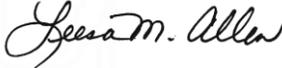




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|---|--|---|
| <b>ISSUE DATE</b><br>August 31, 2015                                      | <b>EFFECTIVE DATE</b><br>September 1, 2015 | <b>NUMBER</b><br>99-15-06   |
| <b>SUBJECT</b><br><br>2015 HCPCS Updates and Other Procedure Code Changes |  | <b>BY</b><br><br><br>Leesa M. Allen, Deputy Secretary<br>Office of Medical Assistance Programs |

**IMPORTANT REMINDER:** On **October 1, 2015**, the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. Additional information is available on the Department of Human Services website at:  
[http://www.dhs.state.pa.us/provider/icd10information/P\\_012571](http://www.dhs.state.pa.us/provider/icd10information/P_012571)

**IMPORTANT REMINDER:** All providers (including all associated service locations - 13 digits) who enrolled on or before **March 25, 2011** must revalidate their enrollment information no later than **March 24, 2016**. New enrollment application including all revalidation requirements may be found at  
[http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.state.pa.us/provider/promise/enrollmentinformation/S_001994). Please send in your application(s) as soon as possible.

**PURPOSE:**

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule, including changes resulting from the implementation of the 2015 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. These changes are effective for dates of service on and after September 1, 2015.

**SCOPE:**

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service (FFS) delivery system. Providers rendering services under the MA managed care delivery system should address any coding or billing questions to the appropriate managed care organization (MCO).

**BACKGROUND:**

The Department is adding and end-dating procedure codes as a result of implementing the 2015 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding and end-dating other procedure codes. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm>

In addition, the Department is updating procedure codes which currently appear on the MA Program Fee Schedule.

**DISCUSSION:**

**Procedure Codes Added or End-dated from the Fee Schedule**

The following procedure codes are being added to the MA Program Fee Schedule as a result of the 2015 HCPCS updates:

| <b>Procedure Codes and Modifiers</b> |                 |                 |                 |                 |
|--------------------------------------|-----------------|-----------------|-----------------|-----------------|
| 20604                                | 20604 (SG)      | 20606           | 20606 (SG)      | 20611           |
| 20611 (SG)                           | 22510           | 22510 (SG)      | 22511           | 22511 (SG)      |
| 22512                                | 22513           | 22513 (SG)      | 22514           | 22514 (SG)      |
| 22515                                | 33946           | 33947           | 33948           | 33949           |
| 33951                                | 33952           | 33953           | 33954           | 33955           |
| 33956                                | 33957           | 33958           | 33959           | 33962           |
| 33963                                | 33964           | 33965           | 33966           | 33969           |
| 33984                                | 33985           | 33986           | 33987           | 33988           |
| 33989                                | 37218 (RT)      | 37218 (LT)      | 37218 (50)      | 43180           |
| 43180 (SG)                           | 44381           | 44381 (SG)      | 44384           | 44384 (SG)      |
| 44401                                | 44401 (SG)      | 44402           | 44402 (SG)      | 44403           |
| 44403 (SG)                           | 44404           | 44404 (SG)      | 44405           | 44405 (SG)      |
| 44406                                | 44406 (SG)      | 44407           | 44407 (SG)      | 44408           |
| 44408 (SG)                           | 45346           | 45346 (SG)      | 45347           | 45347 (SG)      |
| 45349                                | 45349 (SG)      | 45350           | 45350 (SG)      | 45388           |
| 45388 (SG)                           | 45389           | 45389 (SG)      | 45390           | 45390 (SG)      |
| 45393                                | 45393 (SG)      | 45398           | 45398 (SG)      | 47383           |
| 47383 (SG)                           | 62302           | 62302 (SG)      | 62303           | 62303 (SG)      |
| 62304                                | 62304 (SG)      | 62305           | 62305 (SG)      | 64486           |
| 64487                                | 64488           | 64489           | 66179 (SG)      | 66179 (RT)      |
| 66179 (LT)                           | 66179 (50)      | 66179 (80) (RT) | 66179 (80) (LT) | 66179 (80) (50) |
| 66184 (SG)                           | 66184 (RT)      | 66184 (LT)      | 66184 (50)      | 66184 (80) (RT) |
| 66184 (80) (LT)                      | 66184 (80) (50) | 76641 (RT)      | 76641 (LT)      | 76641 (50)      |
| 76641 (TC) (RT)                      | 76641 (TC) (LT) | 76641 (TC) (50) | 76641 (26) (RT) | 76641 (26) (LT) |
| 76641 (26) (50)                      | 76642 (RT)      | 76642 (LT)      | 76642 (50)      | 76642 (TC) (RT) |
| 76642 (TC) (LT)                      | 76642 (TC) (50) | 76642 (26) (RT) | 76642 (26) (LT) | 76642 (26) (50) |
| 77306                                | 77306 (TC)      | 77306 (26)      | 77307           | 77307 (TC)      |

|                |            |            |            |            |
|----------------|------------|------------|------------|------------|
| 77307 (26)     | 77316      | 77316 (TC) | 77316 (26) | 77317      |
| 77317 (TC)     | 77317 (26) | 77318      | 77318 (TC) | 77318 (26) |
| 77385          | 77386      | 77387      | 77387 (TC) | 77387 (26) |
| 80163          | 80165      | 80300      | 80301      | 80302      |
| 80303          | 80304      | 80320      | 80321      | 80322      |
| 80324          | 80325      | 80326      | 80327      | 80328      |
| 80329          | 80330      | 80331      | 80335      | 80336      |
| 80337          | 80342      | 80343      | 80344      | 80345      |
| 80346          | 80347      | 80348      | 80349      | 80353      |
| 80354          | 80358      | 80361      | 80362      | 80363      |
| 80364          | 80365      | 80369      | 80370      | 80375      |
| 81435          | 81436      | 81519      | 83006      | 87623      |
| 87623 (FP)     | 87624      | 87624 (FP) | 87625      | 87625 (FP) |
| 87806          | 87806 (QW) | 88341      | 88341 (TC) | 88341 (26) |
| 88344          | 88344 (TC) | 88344 (26) | 88364      | 88364 (TC) |
| 88364 (26)     | 88366      | 88366 (TC) | 88366 (26) | 88369      |
| 88369 (TC)     | 88369 (26) | 88373      | 88373 (TC) | 88373 (26) |
| 88374          | 88374 (TC) | 88374 (26) | 88377      | 88377 (TC) |
| 88377 (26)     | 90620      | 90621      | 90630      | 90651      |
| 93355          | 93355 (78) | 96127      | 99188      | A4602      |
| G0277          | G0472      | G6001      | G6001 (TC) | G6001 (26) |
| G6001 (26)(78) | G6002      | G6002 (TC) | G6002 (26) | G6003      |
| G6004          | G6005      | G6006      | G6007      | G6008      |
| G6009          | G6010      | G6011      | G6012      | G6013      |
| G6014          | G6015      | G6016      | G6018      | G6018 (SG) |
| G6019          | G6019 (SG) | G6020      | G6020 (SG) | G6022      |
| G6022 (SG)     | G6023      | G6023 (SG) | G6024      | G6024 (SG) |
| G6025          | G6025 (SG) | G6030      | G6031      | G6032      |
| G6034          | G6035      | G6036      | G6037      | G6038      |
| G6039          | G6040      | G6040 (QW) | G6042      | G6043      |
| G6044          | G6045      | G6046      | G6047      | G6049      |
| G6050          | G6051      | G6052      | G6053      | G6054      |
| G6056          | G6057      | G6058      | K0901 (RT) | K0901 (LT) |
| K0901 (50)     | K0902 (RT) | K0902 (LT) | K0902 (50) | L3981 (RT) |
| L3981 (LT)     | L3981 (50) | L6026 (RT) | L6026 (LT) | L6026 (50) |
| L7259 (RT)     | L7259 (LT) | L7259 (50) | S8032      | S8032 (TC) |
| S8032 (26)     |            |            |            |            |

The following procedure codes are being added to the MA Program Fee Schedule based upon provider requests, clinical review or significant program exception requests:

| <b>Procedure Codes and Modifiers</b> |            |            |            |            |            |
|--------------------------------------|------------|------------|------------|------------|------------|
| 19030 (RT)                           | 19030 (LT) | 19030 (50) | 81235      | 81261      | 81262      |
| 81263                                | 81264      | 81310      | 81504      | 83992      | 87521      |
| 88312                                | 88312 (TC) | 88312 (26) | 88313      | 88313 (TC) | 88313 (26) |
| 91110                                | 91110 (TC) | 91110 (26) | 96119      | E0627 (RR) | E0627 (NU) |
| G0166                                | L4360 (RT) | L4360 (LT) | L4360 (50) | L5986 (RT) | L5986 (LT) |
| L5986 (50)                           |            |            |            |            |            |

The following procedure codes are being end-dated from the MA Program Fee Schedule as a result of the 2015 HCPCS updates:

| <b>Procedure Codes</b> |       |       |       |       |       |
|------------------------|-------|-------|-------|-------|-------|
| 00452                  | 00622 | 00634 | 21800 | 21810 | 22520 |
| 22521                  | 22522 | 22523 | 22524 | 22525 | 29020 |
| 29025                  | 33332 | 33472 | 33960 | 33961 | 36822 |
| 42508                  | 43350 | 44383 | 44393 | 44397 | 45339 |
| 45345                  | 45355 | 45383 | 45387 | 61334 | 61440 |
| 61470                  | 61490 | 61542 | 61609 | 61875 | 62116 |
| 64752                  | 64761 | 64870 | 66165 | 72291 | 72292 |
| 74291                  | 76645 | 76950 | 77305 | 77310 | 77315 |
| 77326                  | 77327 | 77328 | 77403 | 77404 | 77406 |
| 77408                  | 77409 | 77411 | 77413 | 77414 | 77416 |
| 77418                  | 77421 | 80100 | 80101 | 80104 | 80152 |
| 80154                  | 80160 | 80166 | 80172 | 80174 | 80182 |
| 80196                  | 80440 | 82003 | 82055 | 82205 | 82646 |
| 82649                  | 82651 | 82666 | 82690 | 82742 | 82953 |
| 82975                  | 83008 | 83055 | 83071 | 83805 | 83858 |
| 83866                  | 84022 | 87621 | 88349 | C1300 | G0461 |
| G0462                  | L6025 | L7260 | L7261 |       |       |

The following procedure codes are being end-dated from the MA Program Fee Schedule based upon clinical review, but will be available through the 1150 Administrative Waiver (Program Exception) process:

| <b>Procedure Codes</b> |       |       |       |
|------------------------|-------|-------|-------|
| 77605                  | 77620 | 88130 | 88140 |

The following procedure codes were determined by clinical review to be experimental and are being end-dated from the MA Program Fee Schedule:

| Procedure Codes |       |       |       |       |       |
|-----------------|-------|-------|-------|-------|-------|
| 87477           | 87482 | 87487 | 95905 | 95981 | 95982 |

Procedure code E0618, apnea monitor without recording feature, is being end-dated, at the recommendation of providers, as providers are using E0619, apnea monitor, with recording feature, already open on the fee schedule.

Local procedure code X2061 is being end-dated and replaced by national procedure code G0277:

| End-dated Procedure Code | Description  | POS | Replacement Procedure Code | Description   | POS |
|--------------------------|--|-----|----------------------------|---|-----|
| X2061                    | Hospital Special Treatment Room support component; Hyperbaric oxygen treatment | 99  | G0277                      | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval | 22  |

Procedure code G0461 is being end-dated as a result of the 2015 HCPCS update and replaced by procedure code 88342:

| End-dated Procedure Code | Description   | Replacement Procedure Code | Description  |
|--------------------------|---|----------------------------|--|
| G0461                    | Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain | 88342                      | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure |

No new authorizations will be issued for the procedure codes being end-dated on and after September 1, 2015. For any of the above procedure codes that had a prior authorization issued before September 1, 2015, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until September 1, 2016, for those services that were previously prior authorized.

### Prior Authorization Requirements

The following procedure codes are being added to the MA Program Fee Schedule and will require prior authorization, as authorized under § 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code (Code) (62 P.S. § 443.6(b)(7)), and as described in the MA Provider Handbook which may be viewed online at:

<http://www.dhs.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>

| Procedure Codes and Modifiers |       |       |            |            |       |
|-------------------------------|-------|-------|------------|------------|-------|
| 81261                         | 81262 | 81263 | 81264      | 81435      | 81436 |
| 81504                         | 81519 | 91110 | 91110 (TC) | 91110 (26) | G0166 |
| G0277                         | G6016 |       |            |            |       |

The following procedure codes being added to the MA Program Fee Schedule are prostheses or orthoses and will require prior authorization, as authorized under § 443.6(b)(1) of the Code:

| Procedure Codes and Modifiers |            |            |            |            |
|-------------------------------|------------|------------|------------|------------|
| K0901 (RT)                    | K0901 (LT) | K0901 (50) | K0902 (RT) | K0902 (LT) |
| K0902 (50)                    | L3981 (RT) | L3981 (LT) | L3981 (50) | L4360 (RT) |
| L4360 (LT)                    | L4360 (50) | L5986 (RT) | L5986 (LT) | L5986 (50) |
| L6026 (RT)                    | L6026 (LT) | L6026 (50) | L7259 (RT) | L7259 (LT) |
| L7259 (50)                    |            |            |            |            |

Procedure code E0627 (NU) is being added to the MA Program Fee Schedule and as durable medical equipment (DME) will require prior authorization, as authorized under § 443.6(b)(2) of the Code.

Rental of procedure code E0627 (RR), is being added to the MA Program Fee Schedule, and requires prior authorization after 3 months of rental as authorized under § 443.6(b)(3) of the Code.

The following procedure code being added to the MA Program Fee Schedule is considered an advanced radiology service and will require prior authorization as authorized under § 443.6(b)(7) and as described in MA Bulletin 01-14-42 (Advanced Radiologic Imaging Services) which may be viewed online at

[http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin\\_admin/c\\_123646.pdf](http://www.dhs.state.pa.us/cs/groups/webcontent/documents/bulletin_admin/c_123646.pdf):

| Procedure Codes and Modifiers |            |            |
|-------------------------------|------------|------------|
| S8032                         | S8032 (TC) | S8032 (26) |

*Updates to Procedure Codes Currently on the MA Program Fee Schedule*

*Application of Topical Fluoride Varnish by Physicians and Certified Registered Nurse Practitioners (CRNPs)*

Procedure code D1206 will be end-dated for physicians (Provider Type (PT) 31) and CRNPs (PT 09). This code is being replaced by procedure code 99188, which is being added as part of the 2015 HCPCS updates for these provider types.

*Physician Services*

Procedure code 99183 will be end-dated for PT/specialty (Spec) combination 31/All in place of service (POS) 22 (outpatient hospital) because this service is not payable to physicians in a clinic setting per MA regulations at 55 Pa.Code §1221.51 (relating to general payment policy).

*Clinic Services*

Procedure code 99183 will be added for PT/Spec 01/183 (Hospital Based Medical Clinic) in POS 22 because the Department has determined that it is appropriate for this provider to perform this service in this setting.

*Podiatrist Services*

Procedure code 99183 will have PT/Spec 14/140 (podiatrist) added in POS 21 (inpatient hospital) because the Department has determined that it is appropriate for this provider to perform this service in this setting.

*Modifier Updates*

*Right/Left/50 Modifiers*

The surgical procedure code 27280 will have modifiers right (Rt), left (Lt) and bilateral (50) added because the procedure may be performed laterally or bilaterally. The units will be increased from 1 unit per day to 1-2 units per day to allow for bilateral services.

*TC/26/Total Modifiers*

Radiology procedure code 78072 will have the total component (no modifier) and technical component (TC) added with applicable pricing and will continue to require prior

authorization. PT/Specs 01/183, 08/082 (independent Medical/Surgical Clinic) and 31/All, will also be added, as indicated, as a result of adding the Total and TC modifiers:

| PT/Spec   | POS                      | Modifiers       | Total Pricing | TC Pricing |
|---|--------------------------|-----------------|---------------|------------|
| 01/183  | 22                       | No Modifier, TC | \$319.38      | \$258.15   |
| 08/082<br>Clinic/Independent<br>Medical/Surgical Clinic | 49 Independent<br>Clinic | No Modifier, TC |               |            |
| 31/All  | 11 Office                | No Modifier, TC |               |            |

*QW Modifier*

The Department is adding the QW informational modifier and QW with the Family Planning (FP) modifiers, when applicable, to the following laboratory procedure codes on the MA Program Fee Schedule that are listed by CMS as Clinical Laboratory Improvement Amendments (CLIA) waived tests. Information related to CLIA and CLIA waived tests is described in MA Bulletin 01-12-67, "Clinical Improvement Amendment Requirements," and may be viewed online at:

<http://www.dhs.state.pa.us/publications/bulletinsearch/bulletinselected/index.htm?bn=01-12-67>.

When submitting claims for CLIA waived tests, the QW modifier must be reflected with the applicable procedure code in order for the claims to process correctly.

| Procedure Code | PT/Spec/POS  | Modifiers |
|----------------|--|-----------|
| 86780          | 01/016/23 (Emergency Room, Arrangement 1)<br>01/017/23 (Emergency Room, Arrangement 2)           | QW        |
| 86780          | 01/183/22  | QW; QW FP |
| 86780          | 08/083/22 (Outpatient Family Planning Clinic),<br>08/083/49 (Independent Family Planning Clinic) | QW FP     |
| 86780          | 28/280/81 (Independent Laboratory)   | QW; QW FP |
| 87502          | 01/016/23, 01/017/23   | QW        |
| 87502          | 01/183/22  | QW        |
| 87502          | 28/280/81  | QW        |

The Department is adding the PT/Spec/POS and modifiers, as indicated, to the following laboratory procedure codes on the MA Program Fee Schedule as a result of the latest tests listed by CMS as CLIA waived tests.

| Procedure Code | PT/Spec/POS | Modifiers |
|----------------|-------------|-----------|
|----------------|-------------|-----------|

|       |                                    |                               |
|-------|------------------------------------|-------------------------------|
| 86780 | 08/082/49                          | No Modifier; QW;<br>FP; QW FP |
| 86780 | 09/All/11                          | No Modifier; QW;<br>FP; QW FP |
| 86780 | 31/All/11                          | No Modifier; QW;<br>FP; QW FP |
| 86780 | 33/335/11(Certified Nurse Midwife) | No Modifier; QW;<br>FP; QW FP |
| 87502 | 08/082/49                          | No modifier; QW               |
| 87502 | 09/All/11                          | No modifier; QW               |
| 87502 | 31/All/11                          | No modifier; QW               |
| 87502 | 33/335/11                          | No modifier; QW               |

*End-Date Places of Service*

The following procedure codes will have POS 22, 23, 49 and/or 99 (Special Treatment Room) end-dated because the Department has determined that these settings are not appropriate for the performance of these services:

| <b>Procedure Code</b> | <b>POS</b>     |
|-----------------------|----------------|
| 27280                 | 22, 23, 49, 99 |
| 99183                 | 23, 99         |

**Service Limits**

The MA Program has established service limits for some of these procedure codes. If needed, a waiver of the limit may be requested through the 1150 Administrative Waiver (Program Exception) process.

**Managed Care Delivery System**

MA MCOs are not required to impose the service limits that apply in the MA FFS delivery system, although they are permitted to do so. MA MCOs may not impose service limits that are more restrictive than the service limits established in the MA FFS delivery system. An MA MCO that chooses to establish service limits must notify their network providers and members of the limits before implementing the limits.

**PROCEDURE:**

Attached is the list of 2015 HCPCS and Other Procedure Code Updates, effective September 1, 2015. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the

procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

In addition to the information listed above, the attachment includes the number of post-operative days associated with newly added surgical services. MA regulations at 55 Pa.Code § 1150.54 (relating to surgical services), state that the fee for inpatient and outpatient surgical procedures includes post-operative inpatient, outpatient office and home visits provided by the practitioner who performed the procedure for the number of postoperative days specified in the MA Program Fee Schedule.

The MA Program Fee Schedule will be updated to reflect these changes. Providers may access the on-line version of the fee schedule at the Department's website at: <http://www.dhs.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm> .

**ATTACHMENTS:**

2015 HCPCS and Other Procedure Code Updates, Effective September 1, 2015

Commonwealth of Pennsylvania  
 Department of Human Services  
 Office of Medical Assistance Programs  
 2015 HCPCS and Other Procedure Code Updates, effective September 1, 2015

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 2015 HCPCS updates. The second section includes the procedure codes being added based on provider requests, clinical review, or significant program exception requests. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2015 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   | Provider Type | Specialty | Place of Service | Pricing Modifier | Info Modifier | MA Fee   | Prior Auth                          | MA units      | Limits        | Post op days |
|----------------|---|---------------|-----------|------------------|------------------|---------------|----------|-------------------------------------|---------------|---------------|--------------|
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 01            | 017       | 23               |                  |               | \$37.05  | No                                  | per procedure | twice per day | 0 days       |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 01            | 183       | 22               |                  |               | \$37.05  | No                                  | per procedure | twice per day | 0 days       |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 01            | 021       | 24               | SG               |               | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A          |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 02            | 020       | 24               | SG               |               | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A          |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 08            | 082       | 49               |                  |               | \$37.05  | No                                  | per procedure | twice per day | 0 days       |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 14            | 140       | 11, 21, 23, 24   |                  |               | \$37.05  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days       |
| 20604          | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting   | 31            | All       | 11, 21, 23, 24   |                  |               | \$37.05  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days       |
| 20606          | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 01            | 017       | 23               |                  |               | \$42.35  | No                                  | per procedure | twice per day | 0 days       |

Commonwealth of Pennsylvania  
 Department of Human Services  
 Office of Medical Assistance Programs  
 2015 HCPCS and Other Procedure Code Updates, effective September 1, 2015

|       |   |    |     |                |    |  |          |                                     |               |               |        |
|-------|---|----|-----|----------------|----|--|----------|-------------------------------------|---------------|---------------|--------|
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 01 | 183 | 22             |    |  | \$42.35  | No                                  | per procedure | twice per day | 0 days |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 01 | 021 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 02 | 020 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 08 | 082 | 49             |    |  | \$42.35  | No                                  | per procedure | twice per day | 0 days |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 14 | 140 | 11, 21, 23, 24 |    |  | \$42.35  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 27 | 272 | 11, 21, 23, 24 |    |  | \$42.35  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days |
| 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting | 31 | All | 11, 21, 23, 24 |    |  | \$42.35  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days |

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| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 01 | 017 | 23             |    |  | \$49.82  | No                                  | per procedure | twice per day | 0 days  |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 01 | 183 | 22             |    |  | \$49.82  | No                                  | per procedure | twice per day | 0 days  |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 01 | 021 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A     |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 02 | 020 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A     |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 08 | 082 | 49             |    |  | \$49.82  | No                                  | per procedure | twice per day | 0 days  |
| 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting | 31 | All | 11, 21, 23, 24 |    |  | \$49.82  | No, but AUR and PSR process applies | per procedure | twice per day | 0 days  |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic       | 01 | 021 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A     |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic       | 02 | 020 | 24             | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A     |
| 22510 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic       | 31 | All | 21, 24         |    |  | \$366.93 | No, but AUR and PSR process applies | per procedure | once per day  | 10 days |

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| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral   | 01 | 021 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral   | 02 | 020 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22511 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral   | 31 | All | 21, 24 |    |  | \$344.43 | No, but AUR and PSR process applies | per procedure | once per day | 10 days |
| 22512 | Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure) | 31 | All | 21, 24 |    |  | \$171.78 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic            | 01 | 021 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic            | 02 | 020 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22513 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic            | 31 | All | 21, 24 |    |  | \$437.44 | No, but AUR and PSR process applies | per procedure | once per day | 10 days |

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| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar  | 01 | 021 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar  | 02 | 020 | 24     | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar  | 31 | All | 21, 24 |    |  | \$407.43 | No, but AUR and PSR process applies | per procedure | once per day | 10 days |
| 22515 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) | 31 | All | 21, 24 |    |  | \$185.20 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |
| 33946 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous   | 31 | All | 21     |    |  | \$252.95 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |
| 33947 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial   | 31 | All | 21     |    |  | \$279.41 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |
| 33948 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous   | 31 | All | 21     |    |  | \$199.66 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |

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| 33949 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial  | 31 | All | 21 |  |  | \$194.32 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33951 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | 31 | All | 21 |  |  | \$362.59 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33952 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)            | 31 | All | 21 |  |  | \$352.91 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33953 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age  | 31 | All | 21 |  |  | \$404.49 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33954 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older   | 31 | All | 21 |  |  | \$394.30 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33955 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age   | 31 | All | 21 |  |  | \$729.16 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33956 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older  | 31 | All | 21 |  |  | \$691.96 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |

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| 33957 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) | 31 | All | 21 |  |  | \$161.83 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33958 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)            | 31 | All | 21 |  |  | \$156.78 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33959 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)         | 31 | All | 21 |  |  | \$205.62 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33962 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)                    | 31 | All | 21 |  |  | \$193.66 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33963 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)           | 31 | All | 21 |  |  | \$410.84 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33964 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)                         | 31 | All | 21 |  |  | \$421.38 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33965 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age  | 31 | All | 21 |  |  | \$161.83 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |

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| 33966 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older    | 31 | All | 21 |  |  | \$195.06 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33969 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age | 31 | All | 21 |  |  | \$238.45 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33984 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older            | 31 | All | 21 |  |  | \$234.78 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33985 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age      | 31 | All | 21 |  |  | \$449.30 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33986 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older                 | 31 | All | 21 |  |  | \$428.31 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33987 | Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)                    | 31 | All | 21 |  |  | \$171.84 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33988 | Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS  | 31 | All | 21 |  |  | \$638.79 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 33989 | Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS  | 31 | All | 21 |  |  | \$406.06 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |

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| 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation | 31 | All | 21         |    | RT-LT-50 | \$674.98 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | 90 days |
| 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed           | 01 | 021 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A   | N/A     |
| 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed           | 02 | 020 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A   | N/A     |
| 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed           | 31 | All | 21, 24, 99 |    |          | \$450.88 | No, but AUR and PSR process applies | per procedure | once per day                                | 90 days |
| 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation  | 01 | 021 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A   | N/A     |
| 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation  | 02 | 020 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A   | N/A     |
| 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation  | 31 | All | 21, 24, 99 |    |          | \$58.58  | No, but AUR and PSR process applies | per procedure | once per day                                | 0 days  |

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| 44384 | Ileoscopy, through stoma; 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    |
| 44384 | Ileoscopy, through stoma; 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    |
| 44384 | Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)                      | 31 | All | 21, 24, 99 |    |  | \$126.90 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44401 | Colonoscopy through stoma; 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    |
| 44401 | Colonoscopy through stoma; 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    |
| 44401 | Colonoscopy through stoma; 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 |    |  | \$216.94 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (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    |
| 44402 | Colonoscopy through stoma; with endoscopic stent placement (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    |

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| 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed) | 31 | All | 21, 24, 99 |    |  | \$208.86 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44403 | Colonoscopy through stoma; with endoscopic mucosal resection   | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance  | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance  | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance  | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |

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| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation   | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures  | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures  | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures  | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |

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|-------|--|----|-----|------------|----|--|----------|-------------------------------------|---------------|--------------|--------|
| 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed   | 31 | All | 21, 24, 99 |    |  | \$145.53 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45346 | Sigmoidoscopy, flexible; 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    |
| 45346 | Sigmoidoscopy, flexible; 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    |
| 45346 | Sigmoidoscopy, flexible; 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 |    |  | \$143.44 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45347 | Sigmoidoscopy, flexible; 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    |

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| 45347 | Sigmoidoscopy, flexible; 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    |
| 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) | 31 | All | 21, 24, 99 |    |  | \$133.91 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection   | 31 | All | 21, 24, 99 |    |  | \$53.15  | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 31 | All | 21, 24, 99 |    |  | \$53.15  | No, but AUR and PSR process applies | per procedure | once per day | 0 days |

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| 45388 | Colonoscopy, flexible; 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    |
| 45388 | Colonoscopy, flexible; 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    |
| 45388 | Colonoscopy, flexible; 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 |    |  | \$294.31 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (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    |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (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    |
| 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)                         | 31 | All | 21, 24, 99 |    |  | \$270.89 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection  | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection  | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |

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| 45390 | Colonoscopy, flexible; with endoscopic mucosal resection   | 31 | All | 21, 24, 99 |    |  | \$180.50 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed | 31 | All | 21, 24, 99 |    |  | \$180.50 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)   | 31 | All | 21, 24, 99 |    |  | \$180.50 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |

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| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation                                    | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation                                    | 31 | All | 21, 24     |    |  | \$388.63 | No, but AUR and PSR process applies | per procedure | once per day | 10 days |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | 01 | 183 | 22         |    |  | \$101.02 | No                                  | per procedure | once per day | 0 days  |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | 31 | All | 21, 24, 99 |    |  | \$101.02 | No, but AUR and PSR process applies | per procedure | once per day | 0 days  |
| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic | 01 | 183 | 22         |    |  | \$102.35 | No                                  | per procedure | once per day | 0 days  |
| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |
| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A     |

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| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic  | 31 | All | 21, 24, 99 |    |  | \$102.35 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral   | 01 | 183 | 22         |    |  | \$99.35  | No                                  | per procedure | once per day | 0 days |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral   | 31 | All | 21, 24, 99 |    |  | \$99.35  | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) | 01 | 183 | 22         |    |  | \$104.09 | No                                  | per procedure | once per day | 0 days |
| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |

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| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) | 31 | All | 21, 24, 99 |    |          | \$104.09 | No, but AUR and PSR process applies | per procedure | once per day                                     | 0 days  |
| 64486 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)                                   | 31 | All | 21, 24, 99 |    |          | \$50.84  | No, but AUR and PSR process applies | per procedure | once per day                                     | 0 days  |
| 64487 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)                         | 31 | All | 21, 24, 99 |    |          | \$58.46  | No, but AUR and PSR process applies | per procedure | once per day                                     | 0 days  |
| 64488 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)                                      | 31 | All | 21, 24, 99 |    |          | \$63.77  | No, but AUR and PSR process applies | per procedure | once per day                                     | 0 days  |
| 64489 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)                            | 31 | All | 21, 24, 99 |    |          | \$71.66  | No, but AUR and PSR process applies | per procedure | once per day                                     | 0 days  |
| 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft  | 01 | 021 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A  | N/A     |
| 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft  | 02 | 020 | 24         | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A  | N/A     |
| 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft  | 31 | All | 21, 24     |    | RT-LT-50 | \$840.06 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per lifetime | 90 days |

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| 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft                     | 31 | All      | 21, 24 | 80 | RT-LT-50 | \$134.41 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per lifetime | 90 days |
| 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft                            | 01 | 021      | 24     | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A  | N/A     |
| 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft                            | 02 | 020      | 24     | SG |          | \$776.00 | No, but AUR and PSR process applies |               | N/A  | N/A     |
| 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft                            | 31 | All      | 21, 24 |    | RT-LT-50 | \$610.27 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day      | 90 days |
| 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft                            | 31 | All      | 21, 24 | 80 | RT-LT-50 | \$97.64  | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day      | 90 days |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 01 | 016, 017 | 23     |    | RT-LT-50 | \$82.89  | No                                  | per procedure | once per R side and once per L side per day      | N/A     |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 01 | 016, 017 | 23     | TC | RT-LT-50 | \$53.43  | No                                  | per procedure | once per R side and once per L side per day      | N/A     |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 01 | 183      | 22     |    | RT-LT-50 | \$82.89  | No                                  | per procedure | once per R side and once per L side per day      | N/A     |

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| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 01 | 183      | 22                             | TC | RT-LT-50 | \$53.43 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 08 | 082      | 49                             |    | RT-LT-50 | \$82.89 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 08 | 082      | 49                             | TC | RT-LT-50 | \$53.43 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 29 | 291      | 12, 31, 32                     | TC | RT-LT-50 | \$53.43 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 31 | All      | 11                             |    | RT-LT-50 | \$82.89 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 31 | All      | 11                             | TC | RT-LT-50 | \$53.43 | No                                  | per procedure | once per R side and once per L side per day | N/A |
| 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete | 31 | All      | 11, 12, 21, 22, 23, 31, 32, 49 | 26 | RT-LT-50 | \$29.46 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited  | 01 | 016, 017 | 23                             |    | RT-LT-50 | \$68.44 | No                                  | per procedure | once per R side and once per L side per day | N/A |

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| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 01 | 016, 017 | 23         | TC | RT-LT-50 | \$40.94 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 01 | 183      | 22         |    | RT-LT-50 | \$68.44 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 01 | 183      | 22         | TC | RT-LT-50 | \$40.94 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 08 | 082      | 49         |    | RT-LT-50 | \$68.44 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 08 | 082      | 49         | TC | RT-LT-50 | \$40.94 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 29 | 291      | 12, 31, 32 | TC | RT-LT-50 | \$40.94 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 31 | All      | 11         |    | RT-LT-50 | \$68.44 | No | per procedure | once per R side and once per L side per day | N/A |
| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited | 31 | All      | 11         | TC | RT-LT-50 | \$40.94 | No | per procedure | once per R side and once per L side per day | N/A |

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| 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited  | 31 | All | 11, 12, 21, 22, 23, 31, 32, 49 | 26 | RT-LT-50 | \$27.50  | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | N/A |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | 01 | 183 | 22                             |    |          | \$111.11 | No                                  | per procedure | once per day                                | N/A |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | 01 | 183 | 22                             | TC |          | \$54.49  | No                                  | per procedure | once per day                                | N/A |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | 31 | All | 11                             |    |          | \$111.11 | No                                  | per procedure | once per day                                | N/A |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | 31 | All | 11                             | TC |          | \$54.49  | No                                  | per procedure | once per day                                | N/A |
| 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)   | 31 | All | 11, 21, 22                     | 26 |          | \$56.62  | No, but AUR and PSR process applies | per procedure | once per day                                | N/A |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | 01 | 183 | 22                             |    |          | \$217.95 | No                                  | per procedure | once per day                                | N/A |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | 01 | 183 | 22                             | TC |          | \$99.96  | No                                  | per procedure | once per day                                | N/A |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | 31 | All | 11                             |    |          | \$217.95 | No                                  | per procedure | once per day                                | N/A |
| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | 31 | All | 11                             | TC |          | \$99.96  | No                                  | per procedure | once per day                                | N/A |

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| 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) | 31 | All | 11, 21, 22 | 26 |  | \$117.99 | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | 01 | 183 | 22         |    |  | \$141.70 | No                                  | per procedure | once per day | N/A |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | 01 | 183 | 22         | TC |  | \$85.08  | No                                  | per procedure | once per day | N/A |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | 31 | All | 11         |    |  | \$141.70 | No                                  | per procedure | once per day | N/A |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | 31 | All | 11         | TC |  | \$85.08  | No                                  | per procedure | once per day | N/A |
| 77316 | Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)                                | 31 | All | 11, 21, 22 | 26 |  | \$56.62  | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)                     | 01 | 183 | 22         |    |  | \$185.42 | No                                  | per procedure | once per day | N/A |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)                     | 01 | 183 | 22         | TC |  | \$110.87 | No                                  | per procedure | once per day | N/A |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)                     | 31 | All | 11         |    |  | \$185.42 | No                                  | per procedure | once per day | N/A |
| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)                     | 31 | All | 11         | TC |  | \$110.87 | No                                  | per procedure | once per day | N/A |

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| 77317 | Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) | 31 | All | 11, 21, 22 | 26 |  | \$74.55  | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)   | 01 | 183 | 22         |    |  | \$268.48 | No                                  | per procedure | once per day | N/A |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)   | 01 | 183 | 22         | TC |  | \$150.49 | No                                  | per procedure | once per day | N/A |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)   | 31 | All | 11         |    |  | \$268.48 | No                                  | per procedure | once per day | N/A |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)   | 31 | All | 11         | TC |  | \$150.49 | No                                  | per procedure | once per day | N/A |
| 77318 | Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)   | 31 | All | 11, 21, 22 | 26 |  | \$117.99 | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple   | 01 | 183 | 22         |    |  | \$268.80 | No                                  | per procedure | once per day | N/A |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple   | 31 | All | 11         |    |  | \$268.80 | No                                  | per procedure | once per day | N/A |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex  | 01 | 183 | 22         |    |  | \$284.49 | No                                  | per procedure | once per day | N/A |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex  | 31 | All | 11         |    |  | \$284.49 | No                                  | per procedure | once per day | N/A |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed  | 01 | 183 | 22         |    |  | \$79.54  | No                                  | per procedure | once per day | N/A |

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| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed   | 01 | 183      | 22         | TC |  | \$63.81 | No                                  | per procedure | once per day | N/A |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed   | 31 | All      | 11         |    |  | \$79.54 | No                                  | per procedure | once per day | N/A |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed   | 31 | All      | 11         | TC |  | \$63.81 | No                                  | per procedure | once per day | N/A |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed   | 31 | All      | 11, 21, 22 | 26 |  | \$15.73 | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 80163 | Digoxin; free  | 01 | 016, 017 | 23         |    |  | \$14.46 | No                                  | per test      | once per day | N/A |
| 80163 | Digoxin; free  | 01 | 183      | 22         |    |  | \$14.46 | No                                  | per test      | once per day | N/A |
| 80163 | Digoxin; free  | 28 | 280      | 81         |    |  | \$14.46 | No                                  | per test      | once per day | N/A |
| 80165 | Valproic acid (dipropylacetic acid); free  | 01 | 016, 017 | 23         |    |  | \$14.75 | No                                  | per test      | once per day | N/A |
| 80165 | Valproic acid (dipropylacetic acid); free  | 01 | 183      | 22         |    |  | \$14.75 | No                                  | per test      | once per day | N/A |
| 80165 | Valproic acid (dipropylacetic acid); free  | 28 | 280      | 81         |    |  | \$14.75 | No                                  | per test      | once per day | N/A |
| 80300 | Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service | 01 | 016, 017 | 23         |    |  | \$14.42 | No                                  | per test      | once per day | N/A |
| 80300 | Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service | 01 | 183      | 22         |    |  | \$14.42 | No                                  | per test      | once per day | N/A |

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| 80300 | Drug screen, any number of drug classes from Drug Class List A; any number of non-TLC devices or procedures, (eg, immunoassay) capable of being read by direct optical observation, including instrumented-assisted when performed (eg, dipsticks, cups, cards, cartridges), per date of service | 28 | 280      | 81 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80301 | Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service  | 01 | 016, 017 | 23 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80301 | Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service  | 01 | 183      | 22 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80301 | Drug screen, any number of drug classes from Drug Class List A; single drug class method, by instrumented test systems (eg, discrete multichannel chemistry analyzers utilizing immunoassay or enzyme assay), per date of service  | 28 | 280      | 81 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80302 | Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure  | 01 | 016, 017 | 23 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80302 | Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure  | 01 | 183      | 22 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80302 | Drug screen, presumptive, single drug class from Drug Class List B, by immunoassay (eg, ELISA) or non-TLC chromatography without mass spectrometry (eg, GC, HPLC), each procedure  | 28 | 280      | 81 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80303 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service  | 01 | 016, 017 | 23 |  |  | \$14.42 | No | per test | once per day | N/A |

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| 80303 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service | 01 | 183      | 22 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80303 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; thin layer chromatography procedure(s) (TLC) (eg, acid, neutral, alkaloid plate), per date of service | 28 | 280      | 81 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80304 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure      | 01 | 016, 017 | 23 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80304 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure      | 01 | 183      | 22 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80304 | Drug screen, any number of drug classes, presumptive, single or multiple drug class method; not otherwise specified presumptive procedure (eg, TOF, MALDI, LDTD, DESI, DART), each procedure      | 28 | 280      | 81 |  |  | \$14.42 | No | per test | once per day | N/A |
| 80320 | Alcohols  | 01 | 016, 017 | 23 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80320 | Alcohols  | 01 | 183      | 22 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80320 | Alcohols  | 28 | 280      | 81 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80321 | Alcohol biomarkers; 1 or 2  | 01 | 016, 017 | 23 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80321 | Alcohol biomarkers; 1 or 2  | 01 | 183      | 22 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80321 | Alcohol biomarkers; 1 or 2  | 28 | 280      | 81 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80322 | Alcohol biomarkers; 3 or more   | 01 | 016, 017 | 23 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80322 | Alcohol biomarkers; 3 or more   | 01 | 183      | 22 |  |  | \$11.76 | No | per test | once per day | N/A |

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| 80322 | Alcohol biomarkers; 3 or more  | 28 | 280      | 81 |  |  | \$11.76 | No | per test | once per day | N/A |
| 80324 | Amphetamines; 1 or 2           | 01 | 016, 017 | 23 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80324 | Amphetamines; 1 or 2           | 01 | 183      | 22 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80324 | Amphetamines; 1 or 2           | 28 | 280      | 81 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80325 | Amphetamines; 3 or 4           | 01 | 016, 017 | 23 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80325 | Amphetamines; 3 or 4           | 01 | 183      | 22 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80325 | Amphetamines; 3 or 4           | 28 | 280      | 81 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80326 | Amphetamines; 5 or more        | 01 | 016, 017 | 23 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80326 | Amphetamines; 5 or more        | 01 | 183      | 22 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80326 | Amphetamines; 5 or more        | 28 | 280      | 81 |  |  | \$15.80 | No | per test | once per day | N/A |
| 80327 | Anabolic steroids; 1 or 2      | 01 | 016, 017 | 23 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80327 | Anabolic steroids; 1 or 2      | 01 | 183      | 22 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80327 | Anabolic steroids; 1 or 2      | 28 | 280      | 81 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80328 | Anabolic steroids; 3 or more   | 01 | 016, 017 | 23 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80328 | Anabolic steroids; 3 or more   | 01 | 183      | 22 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80328 | Anabolic steroids; 3 or more   | 28 | 280      | 81 |  |  | \$23.39 | No | per test | once per day | N/A |
| 80329 | Analgesics, non-opioid; 1 or 2 | 01 | 016, 017 | 23 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80329 | Analgesics, non-opioid; 1 or 2 | 01 | 183      | 22 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80329 | Analgesics, non-opioid; 1 or 2 | 28 | 280      | 81 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80330 | Analgesics, non-opioid; 3-5    | 01 | 016, 017 | 23 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80330 | Analgesics, non-opioid; 3-5    | 01 | 183      | 22 |  |  | \$7.73  | No | per test | once per day | N/A |

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| 80330 | Analgesics, non-opioid; 3-5                               | 28 | 280      | 81 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80331 | Analgesics, non-opioid; 6 or more                         | 01 | 016, 017 | 23 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80331 | Analgesics, non-opioid; 6 or more                         | 01 | 183      | 22 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80331 | Analgesics, non-opioid; 6 or more                         | 28 | 280      | 81 |  |  | \$7.73  | No | per test | once per day | N/A |
| 80335 | Antidepressants, tricyclic and other cyclicals; 1 or 2    | 01 | 016, 017 | 23 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80335 | Antidepressants, tricyclic and other cyclicals; 1 or 2    | 01 | 183      | 22 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80335 | Antidepressants, tricyclic and other cyclicals; 1 or 2    | 28 | 280      | 81 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80336 | Antidepressants, tricyclic and other cyclicals; 3-5       | 01 | 016, 017 | 23 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80336 | Antidepressants, tricyclic and other cyclicals; 3-5       | 01 | 183      | 22 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80336 | Antidepressants, tricyclic and other cyclicals; 3-5       | 28 | 280      | 81 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80337 | Antidepressants, tricyclic and other cyclicals; 6 or more | 01 | 016, 017 | 23 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80337 | Antidepressants, tricyclic and other cyclicals; 6 or more | 01 | 183      | 22 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80337 | Antidepressants, tricyclic and other cyclicals; 6 or more | 28 | 280      | 81 |  |  | \$14.75 | No | per test | once per day | N/A |
| 80342 | Antipsychotics, not otherwise specified; 1-3              | 01 | 016, 017 | 23 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80342 | Antipsychotics, not otherwise specified; 1-3              | 01 | 183      | 22 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80342 | Antipsychotics, not otherwise specified; 1-3              | 28 | 280      | 81 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80343 | Antipsychotics, not otherwise specified; 4-6              | 01 | 016, 017 | 23 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80343 | Antipsychotics, not otherwise specified; 4-6              | 01 | 183      | 22 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80343 | Antipsychotics, not otherwise specified; 4-6              | 28 | 280      | 81 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80344 | Antipsychotics, not otherwise specified; 7 or more        | 01 | 016, 017 | 23 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80344 | Antipsychotics, not otherwise specified; 7 or more        | 01 | 183      | 22 |  |  | \$16.95 | No | per test | once per day | N/A |

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| 80344 | Antipsychotics, not otherwise specified; 7 or more | 28 | 280      | 81 |  |  | \$16.95 | No | per test | once per day | N/A |
| 80345 | Barbiturates                                       | 01 | 016, 017 | 23 |  |  | \$12.46 | No | per test | once per day | N/A |
| 80345 | Barbiturates                                       | 01 | 183      | 22 |  |  | \$12.46 | No | per test | once per day | N/A |
| 80345 | Barbiturates                                       | 28 | 280      | 81 |  |  | \$12.46 | No | per test | once per day | N/A |
| 80346 | Benzodiazepines; 1-12                              | 01 | 016, 017 | 23 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80346 | Benzodiazepines; 1-12                              | 01 | 183      | 22 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80346 | Benzodiazepines; 1-12                              | 28 | 280      | 81 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80347 | Benzodiazepines; 13 or more                        | 01 | 016, 017 | 23 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80347 | Benzodiazepines; 13 or more                        | 01 | 183      | 22 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80347 | Benzodiazepines; 13 or more                        | 28 | 280      | 81 |  |  | \$17.12 | No | per test | once per day | N/A |
| 80348 | Buprenorphine                                      | 01 | 016, 017 | 23 |  |  | \$45.65 | No | per test | once per day | N/A |
| 80348 | Buprenorphine                                      | 01 | 183      | 22 |  |  | \$45.65 | No | per test | once per day | N/A |
| 80348 | Buprenorphine                                      | 28 | 280      | 81 |  |  | \$45.65 | No | per test | once per day | N/A |
| 80349 | Cannabinoids, natural                              | 01 | 016, 017 | 23 |  |  | \$12.84 | No | per test | once per day | N/A |
| 80349 | Cannabinoids, natural                              | 01 | 183      | 22 |  |  | \$12.84 | No | per test | once per day | N/A |
| 80349 | Cannabinoids, natural                              | 28 | 280      | 81 |  |  | \$12.84 | No | per test | once per day | N/A |
| 80353 | Cocaine  | 01 | 016, 017 | 23 |  |  | \$15.19 | No | per test | once per day | N/A |
| 80353 | Cocaine  | 01 | 183      | 22 |  |  | \$15.19 | No | per test | once per day | N/A |
| 80353 | Cocaine  | 28 | 280      | 81 |  |  | \$15.19 | No | per test | once per day | N/A |
| 80354 | Fentanyl   | 01 | 016, 017 | 23 |  |  | \$34.72 | No | per test | once per day | N/A |
| 80354 | Fentanyl   | 01 | 183      | 22 |  |  | \$34.72 | No | per test | once per day | N/A |

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| 80354 | Fentanyl                              | 28 | 280      | 81 |  |  | \$34.72 | No | per test | once per day | N/A |
| 80358 | Methadone                             | 01 | 016, 017 | 23 |  |  | \$17.73 | No | per test | once per day | N/A |
| 80358 | Methadone                             | 01 | 183      | 22 |  |  | \$17.73 | No | per test | once per day | N/A |
| 80358 | Methadone                             | 28 | 280      | 81 |  |  | \$17.73 | No | per test | once per day | N/A |
| 80361 | Opiates, 1 or more                    | 01 | 016, 017 | 23 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80361 | Opiates, 1 or more                    | 01 | 183      | 22 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80361 | Opiates, 1 or more                    | 28 | 280      | 81 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80362 | Opioids and opiate analogs; 1 or 2    | 01 | 016, 017 | 23 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80362 | Opioids and opiate analogs; 1 or 2    | 01 | 183      | 22 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80362 | Opioids and opiate analogs; 1 or 2    | 28 | 280      | 81 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80363 | Opioids and Opiate analogs; 3 or 4    | 01 | 016, 017 | 23 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80363 | Opioids and Opiate analogs; 3 or 4    | 01 | 183      | 22 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80363 | Opioids and Opiate analogs; 3 or 4    | 28 | 280      | 81 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80364 | Opioids and Opiate analogs; 5 or more | 01 | 016, 017 | 23 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80364 | Opioids and Opiate analogs; 5 or more | 01 | 183      | 22 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80364 | Opioids and Opiate analogs; 5 or more | 28 | 280      | 81 |  |  | \$21.18 | No | per test | once per day | N/A |
| 80365 | Oxycodone                             | 01 | 016, 017 | 23 |  |  | \$33.45 | No | per test | once per day | N/A |
| 80365 | Oxycodone                             | 01 | 183      | 22 |  |  | \$33.45 | No | per test | once per day | N/A |
| 80365 | Oxycodone                             | 28 | 280      | 81 |  |  | \$33.45 | No | per test | once per day | N/A |
| 80369 | Skeletal muscle relaxants; 1 or 2     | 01 | 016, 017 | 23 |  |  | \$19.18 | No | per test | once per day | N/A |
| 80369 | Skeletal muscle relaxants; 1 or 2     | 01 | 183      | 22 |  |  | \$19.18 | No | per test | once per day | N/A |

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| 80369 | Skeletal muscle relaxants; 1 or 2  | 28 | 280      | 81 |  |  | \$19.18    | No  | per test | once per day      | N/A |
| 80370 | Skeletal muscle relaxants; 3 or more   | 01 | 016, 017 | 23 |  |  | \$19.18    | No  | per test | once per day      | N/A |
| 80370 | Skeletal muscle relaxants; 3 or more   | 01 | 183      | 22 |  |  | \$19.18    | No  | per test | once per day      | N/A |
| 80370 | Skeletal muscle relaxants; 3 or more   | 28 | 280      | 81 |  |  | \$19.18    | No  | per test | once per day      | N/A |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3   | 01 | 016, 017 | 23 |  |  | \$17.73    | No  | per test | once per day      | N/A |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3   | 01 | 183      | 22 |  |  | \$17.73    | No  | per test | once per day      | N/A |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3   | 28 | 280      | 81 |  |  | \$17.73    | No  | per test | once per day      | N/A |
| 81435 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2                 | 01 | 183      | 22 |  |  | \$387.04   | Yes | per test | once per lifetime | N/A |
| 81435 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2                 | 28 | 280      | 81 |  |  | \$387.04   | Yes | per test | once per lifetime | N/A |
| 81436 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH | 01 | 183      | 22 |  |  | \$387.04   | Yes | per test | once per lifetime | N/A |
| 81436 | Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH | 28 | 280      | 81 |  |  | \$387.04   | Yes | per test | once per lifetime | N/A |
| 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score  | 01 | 183      | 22 |  |  | \$2,865.00 | Yes | per test | once per day      | N/A |

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| 81519 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score | 28 | 280      | 81     |  |    | \$2,865.00 | Yes | per test | once per day | N/A |
| 83006 | Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)  | 01 | 183      | 22     |  |    | \$23.94    | No  | per test | once per day | N/A |
| 83006 | Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)  | 28 | 280      | 81     |  |    | \$23.94    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 01 | 016, 017 | 23     |  |    | \$38.21    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 01 | 183      | 22     |  |    | \$38.21    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 01 | 183      | 22     |  | FP | \$38.21    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 08 | 083      | 22, 49 |  | FP | \$38.21    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 28 | 280      | 81     |  |    | \$38.21    | No  | per test | once per day | N/A |
| 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)   | 28 | 280      | 81     |  | FP | \$38.21    | No  | per test | once per day | N/A |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)                 | 01 | 016, 017 | 23     |  |    | \$38.21    | No  | per test | once per day | N/A |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)                 | 01 | 183      | 22     |  |    | \$38.21    | No  | per test | once per day | N/A |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)                 | 01 | 183      | 22     |  | FP | \$38.21    | No  | per test | once per day | N/A |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)                 | 08 | 083      | 22, 49 |  | FP | \$38.21    | No  | per test | once per day | N/A |

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| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 28 | 280      | 81     |  |    | \$38.21 | No | per test | once per day | N/A |
| 87624 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) | 28 | 280      | 81     |  | FP | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 01 | 016, 017 | 23     |  |    | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 01 | 183      | 22     |  |    | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 01 | 183      | 22     |  | FP | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 08 | 083      | 22, 49 |  | FP | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 28 | 280      | 81     |  |    | \$38.21 | No | per test | once per day | N/A |
| 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed                     | 28 | 280      | 81     |  | FP | \$38.21 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                          | 01 | 016, 017 | 23     |  |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                          | 01 | 016, 017 | 23     |  | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                          | 01 | 183      | 22     |  |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                          | 01 | 183      | 22     |  | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                          | 08 | 082      | 49     |  |    | \$26.22 | No | per test | once per day | N/A |

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| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 08 | 082 | 49 |    | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 09 | All | 11 |    |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 09 | All | 11 |    | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 28 | 280 | 81 |    |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 28 | 280 | 81 |    | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 31 | All | 11 |    |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 31 | All | 11 |    | QW | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 33 | 335 | 11 |    |    | \$26.22 | No | per test | once per day | N/A |
| 87806 | Infectious agent antigen detection by immunoassay with direct optical observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies                                   | 33 | 335 | 11 |    | QW | \$26.22 | No | per test | once per day | N/A |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 01 | 183 | 22 |    |    | \$51.11 | No | per test | once per day | N/A |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 01 | 183 | 22 | TC |    | \$34.03 | No | per test | once per day | N/A |
| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 28 | 280 | 81 |    |    | \$51.11 | No | per test | once per day | N/A |

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| 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) | 31 | All      | 21, 22 | 26 |  | \$17.08 | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure   | 01 | 183      | 22     |    |  | \$88.49 | No                                  | per test | once per day | N/A |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure   | 01 | 183      | 22     | TC |  | \$57.15 | No                                  | per test | once per day | N/A |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure   | 28 | 280      | 81     |    |  | \$88.49 | No                                  | per test | once per day | N/A |
| 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure   | 31 | All      | 21, 22 | 26 |  | \$31.34 | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)               | 01 | 016, 017 | 23     |    |  | \$73.38 | No                                  | per test | once per day | N/A |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)               | 01 | 016, 017 | 23     | TC |  | \$52.09 | No                                  | per test | once per day | N/A |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)               | 01 | 183      | 22     |    |  | \$73.38 | No                                  | per test | once per day | N/A |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)               | 01 | 183      | 22     | TC |  | \$52.09 | No                                  | per test | once per day | N/A |
| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)               | 28 | 280      | 81     |    |  | \$73.38 | No                                  | per test | once per day | N/A |

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| 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)   | 31 | All      | 21, 22, 23 | 26 |  | \$21.29  | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         |    |  | \$113.62 | No                                  | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         | TC |  | \$64.32  | No                                  | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 01 | 183      | 22         |    |  | \$113.62 | No                                  | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 01 | 183      | 22         | TC |  | \$64.32  | No                                  | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 28 | 280      | 81         |    |  | \$113.62 | No                                  | per test | once per day | N/A |
| 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure   | 31 | All      | 21, 22, 23 | 26 |  | \$49.30  | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23         |    |  | \$55.85  | No                                  | per test | once per day | N/A |
| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23         | TC |  | \$36.15  | No                                  | per test | once per day | N/A |
| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 183      | 22         |    |  | \$55.85  | No                                  | per test | once per day | N/A |
| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 183      | 22         | TC |  | \$36.15  | No                                  | per test | once per day | N/A |

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| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)                             | 28 | 280      | 81         |    |  | \$55.85 | No                                  | per test | once per day | N/A |
| 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)                             | 31 | All      | 21, 22, 23 | 26 |  | \$19.70 | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23         |    |  | \$45.82 | No                                  | per test | once per day | N/A |
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23         | TC |  | \$29.25 | No                                  | per test | once per day | N/A |
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 183      | 22         |    |  | \$45.82 | No                                  | per test | once per day | N/A |
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 01 | 183      | 22         | TC |  | \$29.25 | No                                  | per test | once per day | N/A |
| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 28 | 280      | 81         |    |  | \$45.82 | No                                  | per test | once per day | N/A |

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| 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) | 31 | All      | 21, 22, 23 | 26 |  | \$16.57  | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         |    |  | \$153.91 | No                                  | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         | TC |  | \$118.53 | No                                  | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 01 | 183      | 22         |    |  | \$153.91 | No                                  | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 01 | 183      | 22         | TC |  | \$118.53 | No                                  | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 28 | 280      | 81         |    |  | \$153.91 | No                                  | per test | once per day | N/A |
| 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure   | 31 | All      | 21, 22, 23 | 26 |  | \$35.38  | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         |    |  | \$161.78 | No                                  | per test | once per day | N/A |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure   | 01 | 016, 017 | 23         | TC |  | \$110.29 | No                                  | per test | once per day | N/A |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure   | 01 | 183      | 22         |    |  | \$161.78 | No                                  | per test | once per day | N/A |

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| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure | 01 | 183 | 22         | TC |  | \$110.29 | No                                  | per test           | once per day                  | N/A |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure | 28 | 280 | 81         |    |  | \$161.78 | No                                  | per test           | once per day                  | N/A |
| 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure | 31 | All | 21, 22, 23 | 26 |  | \$51.49  | No, but AUR and PSR process applies | per test           | once per day                  | N/A |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use                    | 01 | 183 | 22         |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use                    | 08 | 082 | 49         |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use                    | 09 | All | 11, 12     |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use                    | 31 | All | 11, 12     |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use   | 01 | 183 | 22         |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use   | 08 | 082 | 49         |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use   | 09 | All | 11, 12     |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B, 3 dose schedule, for intramuscular use   | 31 | All | 11, 12     |    |  | \$10.00  | No                                  | per administration | once per day                  | N/A |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use  | 01 | 183 | 22         |    |  | \$10.00  | No                                  | per administration | 1 per 270 days per flu season | N/A |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use  | 08 | 082 | 49         |    |  | \$10.00  | No                                  | per administration | 1 per 270 days per flu season | N/A |

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| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   | 09 | All | 11, 12 |  |  | \$10.00  | No                                  | per administration | 1 per 270 days per flu season | N/A    |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   | 31 | All | 11, 12 |  |  | \$10.00  | No                                  | per administration | 1 per 270 days per flu season | N/A    |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use   | 33 | 335 | 11, 12 |  |  | \$10.00  | No                                  | per administration | 1 per 270 days per flu season | N/A    |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | 01 | 183 | 22     |  |  | \$10.00  | No                                  | per administration | once per day                  | N/A    |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | 08 | 082 | 49     |  |  | \$10.00  | No                                  | per administration | once per day                  | N/A    |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | 09 | All | 11, 12 |  |  | \$10.00  | No                                  | per administration | once per day                  | N/A    |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | 31 | All | 11, 12 |  |  | \$10.00  | No                                  | per administration | once per day                  | N/A    |
| 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (HPV), 3 dose schedule, for intramuscular use  | 33 | 335 | 11, 12 |  |  | \$10.00  | No                                  | per administration | once per day                  | N/A    |
| 93355 | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D | 31 | All | 21, 24 |  |  | \$180.86 | No, but AUR and PSR process applies | per procedure      | once per day                  | 0 days |

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|-------|---|----|-----|--------|--|----|----------|-------------------------------------|----------------|--------------|--------|
| 93355 | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D | 31 | All | 21, 24 |  | 78 | \$180.86 | No, but AUR and PSR process applies | per procedure  | once per day | 0 days |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  | 01 | 183 | 22     |  |    | \$4.00   | No                                  | per evaluation | once per day | N/A    |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  | 08 | 074 | 15     |  |    | \$4.00   | No                                  | per evaluation | once per day | N/A    |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  | 08 | 082 | 49     |  |    | \$4.00   | No                                  | per evaluation | once per day | N/A    |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  | 08 | 110 | 12, 49 |  |    | \$4.00   | No                                  | per evaluation | once per day | N/A    |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument  | 09 | All | 11, 12 |  |    | \$4.00   | No                                  | per evaluation | once per day | N/A    |

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| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | 19 | 190                     | 11     |    |  | \$4.00  | No  | per evaluation  | once per day                              | N/A |
| 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | 31 | All                     | 11, 12 |    |  | \$4.00  | No  | per evaluation  | once per day                              | N/A |
| 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional   | 09 | All                     | 11, 99 |    |  | \$18.00 | No  | per application | Under 5 years of age; 4 per calendar year | N/A |
| 99188 | Application of topical fluoride varnish by a physician or other qualified health care professional   | 31 | All                     | 11, 99 |    |  | \$18.00 | No  | per application | Under 5 years of age; 4 per calendar year | N/A |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each   | 24 | 240, 241, 242, 243, 245 | 11, 12 |    |  | \$4.87  | No  | each            | 30 per calendar month                     | N/A |
| A4602 | Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each   | 25 | 250                     | 11, 12 |    |  | \$4.87  | No  | each            | 30 per calendar month                     | N/A |
| G0277 | Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval  | 01 | 183                     | 22     |    |  | \$43.89 | Yes | per 30 minutes  | four per day                              | N/A |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)   | 01 | 183                     | 22     |    |  | \$19.00 | No  | per test        | once per day                              | N/A |
| G0472 | Hepatitis C antibody screening for individual at high risk and other covered indication(s)   | 28 | 280                     | 81     |    |  | \$19.00 | No  | per test        | once per day                              | N/A |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields  | 01 | 183                     | 22     |    |  | \$39.48 | No  | per procedure   | once per day                              | N/A |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields  | 01 | 183                     | 22     | TC |  | \$16.22 | No  | per procedure   | once per day                              | N/A |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields  | 31 | All                     | 11     |    |  | \$39.48 | No  | per procedure   | once per day                              | N/A |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields  | 31 | All                     | 11     | TC |  | \$16.22 | No  | per procedure   | once per day                              | N/A |

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| G6001 | Ultrasonic guidance for placement of radiation therapy fields   | 31 | All | 11, 21, 22 | 26 |    | \$23.26  | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields   | 31 | All | 21         | 26 | 78 | \$23.26  | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                 | 01 | 183 | 22         |    |    | \$56.64  | No                                  | per procedure | once per day | N/A |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                 | 01 | 183 | 22         | TC |    | \$40.67  | No                                  | per procedure | once per day | N/A |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                 | 31 | All | 11         |    |    | \$56.64  | No                                  | per procedure | once per day | N/A |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                 | 31 | All | 11         | TC |    | \$40.67  | No                                  | per procedure | once per day | N/A |
| G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy                                 | 31 | All | 11, 21, 22 | 26 |    | \$15.97  | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev | 01 | 183 | 22         |    |    | \$120.13 | No                                  | per procedure | once per day | N/A |
| G6003 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev | 31 | All | 11         |    |    | \$120.13 | No                                  | per procedure | once per day | N/A |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev    | 01 | 183 | 22         |    |    | \$93.02  | No                                  | per procedure | once per day | N/A |
| G6004 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev    | 31 | All | 11         |    |    | \$93.02  | No                                  | per procedure | once per day | N/A |
| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev   | 01 | 183 | 22         |    |    | \$103.92 | No                                  | per procedure | once per day | N/A |

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| G6005 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev                                      | 31 | All | 11 |  |  | \$103.92 | No | per procedure | once per day | N/A |
| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater                              | 01 | 183 | 22 |  |  | \$103.38 | No | per procedure | once per day | N/A |
| G6006 | Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater                              | 31 | All | 11 |  |  | \$103.38 | No | per procedure | once per day | N/A |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev                              | 01 | 183 | 22 |  |  | \$191.07 | No | per procedure | once per day | N/A |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev                              | 31 | All | 11 |  |  | \$191.07 | No | per procedure | once per day | N/A |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev                                 | 01 | 183 | 22 |  |  | \$128.63 | No | per procedure | once per day | N/A |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev                                 | 31 | All | 11 |  |  | \$128.63 | No | per procedure | once per day | N/A |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev                                | 01 | 183 | 22 |  |  | \$142.45 | No | per procedure | once per day | N/A |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev                                | 31 | All | 11 |  |  | \$142.45 | No | per procedure | once per day | N/A |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater                        | 01 | 183 | 22 |  |  | \$142.45 | No | per procedure | once per day | N/A |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater                        | 31 | All | 11 |  |  | \$142.45 | No | per procedure | once per day | N/A |
| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev | 01 | 183 | 22 |  |  | \$204.36 | No | per procedure | once per day | N/A |

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| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev                                  | 31 | All | 11 |  |  | \$204.36 | No  | per procedure         | once per day | N/A |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev                                     | 01 | 183 | 22 |  |  | \$169.29 | No  | per procedure         | once per day | N/A |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev                                     | 31 | All | 11 |  |  | \$169.29 | No  | per procedure         | once per day | N/A |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev                                    | 01 | 183 | 22 |  |  | \$190.54 | No  | per procedure         | once per day | N/A |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev                                    | 31 | All | 11 |  |  | \$190.54 | No  | per procedure         | once per day | N/A |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater                            | 01 | 183 | 22 |  |  | \$190.54 | No  | per procedure         | once per day | N/A |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater                            | 31 | All | 11 |  |  | \$190.54 | No  | per procedure         | once per day | N/A |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session                                 | 01 | 183 | 22 |  |  | \$297.42 | No  | per treatment session | once per day | N/A |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session                                 | 31 | All | 11 |  |  | \$297.42 | No  | per treatment session | once per day | N/A |
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | 01 | 183 | 22 |  |  | \$296.57 | Yes | per treatment session | once per day | N/A |

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| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session | 31 | All | 11         |    |  | \$296.57 | Yes                                 | per treatment session | once per day | N/A    |
| G6018 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)   | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |                       | N/A          | N/A    |
| G6018 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)   | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |                       | N/A          | N/A    |
| G6018 | Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)   | 31 | All | 21, 24, 99 |    |  | \$126.90 | No, but AUR and PSR process applies | per procedure         | once per day | 0 days |
| G6019 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique                                    | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |                       | N/A          | N/A    |
| G6019 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique                                    | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |                       | N/A          | N/A    |
| G6019 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique                                    | 31 | All | 21, 24, 99 |    |  | \$216.94 | No, but AUR and PSR process applies | per procedure         | once per day | 0 days |
| G6020 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)  | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |                       | N/A          | N/A    |

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| G6020 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)  | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| G6020 | Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)  | 31 | All | 21, 24, 99 |    |  | \$208.86 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| G6022 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| G6022 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| G6022 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesions(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 31 | All | 21, 24, 99 |    |  | \$143.44 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| G6023 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)  | 01 | 021 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| G6023 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)  | 02 | 020 | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A          | N/A    |
| G6023 | Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)  | 31 | All | 21, 24, 99 |    |  | \$133.91 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |

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| G6024 | Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 01 | 021      | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| G6024 | Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 02 | 020      | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| G6024 | Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique | 31 | All      | 21, 24, 99 |    |  | \$260.26 | No, but AUR and PSR process applies | per procedure | once per day  | 0 days |
| G6025 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)   | 01 | 021      | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| G6025 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)   | 02 | 020      | 24         | SG |  | \$776.00 | No, but AUR and PSR process applies |               | N/A           | N/A    |
| G6025 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)   | 31 | All      | 21, 24, 99 |    |  | \$265.80 | No, but AUR and PSR process applies | per procedure | once per day  | 0 days |
| G6030 | Assay of amitriptyline  | 01 | 016, 017 | 23         |    |  | \$19.49  | No                                  | per test      | once per day  | N/A    |
| G6030 | Assay of amitriptyline  | 01 | 183      | 22         |    |  | \$19.49  | No                                  | per test      | once per day  | N/A    |
| G6030 | Assay of amitriptyline  | 28 | 280      | 81         |    |  | \$19.49  | No                                  | per test      | once per day  | N/A    |
| G6031 | Assay of benzodiazepines  | 01 | 016, 017 | 23         |    |  | \$20.14  | No                                  | per test      | twice per day | N/A    |
| G6031 | Assay of benzodiazepines  | 01 | 183      | 22         |    |  | \$20.14  | No                                  | per test      | twice per day | N/A    |
| G6031 | Assay of benzodiazepines  | 28 | 280      | 81         |    |  | \$20.14  | No                                  | per test      | twice per day | N/A    |

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| G6032 | Assay of desipramine   | 01 | 016, 017 | 23 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6032 | Assay of desipramine   | 01 | 183      | 22 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6032 | Assay of desipramine   | 28 | 280      | 81 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6034 | Assay of doxepin       | 01 | 016, 017 | 23 |  |  | \$16.87 | No | per test | once per day | N/A |
| G6034 | Assay of doxepin       | 01 | 183      | 22 |  |  | \$16.87 | No | per test | once per day | N/A |
| G6034 | Assay of doxepin       | 28 | 280      | 81 |  |  | \$16.87 | No | per test | once per day | N/A |
| G6035 | Assay of gold          | 01 | 016, 017 | 23 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6035 | Assay of gold          | 01 | 183      | 22 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6035 | Assay of gold          | 28 | 280      | 81 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6036 | Assay of imipramine    | 01 | 016, 017 | 23 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6036 | Assay of imipramine    | 01 | 183      | 22 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6036 | Assay of imipramine    | 28 | 280      | 81 |  |  | \$18.74 | No | per test | once per day | N/A |
| G6037 | Assay of nortriptyline | 01 | 016, 017 | 23 |  |  | \$14.75 | No | per test | once per day | N/A |
| G6037 | Assay of nortriptyline | 01 | 183      | 22 |  |  | \$14.75 | No | per test | once per day | N/A |
| G6037 | Assay of nortriptyline | 28 | 280      | 81 |  |  | \$14.75 | No | per test | once per day | N/A |
| G6038 | Assay of salicylate    | 01 | 016, 017 | 23 |  |  | \$7.73  | No | per test | once per day | N/A |
| G6038 | Assay of salicylate    | 01 | 183      | 22 |  |  | \$7.73  | No | per test | once per day | N/A |
| G6038 | Assay of salicylate    | 28 | 280      | 81 |  |  | \$7.73  | No | per test | once per day | N/A |
| G6039 | Assay of acetaminophen | 01 | 016, 017 | 23 |  |  | \$22.03 | No | per test | once per day | N/A |
| G6039 | Assay of acetaminophen | 01 | 183      | 22 |  |  | \$22.03 | No | per test | once per day | N/A |
| G6039 | Assay of acetaminophen | 28 | 280      | 81 |  |  | \$22.03 | No | per test | once per day | N/A |

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|-------|--|----|----------|----|--|----|---------|----|----------|--------------|-----|
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 01 | 016, 017 | 23 |  |    | \$11.76 | No | per test | once per day | N/A |
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 01 | 016, 017 | 23 |  | QW | \$11.76 | No | per test | once per day | N/A |
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 01 | 183      | 22 |  |    | \$11.76 | No | per test | once per day | N/A |
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 01 | 183      | 22 |  | QW | \$11.76 | No | per test | once per day | N/A |
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 28 | 280      | 81 |  |    | \$11.76 | No | per test | once per day | N/A |
| G6040 | Assay of alcohol (ethanol); any specimen except breath | 28 | 280      | 81 |  | QW | \$11.76 | No | per test | once per day | N/A |
| G6042 | Assay of amphetamine or methamphetamine                | 01 | 016, 017 | 23 |  |    | \$15.80 | No | per test | once per day | N/A |
| G6042 | Assay of amphetamine or methamphetamine                | 01 | 183      | 22 |  |    | \$15.80 | No | per test | once per day | N/A |
| G6042 | Assay of amphetamine or methamphetamine                | 28 | 280      | 81 |  |    | \$15.80 | No | per test | once per day | N/A |
| G6043 | Assay of barbiturates, not elsewhere specified         | 01 | 016, 017 | 23 |  |    | \$12.46 | No | per test | once per day | N/A |
| G6043 | Assay of barbiturates, not elsewhere specified         | 01 | 183      | 22 |  |    | \$12.46 | No | per test | once per day | N/A |
| G6043 | Assay of barbiturates, not elsewhere specified         | 28 | 280      | 81 |  |    | \$12.46 | No | per test | once per day | N/A |
| G6044 | Assay of cocaine or metabolite                         | 01 | 016, 017 | 23 |  |    | \$15.19 | No | per test | once per day | N/A |
| G6044 | Assay of cocaine or metabolite                         | 01 | 183      | 22 |  |    | \$15.19 | No | per test | once per day | N/A |
| G6044 | Assay of cocaine or metabolite                         | 28 | 280      | 81 |  |    | \$15.19 | No | per test | once per day | N/A |
| G6045 | Assay of dihydrocodeinone                              | 01 | 016, 017 | 23 |  |    | \$22.48 | No | per test | once per day | N/A |
| G6045 | Assay of dihydrocodeinone                              | 01 | 183      | 22 |  |    | \$22.48 | No | per test | once per day | N/A |
| G6045 | Assay of dihydrocodeinone                              | 28 | 280      | 81 |  |    | \$22.48 | No | per test | once per day | N/A |
| G6046 | Assay of dihydromorphinone                             | 01 | 016, 017 | 23 |  |    | \$27.98 | No | per test | once per day | N/A |
| G6046 | Assay of dihydromorphinone                             | 01 | 183      | 22 |  |    | \$27.98 | No | per test | once per day | N/A |
| G6046 | Assay of dihydromorphinone                             | 28 | 280      | 81 |  |    | \$27.98 | No | per test | once per day | N/A |

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|-------|------------------------------|----|----------|----|--|--|---------|----|----------|--------------|-----|
| G6047 | Assay of dihydrotestosterone | 01 | 016, 017 | 23 |  |  | \$28.10 | No | per test | once per day | N/A |
| G6047 | Assay of dihydrotestosterone | 01 | 183      | 22 |  |  | \$28.10 | No | per test | once per day | N/A |
| G6047 | Assay of dihydrotestosterone | 28 | 280      | 81 |  |  | \$28.10 | No | per test | once per day | N/A |
| G6049 | Assay of epiandrosterone     | 01 | 016, 017 | 23 |  |  | \$23.39 | No | per test | once per day | N/A |
| G6049 | Assay of epiandrosterone     | 01 | 183      | 22 |  |  | \$23.39 | No | per test | once per day | N/A |
| G6049 | Assay of epiandrosterone     | 28 | 280      | 81 |  |  | \$23.39 | No | per test | once per day | N/A |
| G6050 | Assay of ethchlorvynol       | 01 | 016, 017 | 23 |  |  | \$18.82 | No | per test | once per day | N/A |
| G6050 | Assay of ethchlorvynol       | 01 | 183      | 22 |  |  | \$18.82 | No | per test | once per day | N/A |
| G6050 | Assay of ethchlorvynol       | 28 | 280      | 81 |  |  | \$18.82 | No | per test | once per day | N/A |
| G6051 | Assay of flurazepam          | 01 | 016, 017 | 23 |  |  | \$17.12 | No | per test | once per day | N/A |
| G6051 | Assay of flurazepam          | 01 | 183      | 22 |  |  | \$17.12 | No | per test | once per day | N/A |
| G6051 | Assay of flurazepam          | 28 | 280      | 81 |  |  | \$17.12 | No | per test | once per day | N/A |
| G6052 | Assay of meprobamate         | 01 | 016, 017 | 23 |  |  | \$19.18 | No | per test | once per day | N/A |
| G6052 | Assay of meprobamate         | 01 | 183      | 22 |  |  | \$19.18 | No | per test | once per day | N/A |
| G6052 | Assay of meprobamate         | 28 | 280      | 81 |  |  | \$19.18 | No | per test | once per day | N/A |
| G6053 | Assay of methadone           | 01 | 016, 017 | 23 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6053 | Assay of methadone           | 01 | 183      | 22 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6053 | Assay of methadone           | 28 | 280      | 81 |  |  | \$17.73 | No | per test | once per day | N/A |
| G6054 | Assay of methsuximide        | 01 | 016, 017 | 23 |  |  | \$16.13 | No | per test | once per day | N/A |
| G6054 | Assay of methsuximide        | 01 | 183      | 22 |  |  | \$16.13 | No | per test | once per day | N/A |
| G6054 | Assay of methsuximide        | 28 | 280      | 81 |  |  | \$16.13 | No | per test | once per day | N/A |

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|-------|---|----|------------------------------|--------------------|--|----------|----------|-----|----------|-----------------------|-----|
| G6056 | Opiate(s), drug and metabolites, each procedure   | 01 | 016, 017                     | 23                 |  |          | \$21.18  | No  | per test | once per day          | N/A |
| G6056 | Opiate(s), drug and metabolites, each procedure   | 01 | 183                          | 22                 |  |          | \$21.18  | No  | per test | once per day          | N/A |
| G6056 | Opiate(s), drug and metabolites, each procedure   | 28 | 280                          | 81                 |  |          | \$21.18  | No  | per test | once per day          | N/A |
| G6057 | Assay of phenothiazine  | 01 | 016, 017                     | 23                 |  |          | \$16.95  | No  | per test | once per day          | N/A |
| G6057 | Assay of phenothiazine  | 01 | 183                          | 22                 |  |          | \$16.95  | No  | per test | once per day          | N/A |
| G6057 | Assay of phenothiazine  | 28 | 280                          | 81                 |  |          | \$16.95  | No  | per test | once per day          | N/A |
| G6058 | Drug confirmation, each procedure   | 01 | 016, 017                     | 23                 |  |          | \$14.42  | No  | per test | once per day          | N/A |
| G6058 | Drug confirmation, each procedure   | 01 | 183                          | 22                 |  |          | \$14.42  | No  | per test | once per day          | N/A |
| G6058 | Drug confirmation, each procedure   | 28 | 280                          | 81                 |  |          | \$14.42  | No  | per test | once per day          | N/A |
| K0901 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$670.59 | Yes | each     | per medical necessity | N/A |
| K0901 | Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$670.59 | Yes | each     | per medical necessity | N/A |
| K0902 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$695.89 | Yes | each     | per medical necessity | N/A |
| K0902 | Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$695.89 | Yes | each     | per medical necessity | N/A |

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|-------|--|----|------------------------------|--------------------|----|----------|------------|-----|---------------|-----------------------|-----|
| L3981 | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments   | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$684.64   | Yes | each          | per medical necessity | N/A |
| L3981 | Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments   | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$684.64   | Yes | each          | per medical necessity | N/A |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$3,225.76 | Yes | each          | per medical necessity | N/A |
| L6026 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s) | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$3,225.76 | Yes | each          | per medical necessity | N/A |
| L7259 | Electronic wrist rotator, any type   | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$3,180.62 | Yes | each          | per medical necessity | N/A |
| L7259 | Electronic wrist rotator, any type   | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$3,180.62 | Yes | each          | per medical necessity | N/A |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening   | 01 | 183                          | 22                 |    |          | \$133.59   | Yes | per procedure | once per day          | N/A |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening   | 01 | 183                          | 22                 | TC |          | \$83.10    | Yes | per procedure | once per day          | N/A |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening   | 31 | All                          | 11                 |    |          | \$133.59   | Yes | per procedure | once per day          | N/A |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening   | 31 | All                          | 11                 | TC |          | \$83.10    | Yes | per procedure | once per day          | N/A |
| S8032 | Low-dose Computed Tomography For Lung Cancer Screening   | 31 | All                          | 11, 22             | 26 |          | \$50.49    | Yes | per procedure | once per day          | N/A |

**CODES BEING ADDED BASED UPON PROVIDER REQUESTS, CLINICAL REVIEW OR SIGNIFICANT PROGRAM EXCEPTION REQUESTS**

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|-------|---|----|-----|--------|--|----------|----------|-------------------------------------|---------------|---|--------|
| 19030 | Injection procedure only for mammary ductogram or galactogram   | 01 | 183 | 22     |  | RT-LT-50 | \$63.42  | No                                  | per procedure | once per R side and once per L side per day | 0 days |
| 19030 | Injection procedure only for mammary ductogram or galactogram   | 31 | All | 11, 21 |  | RT-LT-50 | \$63.42  | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | 0 days |
| 81235 | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)                                    | 01 | 183 | 22     |  |          | \$263.34 | No                                  | per test      | once per day                                | N/A    |
| 81235 | EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)                                    | 28 | 280 | 81     |  |          | \$263.34 | No                                  | per test      | once per day                                | N/A    |
| 81261 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | 01 | 183 | 22     |  |          | \$215.54 | Yes                                 | per test      | once per day                                | N/A    |
| 81261 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction) | 28 | 280 | 81     |  |          | \$215.54 | Yes                                 | per test      | once per day                                | N/A    |
| 81262 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)          | 01 | 183 | 22     |  |          | \$47.52  | Yes                                 | per test      | once per day                                | N/A    |
| 81262 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)          | 28 | 280 | 81     |  |          | \$47.52  | Yes                                 | per test      | once per day                                | N/A    |
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis  | 01 | 183 | 22     |  |          | \$320.63 | Yes                                 | per test      | once per day                                | N/A    |

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|-------|--|----|----------|----|----|--|----------|-----|----------|--------------|-----|
| 81263 | IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis   | 28 | 280      | 81 |    |  | \$320.63 | Yes | per test | once per day | N/A |
| 81264 | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)                   | 01 | 183      | 22 |    |  | \$162.57 | Yes | per test | once per day | N/A |
| 81264 | IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)                   | 28 | 280      | 81 |    |  | \$162.57 | Yes | per test | once per day | N/A |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants  | 01 | 183      | 22 |    |  | \$197.22 | No  | per test | once per day | N/A |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants  | 28 | 280      | 81 |    |  | \$197.22 | No  | per test | once per day | N/A |
| 81504 | Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores | 01 | 183      | 22 |    |  | \$16.22  | Yes | per test | once per day | N/A |
| 81504 | Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores | 28 | 280      | 81 |    |  | \$16.22  | Yes | per test | once per day | N/A |
| 83992 | Phencyclidine (PCP)  | 01 | 016, 017 | 23 |    |  | \$16.00  | No  | per test | once per day | N/A |
| 83992 | Phencyclidine (PCP)  | 01 | 183      | 22 |    |  | \$16.00  | No  | per test | once per day | N/A |
| 83992 | Phencyclidine (PCP)  | 28 | 280      | 81 |    |  | \$16.00  | No  | per test | once per day | N/A |
| 87521 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed                                       | 01 | 183      | 22 |    |  | \$38.21  | No  | per test | once per day | N/A |
| 87521 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed                                       | 28 | 280      | 81 |    |  | \$38.21  | No  | per test | once per day | N/A |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 01 | 016, 017 | 23 |    |  | \$73.67  | No  | per test | once per day | N/A |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 01 | 016, 017 | 23 | TC |  | \$51.83  | No  | per test | once per day | N/A |

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|-------|--|----|----------|------------|----|--|---------|-------------------------------------|----------|--------------|-----|
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 01 | 183      | 22         |    |  | \$73.67 | No                                  | per test | once per day | N/A |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 01 | 183      | 22         | TC |  | \$51.83 | No                                  | per test | once per day | N/A |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 28 | 280      | 81         |    |  | \$73.67 | No                                  | per test | once per day | N/A |
| 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)  | 31 | All      | 21, 22, 23 | 26 |  | \$21.84 | No, but AUR and PSR process applies | per test | once per day | N/A |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | 01 | 016, 017 | 23         |    |  | \$51.01 | No                                  | per test | once per day | N/A |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | 01 | 016, 017 | 23         | TC |  | \$41.20 | No                                  | per test | once per day | N/A |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | 01 | 183      | 22         |    |  | \$51.01 | No                                  | per test | once per day | N/A |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | 01 | 183      | 22         | TC |  | \$41.20 | No                                  | per test | once per day | N/A |
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry | 28 | 280      | 81         |    |  | \$51.01 | No                                  | per test | once per day | N/A |

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|-------|---|----|-----|------------|----|--|----------|-------------------------------------|---------------|--------------|--------|
| 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry  | 31 | All | 21, 22, 23 | 26 |  | \$9.81   | No, but AUR and PSR process applies | per test      | once per day | N/A    |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure  | 01 | 183 | 22         |    |  | \$68.68  | No                                  | per test      | once per day | N/A    |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure  | 01 | 183 | 22         | TC |  | \$40.14  | No                                  | per test      | once per day | N/A    |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure  | 28 | 280 | 81         |    |  | \$68.68  | No                                  | per test      | once per day | N/A    |
| 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure  | 31 | All | 21, 22     | 26 |  | \$28.54  | No, but AUR and PSR process applies | per test      | once per day | N/A    |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report   | 01 | 183 | 22         |    |  | \$680.23 | Yes                                 | per procedure | once per day | 0 days |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report   | 01 | 183 | 22         | TC |  | \$527.49 | Yes                                 | per procedure | once per day | 0 days |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report   | 31 | All | 11         |    |  | \$680.23 | Yes                                 | per procedure | once per day | 0 days |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report   | 31 | All | 11         | TC |  | \$527.49 | Yes                                 | per procedure | once per day | 0 days |
| 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report   | 31 | All | 11, 21, 22 | 26 |  | \$152.74 | Yes                                 | per procedure | once per day | 0 days |
| 96119 | Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face | 01 | 183 | 22         |    |  | \$18.95  | No                                  | per hour      | once per day | N/A    |

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|-------|---|----|------------------------------|--------------------|----|----------|----------|---|-----------------------|------------------------|--------|
| 96119 | Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face | 08 | 082                          | 49                 |    |          | \$18.95  | No  | per hour              | once per day           | N/A    |
| 96119 | Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face | 31 | All                          | 11, 21             |    |          | \$18.95  | No, but AUR and PSR process applies       | per hour              | once per day           | N/A    |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism  | 24 | 240, 241, 242, 243, 245      | 11, 12             | NU |          | \$293.66 | Yes                                       | each                  | 1 per 1,825 days       | N/A    |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism  | 24 | 240, 241, 242, 243, 245      | 11, 12             | RR |          | \$29.37  | No, but PA required after 3 months rental | each                  | one per calendar month | N/A    |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism  | 25 | 250                          | 11, 12             | NU |          | \$293.66 | Yes                                       | each                  | 1 per 1,825 days       | N/A    |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism  | 25 | 250                          | 11, 12             | RR |          | \$29.37  | No, but PA required after 3 months rental | each                  | one per calendar month | N/A    |
| G0166 | External counterpulsation, per treatment session  | 01 | 183                          | 22                 |    |          | \$103.05 | Yes                                       | per treatment session | twice per day          | 0 days |
| G0166 | External counterpulsation, per treatment session  | 31 | All                          | 11                 |    |          | \$103.05 | Yes                                       | per treatment session | twice per day          | 0 days |
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise                       | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |    | RT-LT-50 | \$220.31 | Yes                                       | each                  | per medical necessity  | N/A    |

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|-------|---|----|------------------------------|--------------------|--|----------|----------|-----|------|-----------------------|-----|
| L4360 | Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$220.31 | Yes | each | per medical necessity | N/A |
| L5986 | All lower extremity prostheses, multiaxial rotation unit (MCP or equal)   | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$485.94 | Yes | each | per medical necessity | N/A |
| L5986 | All lower extremity prostheses, multiaxial rotation unit (MCP or equal)   | 25 | 250, 251, 252                | 11, 12, 21, 31, 32 |  | RT-LT-50 | \$485.94 | Yes | each | per medical necessity | N/A |

**PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2015 UPDATES OR BY CLINICAL REVIEW**

|       |  |    |     |    |    |          |          |                                     |               |   |         |
|-------|--|----|-----|----|----|----------|----------|-------------------------------------|---------------|---|---------|
| 27280 | Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed   | 31 | All | 21 |    | RT-LT-50 | \$525.00 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | 90 days |
| 27280 | Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed   | 31 | All | 21 | 80 | RT-LT-50 | \$105.00 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side per day | 90 days |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 01 | 183 | 22 |    |          | \$319.38 | Yes                                 | per procedure | once per day                                | N/A     |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 01 | 183 | 22 | TC |          | \$258.15 | Yes                                 | per procedure | once per day                                | N/A     |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 08 | 082 | 49 |    |          | \$319.38 | Yes                                 | per procedure | once per day                                | N/A     |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 08 | 082 | 49 | TC |          | \$258.15 | Yes                                 | per procedure | once per day                                | N/A     |

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|-------|--|----|----------|----------------|----|--------|----------|-----|---------------|--------------|-----|
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 31 | All      | 11             |    |        | \$319.38 | Yes | per procedure | once per day | N/A |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 31 | All      | 11             | TC |        | \$258.15 | Yes | per procedure | once per day | N/A |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization | 31 | All      | 11, 21, 22, 49 | 26 |        | \$61.23  | Yes | per procedure | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 016, 017 | 23             |    |        | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 016, 017 | 23             |    | QW     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 183      | 22             |    |        | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 183      | 22             |    | QW     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 183      | 22             |    | FP     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 01 | 183      | 22             |    | QW, FP | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 082      | 49             |    |        | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 082      | 49             |    | QW     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 082      | 49             |    | FP     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 082      | 49             |    | QW, FP | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 083      | 22, 49         |    | FP     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 08 | 083      | 22, 49         |    | QW, FP | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 09 | All      | 11             |    |        | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 09 | All      | 11             |    | QW     | \$15.18  | No  | per test      | once per day | N/A |
| 86780 | Antibody; Treponema pallidum   | 09 | All      | 11             |    | FP     | \$15.18  | No  | per test      | once per day | N/A |

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|-------|---|----|----------|----|--|--------|---------|----|----------|--------------|-----|
| 86780 | Antibody; Treponema pallidum  | 09 | All      | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 28 | 280      | 81 |  |        | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 28 | 280      | 81 |  | QW     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 28 | 280      | 81 |  | FP     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 28 | 280      | 81 |  | QW, FP | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 31 | All      | 11 |  |        | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 31 | All      | 11 |  | QW     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 31 | All      | 11 |  | FP     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 31 | All      | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 33 | 335      | 11 |  |        | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 33 | 335      | 11 |  | QW     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 33 | 335      | 11 |  | FP     | \$15.18 | No | per test | once per day | N/A |
| 86780 | Antibody; Treponema pallidum  | 33 | 335      | 11 |  | QW, FP | \$15.18 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 01 | 016, 017 | 23 |  |        | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 01 | 016, 017 | 23 |  | QW     | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 01 | 183      | 22 |  |        | \$95.80 | No | per test | once per day | N/A |

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|-------|---|----|-----|----|--|----|---------|----|----------|--------------|-----|
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 01 | 183 | 22 |  | QW | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 08 | 082 | 49 |  |    | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 08 | 082 | 49 |  | QW | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 09 | All | 11 |  |    | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 09 | All | 11 |  | QW | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 28 | 280 | 81 |  |    | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 28 | 280 | 81 |  | QW | \$95.80 | No | per test | once per day | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 31 | All | 11 |  |    | \$95.80 | No | per test | once per day | N/A |

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|-------|---|----|--|----------------------------|--|----|----------|-------------------------------------|-----------------|--|-----|
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 31 | All  | 11                         |  | QW | \$95.80  | No                                  | per test        | once per day                               | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 33 | 335  | 11                         |  |    | \$95.80  | No                                  | per test        | once per day                               | N/A |
| 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription and multiplex amplified probe technique, first 2 types or sub-types | 33 | 335  | 11                         |  | QW | \$95.80  | No                                  | per test        | once per day                               | N/A |
| 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session  | 01 | 183  | 22                         |  |    | \$106.80 | No                                  | per session     | once per day                               | N/A |
| 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session  | 14 | 140  | 21                         |  |    | \$106.80 | No, but AUR and PSR process applies | per session     | once per day                               | N/A |
| 99183 | Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session  | 31 | All  | 21                         |  |    | \$106.80 | No, but AUR and PSR process applies | per session     | once per day                               | N/A |
| D1206 | topical application of fluoride varnish   | 27 | 270, 271, 272, 273, 274, 275, 277, 279, 282, 283 | 11, 12, 21, 24, 31, 32, 99 |  |    | \$18.00  | No, but AUR and PSR process applies | per application | Under 17 years of age; 4 per calendar year | N/A |