			\$148.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	01	183	22			\$70.38	No	per procedure	once per day	0 days
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$70.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	01	183	22			\$138.89	No	per procedure	once per day	0 days
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	31	All	11, 21, 24			\$138.89	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	01	183	22			\$66.12	No	per procedure	once per day	0 days
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$66.12	No, but AUR and PSR process applies	per procedure	once per day	0 days
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	01	183	22			\$162.10		per procedure	once per day	0 days
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	31	All	11, 21, 24			\$162.10	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	01	183	22			\$71.66	No	per procedure	once per day	0 days
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$71.66	No, but AUR and PSR process applies	per procedure	once per day	0 days
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	01	183	22			\$82.59	No	per procedure	once per day	0 days
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	31	All	11, 21, 24			\$82.59	No, but AUR and PSR process applies	per procedure	once per day	0 days
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	01	183	22			\$39.33	No	per procedure	once per day	0 days
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$39.33	No, but AUR and PSR process applies	per procedure	once per day	0 days
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	01	183	22			\$83.38	No	per procedure	once per day	0 day

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	31	All	11, 21, 24			\$83.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	01	183	22			\$39.59	No	per procedure	once per day	0 days
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$39.59	No, but AUR and PSR process applies	per procedure	once per day	0 days
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	01	183	22			\$70.71	No	per procedure	once per day	0 days
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	31	All	11, 21, 24			\$70.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	01	183	22			\$33.98	No	per procedure	once per day	0 days
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$33.98	No, but AUR and PSR process applies	per procedure	once per day	0 days
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	01	183	22			\$115.58	No	per procedure	once per day	0 days
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	31	All	11, 21, 24			\$115.58	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	01	183	22			\$50.82	No	per procedure	once per day	0 days
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$50.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	31	All	21, 24		RT-LT-50	\$361.27	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	31	All	21, 24		RT-LT-50	\$856.79	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	31	All	21, 24	80	RT-LT-50	\$137.09	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	31	All	21		RT-LT-50	\$1,023.21	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	31	All	21	80	RT-LT-50	\$163.71	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
37217	Transcatheter placement of an intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, via open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	31	All	21		RT-LT-50	\$919.89	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	01	183	22			\$381.86	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	31	All	21, 24			\$381.86	No, but AUR and PSR process applies	per procedure	once per day	0 days
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	01	183	22			\$178.71	No	per procedure	once per day	0 days
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	31	All	21, 24			\$178.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	01	183	22			\$267.48	No	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	31	All	21, 24			\$267.48	No, but AUR and PSR process applies	per procedure	once per day	0 days
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in	01	183	22			\$124.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in	31	All	21, 24			\$124.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or	01	183	22			\$366.22	No	per procedure	once per day	0 days
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or	31	All	21, 24			\$366.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	01	183	22			\$408.94	No	per procedure	once per day	0 days
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	31	All	21, 24			\$408.94	No, but AUR and PSR process applies	per procedure	once per day	0 days
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	01	183	22			\$487.60	No	per procedure	once per day	0 days
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	31	All	21, 24			\$487.60	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	01	183	22			\$568.78	No	per procedure	once per day	0 days
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	31	All	21, 24			\$568.78	No, but AUR and PSR process applies	per procedure	once per day	0 days
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	31	All	21, 24, 99			\$101.41	No, but AUR and PSR process applies	per procedure	once per day	0 days
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	31	All	21, 24, 99			\$121.10	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	31	All	21, 24, 99			\$144.48	No, but AUR and PSR process applies	per procedure	once per day	0 days
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	01	017	23			\$131.81	No	per procedure	once per day	0 days
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	31	All	21, 24, 23, 99			\$131.81	No, but AUR and PSR process applies	per procedure	once per day	0 days
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	31	All	21, 24, 99			\$159.00	No, but AUR and PSR process applies	per procedure	once per day	0 days
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	31	All	21, 24, 99			\$159.00	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	31	All	21, 24, 99			\$64.90	No, but AUR and PSR process applies	per procedure	once per day	0 days
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	31	All	21, 24, 99			\$77.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	31	All	21, 24, 99			\$198.06	No, but AUR and PSR process applies	per procedure	once per day	0 days
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	31	All	21, 24, 99			\$156.78	No, but AUR and PSR process applies	per procedure	once per day	0 days
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	31	All	21, 24, 99			\$220.48	No, but AUR and PSR process applies	per procedure	once per day	0 days
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	31	All	21, 24, 99			\$159.42	No, but AUR and PSR process applies	per procedure	once per day	0 days
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	31	All	21, 24, 99			\$168.46	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	31	All	21, 24, 99			\$189.26	No, but AUR and PSR process applies	per procedure	once per day	0 days
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	31	All	21, 24, 99			\$219.54	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	31	All	21, 24, 99			\$228.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	31	All	21, 24, 99			\$188.84	No, but AUR and PSR process applies	per procedure	once per day	0 days
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	31	All	21, 24, 99			\$198.18	No, but AUR and PSR process applies	per procedure	once per day	0 days
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	31	All	21, 24			\$390.95	No, but AUR and PSR process applies	per procedure	once per day	0 days
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	31	All	21, 24			\$322.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	31	All	21, 24			\$406.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	31	All	21, 24			\$324.24	No, but AUR and PSR process applies	per procedure	twice per day	0 days
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	31	All	21, 24			\$368.72	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	01	183	22			\$173.37	No	per procedure	once per day	0 days
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	31	All	11, 21, 24			\$173.37	No, but AUR and PSR process applies	per procedure	once per day	0 days
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, percutaneous	01	183	22			\$173.63	No, but AUR and PSR process applies	per procedure	once per day	0 days
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, percutaneous	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, percutaneous	31	All	11, 21, 24			\$173.63	No, but AUR and PSR process applies	per procedure	once per day	0 days
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	01	183	22			\$184.87	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocete, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	31	All	11, 21, 24			\$184.87	No, but AUR and PSR process applies	per procedure	once per day	0 days
52356	Cystourethroscopy, with urteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
52356	Cystourethroscopy, with urteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
52356	Cystourethroscopy, with urteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	31	All	21, 24		RT-LT-50	\$333.20	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	01	183	22		RT-LT-50	86.14	No	per procedure	once per R side and once per L side per day	10 days
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	08	082	49		RT-LT-50	\$86.14	No	per procedure	once per R side and once per L side per day	10 days
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	31	All	11, 21, 24		RT-LT-50	\$86.14	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	10 days
64617	Chemodenervation of muscle(s); larynx unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	01	183	22		RT-LT-50	\$91.23	No	per procedure	once per R side and once per L side per day	10 days
64617	Chemodenervation of muscle(s); larynx unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64617	Chemodenervation of muscle(s); larynx unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64617	Chemodenervation of muscle(s); larynx unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	08	082	49		RT-LT-50	\$91.23	No	per procedure	once per R side and once per L side per day	10 days
64617	Chemodenervation of muscle(s); larynx unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	31	All	11, 21, 24		RT-LT-50	\$91.23	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	10 days
64642	Chemodenervation of one extremity; 1-4 muscle(s)	01	183	22			\$85.70	No	per procedure	once per day	0 days
64642	Chemodenervation of one extremity; 1-4 muscle(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64642	Chemodenervation of one extremity; 1-4 muscle(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64642	Chemodenervation of one extremity; 1-4 muscle(s)	08	082	49			\$85.70	No	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
64642	Chemodenervation of one extremity; 1-4 muscle(s)	31	All	11, 21, 24			\$85.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	01	183	22			\$57.71	No	per procedure	once per day	0 days
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	08	082	49			\$57.71	No	per procedure	once per day	0 days
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$57.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
64644	Chemodenervation of one extremity; 5 or more muscle(s)	01	183	22			\$93.54	No	per procedure	once per day	0 days
64644	Chemodenervation of one extremity; 5 or more muscle(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
64644	Chemodenervation of one extremity; 5 or more muscle(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64644	Chemodenervation of one extremity; 5 or more muscle(s)	08	082	49			\$93.54	No	per procedure	once per day	0 days
64644	Chemodenervation of one extremity; 5 or more muscle(s)	31	All	11, 21, 24			\$93.54	No, but AUR and PSR process applies	per procedure	once per day	0 days
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles(s) (List separately in addition to code for primary procedure)	01	183	22			\$66.17	No	per procedure	once per day	0 days
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles(s) (List separately in addition to code for primary procedure)	08	082	49			\$66.17	No	per procedure	once per day	0 days
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles(s) (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$66.17	No, but AUR and PSR process applies	per procedure	once per day	0 days
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	01	183	22			\$92.70	No	per procedure	once per day	0 days
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	08	082	49			\$92.70	No	per procedure	once per day	0 days
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	31	All	11, 21, 24			\$92.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	01	183	22			\$107.06	No	per procedure	once per day	

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	08	082	49			\$107.06	No	per procedure	once per day	0 days
64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)	31	All	11, 21, 24			\$107.06	No, but AUR and PSR process applies	per procedure	once per day	0 days
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	01	183	22			\$323.53	No	per procedure	once per day	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	01	183	22	TC		\$242.07	No	per procedure	once per day	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	31	All	11			\$323.53	No	per procedure	once per day	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	31	All	11	TC		\$242.07	No	per procedure	once per day	N/A
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	31	All	11, 21, 22	26		\$81.46	No	per procedure	once per day	N/A
80155	Caffeine	01	016, 017	23			\$15.44	No	per procedure	once per day	N/A
80155	Caffeine	01	183	22			\$15.44	No	per procedure	once per day	N/A
80155	Caffeine	28	280	81			\$15.44	No	per procedure	once per day	N/A
80159	Clozapine	01	016, 017	23			\$20.18	No	per procedure	once per day	N/A
80159	Clozapine	01	183	22			\$20.18	No	per procedure	once per day	N/A
80159	Clozapine	28	280	81			\$20.18	No	per procedure	once per day	N/A
80169	Everolimus	01	016, 017	23			\$14.98	No	per procedure	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
80169	Everolimus	01	183	22			\$14.98	No	per procedure	once per day	N/A
80169	Everolimus	28	280	81			\$14.98	No	per procedure	once per day	N/A
80171	Gabapentin	01	016, 017	23			\$14.47	No	per procedure	once per day	N/A
80171	Gabapentin	01	183	22			\$14.47	No	per procedure	once per day	N/A
80171	Gabapentin	28	280	81			\$14.47	No	per procedure	once per day	N/A
80175	Lamotrigine	01	016, 017	23			\$14.47	No	per procedure	once per day	N/A
80175	Lamotrigine	01	183	22			\$14.47	No	per procedure	once per day	N/A
80175	Lamotrigine	28	280	81			\$14.47	No	per procedure	once per day	N/A
80177	Levetiracetam	01	016, 017	23			\$14.47	No	per procedure	once per day	N/A
80177	Levetiracetam	01	183	22			\$14.47	No	per procedure	once per day	N/A
80177	Levetiracetam	28	280	81			\$14.47	No	per procedure	once per day	N/A
80180	Mycophenolate (mycophenolic acid)	01	016, 017	23			\$19.70	No	per procedure	once per day	N/A
80180	Mycophenolate (mycophenolic acid)	01	183	22			\$19.70	No	per procedure	once per day	N/A
80180	Mycophenolate (mycophenolic acid)	28	280	81			\$19.70	No	per procedure	once per day	N/A
80183	Oxcarbazepine	01	016, 017	23			\$14.47	No	per procedure	once per day	N/A
80183	Oxcarbazepine	01	183	22			\$14.47	No	per procedure	once per day	N/A
80183	Oxcarbazepine	28	280	81			\$14.47	No	per procedure	once per day	N/A
80199	Tiagabine	01	016, 017	23			\$19.70	No	per procedure	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
80199	Tiagabine	01	183	22			\$19.70	No	per procedure	once per day	N/A
80199	Tiagabine	28	280	81			\$19.70	No	per procedure	once per day	N/A
80203	Zonisamide	01	016, 017	23			\$14.47	No	per procedure	once per day	N/A
80203	Zonisamide	01	183	22			\$14.47	No	per procedure	once per day	N/A
80203	Zonisamide	28	280	81			\$14.47	No	per procedure	once per day	N/A
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	01	183	22			\$83.01	Yes	per procedure	once per lifetime	N/A
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis	28	280	81			\$83.01	Yes	per procedure	once per lifetime	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	016, 017	23			\$38.30	No	per procedure	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	183	22			\$38.30	No	per procedure	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	28	280	81			\$38.30	No	per procedure	once per day	N/A
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	01	183	22			\$10.00	No	per administration	1 per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	08	082	49			\$10.00	No	per administration	1 per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	09	All	11, 12			\$10.00	No	per administration	1 per 270 days per flu season	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	31	All	11, 12			\$10.00	No	per administration	1 per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	33	335	11, 12			\$10.00	No	per administration	1 per 270 days per flu season	N/A
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	17	173	11, 12, 99	U9		\$88.31	No	per evaluation	once per day	N/A
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	20	200	11, 12	U9		\$88.31	No	per evaluation	once per day	N/A
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	31	All	11, 12	U9		\$88.31	No	per evaluation	once per day	N/A
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	17	173	11, 12, 99	U9		\$71.87	No	per evaluation	once per day	N/A
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	20	200	11, 12	U9		\$71.87	No	per evaluation	once per day	N/A
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);	31	All	11, 12	U9		\$71.87	No	per evaluation	once per day	N/A
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	17	173	11, 12, 99	U9		\$149.06	No	per evaluation	once per day	N/A
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	20	200	11, 12	U9		\$149.06	No	per evaluation	once per day	N/A
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	31	All	11, 12	U9		\$149.06	No	per evaluation	once per day	N/A
92524	Behavioral and qualitative analysis of voice and resonance	17	173	11, 12, 99	U9		\$74.97	No	per evaluation	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
92524	Behavioral and qualitative analysis of voice and resonance	20	200	11, 12	U9		\$74.97	No	per evaluation	once per day	N/A
92524	Behavioral and qualitative analysis of voice and resonance	31	All	11, 12	U9		\$74.97	No	per evaluation	once per day	N/A
93582	Percutaneous transcatheter closure of patent ductus arteriosus	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
93582	Percutaneous transcatheter closure of patent ductus arteriosus	31	All	21, 24			\$552.39	No, but AUR and PSR process applies	per procedure	once per day	0 days
93582	Percutaneous transcatheter closure of patent ductus arteriosus	31	All	21, 24	80		\$88.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	31	All	21			\$614.87	No, but AUR and PSR process applies	per procedure	once per day	0 days
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	31	All	21	80		\$98.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
A7047	Oral interface used with respiratory suction pump, each	24	240, 241, 242, 243, 245	11, 12	NU		\$105.78	No	each	one per 365 days	N/A
A7047	Oral interface used with respiratory suction pump, each	25	250	11, 12	NU		\$105.78	No	each	one per 365 days	N/A
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	01	183	22			\$66.68	No	per test	once per day	N/A
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	01	183	22	TC		\$42.54	No	per test	once per day	N/A
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	28	280	81			\$66.68	No	per test	once per day	N/A
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	31	333	21, 22	26		\$24.14	No	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	01	183	22			\$51.03	No	per test	once per day	N/A
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	01	183	22	TC		\$41.22	No	per test	once per day	N/A
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	28	280	81			\$51.03	No	per test	once per day	N/A
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	31	333	21, 22	26		\$9.82	no	per test	once per day	N/A
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$255.38	Yes	each	Per medical necessity	N/A
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$255.38	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$732.34	Yes	each	Per medical necessity	N/A
L0457	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$732.34	Yes	each	Per medical necessity	N/A
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$266.02	Yes	each	Per medical necessity	N/A
L0467	TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$266.02	Yes	each	Per medical necessity	N/A
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$352.43	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L0469	TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$352.43	Yes	each	one per 365 days	N/A
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$57.38	Yes	each	Per medical necessity	N/A
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$57.38	Yes	each	Per medical necessity	N/A
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$302.67	Yes	each	Per medical necessity	N/A
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$302.67	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$119.26	Yes	each	Per medical necessity	N/A
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$119.26	Yes	each	Per medical necessity	N/A
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$755.90	Yes	each	Per medical necessity	N/A
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$755.90	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$211.14	Yes	each	Per medical necessity	N/A
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$211.14	Yes	each	Per medical necessity	N/A
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intravertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricate, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$791.02	Yes	each	Per medical necessity	N/A
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	25	250	11, 12, 21, 31, 32			\$791.02	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s) panel(s), posterior extends from sacrococcygeal junction to t-9vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervetral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface. pendulous abdomen design, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$791.02	Yes	each	Per medical necessity	N/A
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s) panel(s), posterior extends from sacrococcygeal junction to t-9vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervetral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface. pendulous abdomen design, prefabricated, off-the-shelf	25	250	11, 12, 21, 31, 32			\$791.02	Yes	each	Per medical necessity	N/A
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$69.47	Yes	each	Per medical necessity	N/A
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$69.47	Yes	each	Per medical necessity	N/A
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$498.89	Yes	each	Per medical necessity	N/A
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$498.89	Yes	each	Per medical necessity	N/A
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$423.51	Yes	each	Per medical necessity	N/A
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$423.51	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L3809	Wrist, hand, finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$167.57	Yes	each	Per medical necessity	N/A
L3809	Wrist, hand, finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$167.57	Yes	each	Per medical necessity	N/A
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$356.21	Yes	each	Per medical necessity	N/A
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$356.21	Yes	each	Per medical necessity	N/A
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$70.81	Yes	each	Per medical necessity	N/A
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$70.81	Yes	each	Per medical necessity	N/A
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$64.68	Yes	each	Per medical necessity	N/A
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$64.68	Yes	each	2 per R side and 2 per L side per 365 days	N/A
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$61.46	Yes	each	Per medical necessity	N/A
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$61.46	Yes	each	Per medical necessity	N/A
L4361	Walking boot, pneumatic, and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$217.06	Yes	each	Per medical necessity	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
L4361	Walking boot, pneumatic, and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$217.06	Yes	each	Per medical necessity	N/A
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$116.74	Yes	each	Per medical necessity	N/A
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$116.74	Yes	each	Per medical necessity	N/A
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning may be used for minimal ambulation, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244,245	11, 12, 21, 31, 32		RT-LT-50	\$123.55	Yes	each	Per medical necessity	N/A
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning may be used for minimal ambulation, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$123.55	Yes	each	Per medical necessity	N/A
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	24	240, 241, 242, 243, 245	11, 12			\$1.25	No	each	300 per calendar month	N/A
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	25	250	11, 12			\$1.25	No	each	300 per calendar month	N/A
CODES ADDED TO FEE SCHEDULE BASED ON PROVIDER REQUESTS, CLINICAL REVIEW, OR SIGNIFICANT PE REQUESTS AND BY DETERMINATION OF THE DEPUTY SECRETARY'S OFFICE											
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	01	183	22			\$525.00	Yes	per test	once per lifetime	N/A
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	28	280	81			\$525.00	Yes	per test	once per lifetime	N/A
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	01	183	22			\$125.52	Yes	per test	once per lifetime	N/A
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	28	280	81			\$125.52	Yes	per test	once per lifetime	N/A
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	01	183	22			\$914.69	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	28	280	81			\$914.69	Yes	per test	once per lifetime	N/A
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	01	183	22			\$165.22	Yes	per test	once per lifetime	N/A
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	28	280	81			\$165.22	Yes	per test	once per lifetime	N/A
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	01	183	22			\$452.67	Yes	per test	once per lifetime	N/A
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	28	280	81			452.67	Yes	per test	once per lifetime	N/A
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	01	183	22			1150.51	Yes	per test	once per lifetime	N/A
81211	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	28	280	81			1150.51	Yes	per test	once per lifetime	N/A
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delIT variants	01	183	22			141.36	Yes	per test	once per lifetime	N/A
81212	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delIT variants	28	280	81			141.36	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	01	183	22			466.18	Yes	per test	once per lifetime	N/A
81213	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants	28	280	81			466.18	Yes	per test	once per lifetime	N/A
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	01	183	22			1150.51	Yes	per test	once per lifetime	N/A
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)	28	280	81			1150.51	Yes	per test	once per lifetime	N/A
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	01	183	22			74.59	Yes	per test	once per lifetime	N/A
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	28	280	81			74.59	Yes	per test	once per lifetime	N/A
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01	183	22			1482.35	Yes	per test	once per lifetime	N/A
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	28	280	81			1482.35	Yes	per test	once per lifetime	N/A
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	01	183	22			74.59	Yes	per test	once per lifetime	N/A
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	28	280	81			74.59	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	01	183	22			1112.92	Yes	per test	once per lifetime	N/A
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	28	280	81			1112.92	Yes	per test	once per lifetime	N/A
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	01	183	22			53.7	Yes	per test	once per lifetime	N/A
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	28	280	81			53.7	Yes	per test	once per lifetime	N/A
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	01	183	22			66.7	Yes	per test	once per lifetime	N/A
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	28	280	81			66.7	Yes	per test	once per lifetime	N/A
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01	183	22			193.1	Yes	per test	once per lifetime	N/A
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	28	280	81			193.1	Yes	per test	once per lifetime	N/A
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	01	183	22			82.95	Yes	per test	once per lifetime	N/A
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	28	280	81			82.95	Yes	per test	once per lifetime	N/A
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)	01	183	22			132.74	Yes	per test	once per lifetime	N/A
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis, internal tandem duplication (ITD) variants (ie, exons 14, 15)	28	280	81			132.74	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	01	183	22			203.4	Yes	per test	once per lifetime	N/A
81255	HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)	28	280	81			203.4	Yes	per test	once per lifetime	N/A
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	01	183	22			71.34	Yes	per test	once per lifetime	N/A
81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	28	280	81			71.34	Yes	per test	once per lifetime	N/A
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	01	183	22			204.63	Yes	per test	once per lifetime	N/A
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Constant Spring)	28	280	81			204.63	Yes	per test	once per lifetime	N/A
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	01	183	22			119.34	Yes	per test	once per lifetime	N/A
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	28	280	81			119.34	Yes	per test	once per lifetime	N/A
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p. Val617Phe (V617F)	01	183	22			100.05	Yes	per test	once per lifetime	N/A
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p. Val617Phe (V617F)	28	280	81			100.05	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants	01	183	22			157.98	Yes	per test	once per lifetime	N/A
81275	KRAS (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants	28	280	81			157.98	Yes	per test	once per lifetime	N/A
81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	01	183	22			123	Yes	per test	once per lifetime	N/A
81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	28	280	81			123	Yes	per test	once per lifetime	N/A
81281	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant	01	183	22			123	Yes	per test	once per lifetime	N/A
81281	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant	28	280	81			123	Yes	per test	once per lifetime	N/A
81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	01	183	22			123	Yes	per test	once per lifetime	N/A
81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	28	280	81			123	Yes	per test	once per lifetime	N/A
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	01	183	22			516.99	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	28	280	81			516.99	Yes	per test	once per lifetime	N/A
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	01	183	22			207.25	Yes	per test	once per lifetime	N/A
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	28	280	81			207.25	Yes	per test	once per lifetime	N/A
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	01	183	22			152.54	Yes	per test	once per lifetime	N/A
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	28	280	81			152.54	Yes	per test	once per lifetime	N/A
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	01	183	22			121.37	Yes	per test	once per lifetime	N/A
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	28	280	81			121.37	Yes	per test	once per lifetime	N/A
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	01	183	22			103.62	Yes	per test	once per lifetime	N/A
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	28	280	81			103.62	Yes	per test	once per lifetime	N/A
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	01	183	22			121.37	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	28	280	81			121.37	Yes	per test	once per lifetime	N/A
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	01	183	22			230.26	Yes	per test	once per lifetime	N/A
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	28	280	81			230.26	Yes	per test	once per lifetime	N/A
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	01	183	22			128.99	Yes	per test	once per lifetime	N/A
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	28	280	81			128.99	Yes	per test	once per lifetime	N/A
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	01	183	22			129.34	Yes	per test	once per lifetime	N/A
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	28	280	81			129.34	Yes	per test	once per lifetime	N/A
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	01	183	22			316.03	Yes	per test	once per lifetime	N/A
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	28	280	81			316.03	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	01	183	22			467.63	Yes	per test	once per lifetime	N/A
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	28	280	81			467.63	Yes	per test	once per lifetime	N/A
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	01	183	22			197.67	Yes	per test	once per lifetime	N/A
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	28	280	81			197.67	Yes	per test	once per lifetime	N/A
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	01	183	22			201.58	Yes	per test	once per lifetime	N/A
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	28	280	81			201.58	Yes	per test	once per lifetime	N/A
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	01	183	22			226.26	Yes	per test	once per lifetime	N/A
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	28	280	81			226.26	Yes	per test	once per lifetime	N/A
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	01	183	22			345.11	Yes	per test	once per lifetime	N/A
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	28	280	81			345.11	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	01	183	22			625.03	Yes	per test	once per lifetime	N/A
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	28	280	81			625.03	Yes	per test	once per lifetime	N/A
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	01	183	22			147.69	Yes	per test	once per lifetime	N/A
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	28	280	81			147.69	Yes	per test	once per lifetime	N/A
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletions variants	01	183	22			177.33	Yes	per test	once per lifetime	N/A
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletions variants	28	280	81			177.33	Yes	per test	once per lifetime	N/A
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	01	183	22			633.23	Yes	per test	once per lifetime	N/A
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	28	280	81			633.23	Yes	per test	once per lifetime	N/A
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	01	183	22			210.12	Yes	per test	once per lifetime	N/A
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	28	280	81			210.12	Yes	per test	once per lifetime	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	01	183	22			108.47	Yes	per test	once per lifetime	N/A
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	28	280	81			108.47	Yes	per test	once per lifetime	N/A
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	01	183	22			121.23	Yes	per test	once per lifetime	N/A
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	28	280	81			121.23	Yes	per test	once per lifetime	N/A
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	01	183	22			67.74	Yes	per test	once per lifetime	N/A
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	28	280	81			67.74	Yes	per test	once per lifetime	N/A
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	01	183	22			438.88	Yes	per test	once per day	N/A
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	28	280	81			438.88	Yes	per test	once per day	N/A
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	01	183	22			262.69	Yes	per test	once per day	N/A
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	28	280	81			262.69	Yes	per test	once per day	N/A
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	01	183	22			241.09	Yes	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	28	280	81			241.09	Yes	per test	once per day	N/A
81373	HLA Class I typing, low resolution (eg, antigen equivalents); 1 locus (eg, HLA-A, -B, or -C), each	01	183	22			121.54	Yes	per test	once per day	N/A
81373	HLA Class I typing, low resolution (eg, antigen equivalents); 1 locus (eg, HLA-A, -B, or -C), each	28	280	81			121.54	Yes	per test	once per day	N/A
81374	HLA Class I typing, low resolution (eg, antigen equivalents); 1 antigen equivalent (eg, B*27), each	01	183	22			79.4	Yes	per test	once per day	N/A
81374	HLA Class I typing, low resolution (eg, antigen equivalents); 1 antigen equivalent (eg, B*27), each	28	280	81			79.4	Yes	per test	once per day	N/A
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	01	183	22			240.92	Yes	per test	once per day	N/A
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	28	280	81			240.92	Yes	per test	once per day	N/A
81376	HLA Class II typing, low resolution (eg, antigen equivalents); 1 locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	01	183	22			133.39	Yes	per test	once per day	N/A
81376	HLA Class II typing, low resolution (eg, antigen equivalents); 1 locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	28	280	81			133.39	Yes	per test	once per day	N/A
81377	HLA Class II typing, low resolution (eg, antigen equivalents); 1 antigen equivalent, each	01	183	22			100.2	Yes	per test	once per day	N/A
81377	HLA Class II typing, low resolution (eg, antigen equivalents); 1 antigen equivalent, each	28	280	81			100.2	Yes	per test	once per day	N/A
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	01	183	22			377.15	Yes	per test	once per day	N/A
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	28	280	81			377.15	Yes	per test	once per day	N/A
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	01	183	22			366.03	Yes	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	28	280	81			366.03	Yes	per test	once per day	N/A
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); 1 locus (eg, HLA-A, -B, or -C), each	01	183	22			193.45	Yes	per test	once per day	N/A
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); 1 locus (eg, HLA-A, -B, or -C), each	28	280	81			193.45	Yes	per test	once per day	N/A
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); 1 allele or allele group (eg, B*57:01P), each	01	183	22			103.22	Yes	per test	once per day	N/A
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); 1 allele or allele group (eg, B*57:01P), each	28	280	81			103.22	Yes	per test	once per day	N/A
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); 1 locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	01	183	22			134.98	Yes	per test	once per day	N/A
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); 1 locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	28	280	81			134.98	Yes	per test	once per day	N/A
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); 1 allele or allele group (eg, HLA-DQB1*06:02P), each	01	183	22			119.1	Yes	per test	once per day	N/A
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); 1 allele or allele group (eg, HLA-DQB1*06:02P), each	28	280	81			119.1	Yes	per test	once per day	N/A
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	01	183	22			94.37	Yes	per test	once per day	N/A
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	28	280	81			94.37	Yes	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
E0191	Heel or elbow protector, each	24	240, 241, 242, 243, 245	11, 12	NU		8.74	No	each	4 per 365 days	N/A
E0191	Heel or elbow protector, each	25	250	11, 12	NU		8.74	No	each	4 per 365 days	N/A
Q4107	Graft jacket, per sq cm	24	240, 241, 242, 243, 245	11, 12			94.76	Yes	per sq cm	100 sq cm per day	N/A
Q4107	Graft jacket, per sq cm	25	250	11, 12			94.76	Yes	per sq cm	100 sq cm per day	N/A
CODES CURRENTLY ON THE FEE SCHEDULE UPDATED AS A RESULT OF IMPLEMENTING THE 2014 HCPCS UPDATES AND BY CLINICAL REVIEW											
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	01	021	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	01	183	22		RT-LT-50	138.81	No	per procedure	once per R side and once per L side per day	0 days
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	02	020	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	08	082	49		RT-LT-50	138.81	No	per procedure	once per R side and once per L side per day	0 days
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	31	All	11, 21, 24		RT-LT-50	138.81	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	01	021	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	01	183	22		RT-LT-50	165.79	No	per procedure	once per R side and once per L side per day	0 days
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	02	020	24	SG		776	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	08	082	49			165.79	No	per procedure	once per R side and once per L side per day	0 days
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	31	All	11, 21, 24		RT-LT-50	165.79	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	01	021	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	01	183	22		RT-LT-50	135.83	No	per procedure	once per R side and once per L side per day	0 days
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	02	020	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	08	082	49		RT-LT-50	135.83	No	per procedure	once per R side and once per L side per day	0 days
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	31	All	11, 21, 24		RT-LT-50	135.83	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
69210	Removal impacted cerumen requiring instrumentation, unilateral	01	183	22		RT-LT-50	20	No		once per R side and once per L side per day	0 days
69210	Removal impacted cerumen requiring instrumentation, unilateral	01	021	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
69210	Removal impacted cerumen requiring instrumentation, unilateral	02	020	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
69210	Removal impacted cerumen requiring instrumentation, unilateral	08	082	49		RT-LT-50	20	No		once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
69210	Removal impacted cerumen requiring instrumentation, unilateral	31	All	11, 21, 24, 31, 32		RT-LT-50	20	No, but AUR and PSR process applies		once per R side and once per L side per day	0 days