



ISSUE DATE June 27, 2016	EFFECTIVE DATE July 1, 2016	NUMBER 99-16-08
SUBJECT 2016 Healthcare Common Procedure Coding System (HCPCS) Updates and Other Procedure Code Changes		BY  Leesa M. Allen, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate their MA enrollment every 5 years. Providers should log into PROMISe to check their revalidation date and submit a revalidation application at least 60 days prior. Enrollment (revalidation) applications may be found at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994. Providers who enrolled on or before SEPTEMBER 25, 2011 must complete the revalidation process as soon as possible. DHS must complete the revalidation for all providers enrolled on or before September 25, 2011 by September 25, 2016.

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 2016 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Human Services (Department) is adding and end-dating other procedure codes. These changes are effective for dates of service on and after July 1, 2016.

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 2016 HCPCS updates published by the Centers for Medicare & 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.pa.gov/provider/healthcaremedicalassistance/index.htm>

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

DISCUSSION:

Procedure Codes Being Added or End-dated

The following procedure code and modifier combinations are being added to the MA Program Fee Schedule as a result of the 2016 HCPCS updates:

Procedure Codes and Modifiers				
10035	10036	31652	31652 (SG)	31653
31653 (SG)	31654	33477	39401	39401 (SG)
39402	39402 (SG)	47531	47531 (SG)	47532
47532 (SG)	47533	47533 (SG)	47534	47534 (SG)
47535	47535 (SG)	47536	47536 (SG)	47537
47537 (SG)	47538	47538 (SG)	47539	47539 (SG)
47540	47540 (SG)	47541	47541 (SG)	47542
47543	47544	50430 (SG)	50430 (RT)	50430 (LT)
50430 (50)	50431 (SG)	50431 (RT)	50431 (LT)	50431 (50)
50432 (SG)	50432 (RT)	50432 (LT)	50432 (50)	50433 (SG)
50433 (RT)	50433 (LT)	50433 (50)	50434 (SG)	50434 (RT)
50434 (LT)	50434 (50)	50435 (SG)	50435 (RT)	50435 (LT)
50435 (50)	50606 (RT)	50606 (LT)	50606 (50)	50693 (SG)
50693 (RT)	50693 (LT)	50693 (50)	50694 (SG)	50694 (RT)
50694 (LT)	50694 (50)	50695 (SG)	50695 (RT)	50695 (LT)
50695 (50)	50705 (RT)	50705 (LT)	50705 (50)	50706 (RT)
50706 (LT)	50706 (50)	54437	54437 (SG)	54437 (80)
54438	54438 (80)	61650	61651	64461
64461 (SG)	64462	64463	65785 (SG)	65785 (RT)
65785 (LT)	65785 (50)	69209 (SG)	69209 (RT)	69209 (LT)
69209 (50)	72081	72081 (TC)	72081 (26)	72082
72082 (TC)	72082 (26)	72083	72083 (TC)	72083 (26)
72084	72084 (TC)	72084 (26)	73501 (RT)	73501 (LT)
73501 (50)	73501 (TC) (RT)	73501 (TC) (LT)	73501 (TC) (50)	73501 (26) (RT)
73501 (26) (LT)	73501 (26) (50)	73502 (RT)	73502 (LT)	73502 (TC) (RT)
73502 (TC) (LT)	73502 (26) (RT)	73502 (26) (LT)	73503 (RT)	73503 (LT)
73503 (TC) (RT)	73503 (TC) (LT)	73503 (26) (RT)	73503 (26) (LT)	73521
73521 (TC)	73521 (26)	73522	73522 (TC)	73522 (26)
73523	73523 (TC)	73523 (26)	73551 (RT)	73551 (LT)

73551 (50)	73551 (TC) (RT)	73551 (TC) (LT)	73551 (TC) (50)	73551 (26) (RT)
73551 (26) (LT)	73551 (26) (50)	73552 (RT)	73552 (LT)	73552 (50)
73552 (TC) (RT)	73552 (TC) (LT)	73552 (TC) (50)	73552 (26) (RT)	73552 (26) (LT)
73552 (26) (50)	77770	77770 (TC)	77770 (26)	77771
77771 (TC)	77771 (26)	77772	77772 (TC)	77772 (26)
78265	78265 (TC)	78265 (26)	78266	78266 (TC)
78266 (26)	80081	81170	81218	81272
81273	81276	81311	81314	88350
88350 (TC)	88350 (26)	92537	92537 (TC)	92537 (26)
92538	92538 (TC)	92538 (26)	99177	D0251
D9223	D9243	E0465 (RR)	E0466 (RR)	G0297
G0297 (TC)	G0297 (26)	G0476	G0476 (FP)	G0477
G0477 (QW)	G0478	G0479	G0480	G0481
G0482	G0483			

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

Procedure Codes and Modifiers					
33979	33979 (80)	33980	33980 (80)	44204	44204 (80)
49423	49423 (SG)	49424	49424 (SG)	81210	81332
99174	G0433	G0433 (QW)	G0433 (FP)	G0433(QW)(FP)	

The following procedure codes are being end-dated from the MA Program Fee Schedule as a result of the 2016 HCPCS updates:

Procedure Codes					
21805	31620	37202	39400	47136	47500
47505	47510	47511	47525	47530	47560
47561	47630	50392	50393	50394	50398
64412	67112	70373	72010	72069	72090
73500	73510	73520	73530	73540	73550
74305	74320	74327	74475	74480	75896
75980	75982	77776	77777	77785	77786
77787	88347	90645	90646	90669	90692
90693	90703	90704	90705	90706	90708
90719	90721	90725	90727	90735	92543
95973	A7011	D0260	D9220	D9221	D9241
E0450	E0460	E0461	E0463	G0431	G6018

Procedure Codes					
G6019	G6020	G6022	G6023	G6024	G6025
G6030	G6031	G6032	G6034	G6035	G6036
G6037	G6038	G6039	G6040	G6042	G6043
G6044	G6045	G6046	G6047	G6049	G6050
G6051	G6052	G6053	G6054	G6056	G6057
G6058	J0886	J7302			

Procedure code J0890 is being end-dated from the MA Program Fee Schedule because the drug was discontinued by the manufacturer.

No new authorizations will be issued for the procedure codes being end-dated on and after July 1, 2016. For any of the above procedure codes that had a prior authorization issued before July 1, 2016, 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 July 1, 2017, for those services that were previously prior authorized.

Prior Authorization Requirements

The following laboratory 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 Human Services 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.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm#.VxaJ1E32ZtQ>

Procedure Codes				
81170	81210	81218	81272	81273
81276	81311	81314	81332	

The following durable medical equipment procedure code and modifier combinations are being added to the MA Program Fee Schedule and require prior authorization with the first month of rental as authorized under § 443.6(b)(3) of the Code:

Procedure Codes and Modifiers	
E0465 (RR)	E0466 (RR)

The following procedure codes and modifiers being added to the MA Program Fee Schedule are considered advanced radiology services and will require prior authorization, as

authorized under § 443.6(b)(7) of the Code and as described in MA Bulletin 01-14-42 titled, Advanced Radiologic Imaging Services, which may be viewed online at: <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=01-14-42#.VxaDuE32ZtQ>

Procedure Codes and Modifiers		
G0297	G0297 (TC)	G0297 (26)

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Dental Services

The Department is increasing the maximum number of billable units for procedure code D5660 from one to 1 to 2 units per day based on clinical review.

End Stage Renal Dialysis Services

With the closure of procedure code J0886 by CMS, the Department is increasing the maximum number of billable units for procedure code Q4081 from 9 to 400 units per day so providers may continue to bill for the full dosage of the drug currently allowed.

Optometrist Services

Provider Type (PT)/Specialty (Spec) 18/180 (Optometrist) has been added to the following surgical, radiology and medical procedure code/modifier combinations in places of service (POS) 21 (inpatient hospital), 24 (ambulatory surgical center) and 11 (office), as indicated below, based upon provider requests and clinical review.

Procedure Codes	Modifiers	POS
65778	RT/LT/50	21, 24
68761	E1, E2, E3, E4	11
76510	RT/LT/50 and RT/LT/50 TC	11
76511	RT/LT/50 and RT/LT/50 TC	11
76512	RT/LT/50 and RT/LT/50 TC	11
76516	No modifier and TC	11
76519	No modifier and TC	11
92025	No modifier and TC	11

The post-operative period for surgical procedure code 65778 is being decreased from 90 to 0 days, to align with CMS's guidance.

Radiology procedure code 76512 will have the right (RT), left (LT) and bilateral (50) modifiers added as the procedure may be performed laterally or bilaterally. As a result, the Department is also increasing the maximum number of billable units from one to two per day.

Physician Services

Surgical procedure code 43273 will expand to include all physician specialties by opening PT/Spec 31/All and end-dating PT 31 (physician) specialties 318 (general practice), 319 (surgery), 322 (internal medicine), 341 (radiology) and 345 (pediatrics) as the Department has determined that it is appropriate for all physician specialties to perform this service.

Additionally, POS 11 is being end-dated for procedure code 43273 as the Department has determined that the office setting is not appropriate for the performance of this service.

Clinic Services

Clinic procedure code 68761 will be end-dated for PT/Spec 08 (clinic)/All and will be opened for PT/Spec 08/082 (independent medical/surgical clinic) as the Department has determined that it is only appropriate for this provider to perform this service in this setting.

Therapist Services

Medical procedure code 97110 will have PT/Spec combination 17/171 (occupational therapist) opened in POS 11, 12 (home), and 99 (community) based upon provider requests and clinical review.

Laboratory Services

Laboratory procedure code 88346 will have the TC (technical component) modifier end-dated for PT/Spec/POS 28/280/81 (independent laboratory). Additionally, the Department is reducing the maximum number of billable units for procedure code 88346 from five to one per day as a result of CMS updating the code descriptions.

The Department has determined that there will no longer be a prior authorization required for laboratory procedure codes S3854 and 81519.

Modifier Updates

QW Modifier

The Department is adding the QW (CLIA waived test) informational modifier to laboratory procedure code 87631 that CMS identifies as a Clinical Laboratory Improvement Amendments (CLIA) waived test. This information is described in MA Bulletin 01-12-67, et.al, Clinical Improvement Amendment Requirements, and may be viewed online at: <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=01-12-67#.VxaDYE32ZtQ>.

Procedure Code	PT/Spec/POS	Modifier
-----------------------	--------------------	-----------------

87631	01/016/23 (emergency room arrangement 1)	QW
	01/017/23 (emergency room arrangement 2)	QW
	31/318/22 (outpatient hospital clinic)	QW
	28/280/81	QW

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.

The Department is also adding the PT/Spec/POS and modifiers, as indicated below, to laboratory procedure code 87631 as a result of the latest tests listed with CMS as CLIA waived tests:

Procedure Code	PT/Spec/POS	Modifiers
87631	08/082/49	No modifier and QW
	09/All/11 (CRNP)	No modifier and QW
	31/All/11	No modifier and QW
	33/335/11 (certified nurse midwife)	No modifier and QW

Open Places of Service

The following procedure codes will have POS 23 and 99 (Special Treatment Room) opened for the PT/Spec combinations, as indicated below, as the Department has determined that these settings are appropriate for the performance of these services:

Procedure Code	PT/Spec	POS
43274	31/All	99
43275	31/All	99
43276	31/All	99
43277	31/All	99
43278	31/All	99
74328	31/All	99
74329	31/All	99
74330	31/All	99
88346	27/All	23

End-Dated Places of Service

The following procedure codes will have POS 11, 22 (outpatient hospital), 23, 31 (skilled nursing facility), 32 (nursing facility), 49 (independent clinic) and/or 99 (Special Treatment Room) end-dated, for the PT/Spec combinations as indicated below, because the Department has determined that these settings are not appropriate for the performance of these services:

Procedure Code	PT/PS	POS
43260	01/017 31/All	23
43262	01/All (inpatient hospital)	23
	01/183	22
	08/All	49
	31/All	11 and 23
43263	01/All	23
	01/183	22
	08/All	49
	31/All	11 and 23
43264	01/All	23
	31/All	
43265	01/All	23
	01/183	22
	08/All	49
	31/All	23
43273	01/183	22
	31/318	11
	31/319	
	01/016	
	31/341	
	31/345	
68761	01/All	23
	31/All	23,99
74328	31/All	22
74329	31/All	22
74330	31/All	22
76512	01/016	23
	01/017	
	31/All	23,31,32
76516	01/016	23
	01/017	
	31/All	
76519	01/016	23
	01/017	
	31/All	23,31,32
88346	27/All (dentist)	11
	31/All	

Fee Adjustment

The Department is adding the SG (facility service) pricing modifier to surgical procedure code 44950 in POS 24 for PT/Spec combinations 01/021 (short procedure unit) and 02/020 (ambulatory surgical center):

Procedure Code and Modifier	Description	Current Fee	MA Fee Effective July 1, 2016
44950 (SG)	Appendectomy	NA	\$776.00

Service Limits

The MA Program has established service limits for some of these procedure codes. When a provider determines that a MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver (Program Exception) process. For instructions on how to apply for a Program Exception, please refer to your provider handbook at: http://www.dhs.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm#.Vvj_vk32ZtR

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 2016 HCPCS and Other Procedure Code Updates, effective July 1, 2016. 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.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm#.VxaDGE32ZtQ>

ATTACHMENTS:

2016 HCPCS and Other Procedure Code Updates, Effective July 1, 2016.

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2016 HCPCS and Other Procedure Code Updates, effective July 1, 2016**

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 2016 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 2016 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
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	01	183	22			\$70.26	No	per procedure	once per day	0 days
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	31	All	11, 21, 24			\$70.26	No, but AUR and PSR process applies	per procedure	once per day	0 days
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$35.41	No	per procedure	once per day	0 days
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 24			\$35.41	No, but AUR and PSR process applies	per procedure	once per day	0 days
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	01	017	23			\$189.91	No	per procedure	once per day	0 days
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	31	All	21, 23, 24, 99			\$189.91	No, but AUR and PSR process applies	per procedure	once per day	0 days
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	01	017	23			\$209.63	No	per procedure	once per day	0 days
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	31	All	21, 23, 24, 99			\$209.63	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	01	017	23			\$54.95	No	per procedure	once per day	0 days
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	31	All	21, 23, 24, 99			\$54.95	No, but AUR and PSR process applies	per procedure	once per day	0 days
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	31	All	21			\$1,056.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	31	All	21, 24			\$254.02	No, but AUR and PSR process applies	per procedure	once per day	0 days
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	31	All	21, 24			\$332.13	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	017	23			\$77.92	No	per procedure	once per day	0 days
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	183	22			\$77.92	No	per procedure	once per day	0 days
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	31	All	21, 23, 24, 99			\$77.92	No, but AUR and PSR process applies	per procedure	once per day	0 days
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	01	017	23			\$176.22	No	per procedure	once per day	0 days
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	01	183	22			\$176.22	No	per procedure	once per day	0 days
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	31	All	21, 23, 24, 99			\$176.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	01	017	23			\$249.68	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	01	183	22			\$249.68	No	per procedure	once per day	0 days
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	31	All	21, 23, 24, 99			\$249.68	No, but AUR and PSR process applies	per procedure	once per day	0 days
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	01	017	23			\$331.35	No	per procedure	once per day	0 days
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	01	183	22			\$331.35	No	per procedure	once per day	0 days
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	31	All	21, 23, 24, 99			\$331.35	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	017	23			\$190.53	No	per procedure	once per day	0 days
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	183	22			\$190.53	No	per procedure	once per day	0 days
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	31	All	21, 23, 24, 99			\$190.53	No, but AUR and PSR process applies	per procedure	once per day	0 days
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	017	23			\$120.18	No	per procedure	once per day	0 days
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	183	22			\$120.18	No	per procedure	once per day	0 days
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	31	All	21, 23, 24, 99			\$120.18	No, but AUR and PSR process applies	per procedure	once per day	0 days
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	017	23			\$81.02	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	01	183	22			\$81.02	No	per procedure	once per day	0 days
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	31	All	21, 23, 24, 99			\$81.02	No, but AUR and PSR process applies	per procedure	once per day	0 days
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	01	017	23			\$268.51	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	01	183	22			\$268.51	No	per procedure	once per day	0 days
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; existing access	31	All	21, 23, 24, 99			\$268.51	No, but AUR and PSR process applies	per procedure	once per day	0 days
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	01	017	23			\$363.14	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	01	183	22			\$363.14	No	per procedure	once per day	0 days
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, without placement of separate biliary drainage catheter	31	All	21, 23, 24, 99			\$363.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	01	017	23			\$433.48	No	per procedure	once per day	0 days
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	01	183	22			\$433.48	No	per procedure	once per day	0 days
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	31	All	21, 23, 24, 99			\$433.48	No, but AUR and PSR process applies	per procedure	once per day	0 days
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	01	017	23			\$230.54	No	per procedure	once per day	0 days
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	01	183	22			\$230.54	No	per procedure	once per day	0 days
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	31	All	21, 23, 24, 99			\$230.54	No, but AUR and PSR process applies	per procedure	once per day	0 days
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	01	017	23			\$109.31	No	per procedure	once per day	0 days
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	01	183	22			\$109.31	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	31	All	21, 23, 24, 99			\$109.31	No, but AUR and PSR process applies	per procedure	once per day	0 days
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	01	017	23			\$137.31	No	per procedure	once per day	0 days
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	01	183	22			\$137.31	No	per procedure	once per day	0 days
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	31	All	21, 23, 24, 99			\$137.31	No, but AUR and PSR process applies	per procedure	once per day	0 days
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	017	23			\$175.95	No	per procedure	once per day	0 days
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	183	22			\$175.95	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	31	All	21, 23, 24, 99			\$175.95	No, but AUR and PSR process applies	per procedure	once per day	0 days
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	01	017	23		RT-LT-50	\$135.66	No	per procedure	once per R side and once per L side per day	0 days
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	01	183	22		RT-LT-50	\$135.66	No	per procedure	once per R side and once per L side per day	0 days
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	31	All	21, 23, 24		RT-LT-50	\$135.66	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	017	23		RT-LT-50	\$53.50	No	per procedure	once per R side and once per L side per day	0 days
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	01	183	22		RT-LT-50	\$53.50	No	per procedure	once per R side and once per L side per day	0 days
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	31	All	21, 23, 24		RT-LT-50	\$53.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	017	23		RT-LT-50	\$179.56	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	183	22		RT-LT-50	\$179.56	No	per procedure	once per R side and once per L side per day	0 days
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	31	All	21, 23, 24		RT-LT-50	\$179.56	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	01	017	23		RT-LT-50	\$221.51	No	per procedure	once per R side and once per L side per day	0 days
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	01	183	22		RT-LT-50	\$221.51	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	31	All	21, 23, 24		RT-LT-50	\$221.51	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	01	017	23		RT-LT-50	\$169.72	No	per procedure	once per R side and once per L side per day	0 days
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	01	183	22		RT-LT-50	\$169.72	No	per procedure	once per R side and once per L side per day	0 days
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	31	All	21, 23, 24		RT-LT-50	\$169.72	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	017	23		RT-LT-50	\$82.20	No	per procedure	once per R side and once per L side per day	0 days
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	01	183	22		RT-LT-50	\$82.20	No	per procedure	once per R side and once per L side per day	0 days
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	31	All	21, 23, 24		RT-LT-50	\$82.20	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	017	23		RT-LT-50	\$128.35	No	per procedure	once per R side and once per L side per day	0 days
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	183	22		RT-LT-50	\$128.35	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	31	All	21, 23, 24		RT-LT-50	\$128.35	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	01	017	23		RT-LT-50	\$177.62	No	per procedure	once per R side and once per L side per day	0 days
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	01	183	22		RT-LT-50	\$177.62	No	per procedure	once per R side and once per L side per day	0 days
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	31	All	21, 23, 24		RT-LT-50	\$177.62	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	01	017	23		RT-LT-50	\$229.66	No	per procedure	once per R side and once per L side per day	0 days
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	01	183	22		RT-LT-50	\$229.66	No	per procedure	once per R side and once per L side per day	0 days
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	31	All	21, 23, 24		RT-LT-50	\$229.66	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	01	017	23		RT-LT-50	\$291.58	No	per procedure	once per R side and once per L side per day	0 days
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	01	183	22		RT-LT-50	\$291.58	No	per procedure	once per R side and once per L side per day	0 days
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	31	All	21, 23, 24		RT-LT-50	\$291.58	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	017	23		RT-LT-50	\$164.38	No	per procedure	once per R side and once per L side per day	0 days
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	183	22		RT-LT-50	\$164.38	No	per procedure	once per R side and once per L side per day	0 days
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	31	All	21, 23, 24		RT-LT-50	\$164.38	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	017	23		RT-LT-50	\$152.82	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	01	183	22		RT-LT-50	\$152.82	No	per procedure	once per R side and once per L side per day	0 days
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	31	All	21, 23, 24		RT-LT-50	\$152.82	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
54437	Repair of traumatic corporeal tear(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
54437	Repair of traumatic corporeal tear(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
54437	Repair of traumatic corporeal tear(s)	31	All	21, 24			\$546.78	No, but AUR and PSR process applies	per procedure	once per day	90 days
54437	Repair of traumatic corporeal tear(s)	31	All	21, 24	80		\$87.48	No, but AUR and PSR process applies	per procedure	once per day	90 days
54438	Replantation, penis, complete amputation including urethral repair	31	All	21			\$1,105.68	No, but AUR and PSR process applies	per procedure	once per day	90 days
54438	Replantation, penis, complete amputation including urethral repair	31	All	21	80		\$176.91	No, but AUR and PSR process applies	per procedure	once per day	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	31	All	21			\$424.35	No, but AUR and PSR process applies	per procedure	once per day	0 days
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	31	All	21			\$180.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	01	017	23			\$70.08	No	per procedure	once per day	0 days
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	01	183	22			\$70.08	No	per procedure	once per day	0 days
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	08	082	49			\$70.08	No	per procedure	once per day	0 days
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	31	All	11, 21, 23, 24, 99			\$70.08	No, but AUR and PSR process applies	per procedure	once per day	0 days
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	01	017	23			\$44.18	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	01	183	22			\$44.18	No	per procedure	once per day	0 days
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	08	082	49			\$44.18	No	per procedure	once per day	0 days
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24, 99			\$44.18	No, but AUR and PSR process applies	per procedure	once per day	0 days
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	31	All	21, 24, 99			\$68.04	No, but AUR and PSR process applies	per procedure	once per day	0 days
65785	Implantation of intrastromal corneal ring segments	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
65785	Implantation of intrastromal corneal ring segments	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
65785	Implantation of intrastromal corneal ring segments	01	183	22		RT-LT-50	\$305.70	No	per procedure	once per R side and once per L side per day	90 days
65785	Implantation of intrastromal corneal ring segments	08	082	49		RT-LT-50	\$305.70	No	per procedure	once per R side and once per L side per day	90 days
65785	Implantation of intrastromal corneal ring segments	31	All	11, 21, 24		RT-LT-50	\$305.70	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
69209	Removal impacted cerumen using irrigation/lavage, unilateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
69209	Removal impacted cerumen using irrigation/lavage, unilateral	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
69209	Removal impacted cerumen using irrigation/lavage, unilateral	01	183	22		RT-LT-50	\$9.60	No	per procedure	once per R side and once per L side per day	0 days
69209	Removal impacted cerumen using irrigation/lavage, unilateral	08	082	49		RT-LT-50	\$9.60	No	per procedure	once per R side and once per L side per day	0 days
69209	Removal impacted cerumen using irrigation/lavage, unilateral	31	All	11, 21, 24, 31, 32		RT-LT-50	\$9.60	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	01	016, 017	23			\$29.58	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	01	016, 017	23	TC		\$18.91	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	01	183	22			\$29.58	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	01	183	22	TC		\$18.91	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	08	082	49			\$29.58	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	08	082	49	TC		\$18.91	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	29	291	12, 31, 32	TC		\$18.91	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	31	All	11			\$29.58	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	31	All	11	TC		\$18.91	No	per procedure	once per day	N/A
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$10.67	No, but AUR and PSR process applies	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	01	016, 017	23			\$47.24	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	01	016, 017	23	TC		\$34.34	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	01	183	22			\$47.24	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	01	183	22	TC		\$34.34	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	08	082	49			\$47.24	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	08	082	49	TC		\$34.34	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	29	291	12, 31, 32	TC		\$34.34	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	31	All	11			\$47.24	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	31	All	11	TC		\$34.34	No	per procedure	once per day	N/A
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$12.90	No, but AUR and PSR process applies	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	01	016, 017	23			\$51.32	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	01	016, 017	23	TC		\$37.27	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	01	183	22			\$51.32	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	01	183	22	TC		\$37.27	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	08	082	49			\$51.32	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	08	082	49	TC		\$37.27	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	29	291	12, 31, 32	TC		\$37.27	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	31	All	11			\$51.32	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	31	All	11	TC		\$37.27	No	per procedure	once per day	N/A
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$14.05	No, but AUR and PSR process applies	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	01	016, 017	23			\$61.28	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	01	016, 017	23	TC		\$44.98	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	01	183	22			\$61.28	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	01	183	22	TC		\$44.98	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	08	082	49			\$61.28	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	08	082	49	TC		\$44.98	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	29	291	12, 31, 32	TC		\$44.98	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	31	All	11			\$61.28	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	31	All	11	TC		\$44.98	No	per procedure	once per day	N/A
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$16.30	No, but AUR and PSR process applies	per procedure	once per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	01	016, 017	23		RT-LT-50	\$22.49	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	01	016, 017	23	TC	RT-LT-50	\$14.92	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	01	183	22		RT-LT-50	\$22.49	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	01	183	22	TC	RT-LT-50	\$14.92	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	08	082	49		RT-LT-50	\$22.49	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	08	082	49	TC	RT-LT-50	\$14.92	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	29	291	12, 31, 32	TC	RT-LT-50	\$14.92	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	31	All	11		RT-LT-50	\$22.49	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	31	All	11	TC	RT-LT-50	\$14.92	No	per procedure	once per R side and once per L side per day	N/A
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26	RT-LT-50	\$7.57	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	01	016, 017	23		RT-LT	\$31.34	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	01	016, 017	23	TC	RT-LT	\$22.36	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	01	183	22		RT-LT	\$31.34	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	01	183	22	TC	RT-LT	\$22.36	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	08	082	49		RT-LT	\$31.34	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	08	082	49	TC	RT-LT	\$22.36	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	29	291	12, 31, 32	TC	RT-LT	\$22.36	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	31	All	11		RT-LT	\$31.34	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	31	All	11	TC	RT-LT	\$22.36	No	per procedure	once per day	N/A
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26	RT-LT	\$8.98	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	01	016, 017	23		RT-LT	\$39.18	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	01	016, 017	23	TC	RT-LT	\$27.68	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	01	183	22		RT-LT	\$39.18	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	01	183	22	TC	RT-LT	\$27.68	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	08	082	49		RT-LT	\$39.18	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	08	082	49	TC	RT-LT	\$27.68	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	29	291	12, 31, 32	TC	RT-LT	\$27.68	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	31	All	11		RT-LT	\$39.18	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	31	All	11	TC	RT-LT	\$27.68	No	per procedure	once per day	N/A
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26	RT-LT	\$11.50	No, but AUR and PSR process applies	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	01	016, 017	23			\$30.02	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	01	016, 017	23	TC		\$20.77	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	01	183	22			\$30.02	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	01	183	22	TC		\$20.77	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	08	082	49			\$30.02	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	08	082	49	TC		\$20.77	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	29	291	12, 31, 32	TC		\$20.77	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	31	All	11			\$30.02	No	per procedure	once per day	N/A
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	31	All	11	TC		\$20.77	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26		\$9.25	No, but AUR and PSR process applies	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	01	016, 017	23			\$37.09	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	01	016, 017	23	TC		\$25.03	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	01	183	22			\$37.09	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	01	183	22	TC		\$25.03	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	08	082	49			\$37.09	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	08	082	49	TC		\$25.03	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	29	291	12, 31, 32	TC		\$25.03	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	31	All	11			\$37.09	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	31	All	11	TC		\$25.03	No	per procedure	once per day	N/A
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26		\$12.06	No, but AUR and PSR process applies	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	01	016, 017	23			\$42.99	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	01	016, 017	23	TC		\$30.09	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	01	183	22			\$42.99	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	01	183	22	TC		\$30.09	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	08	082	49			\$42.99	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	08	082	49	TC		\$30.09	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	29	291	12, 31, 32	TC		\$30.09	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	31	All	11			\$42.99	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	31	All	11	TC		\$30.09	No	per procedure	once per day	N/A
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	31	All	11, 12, 21, 22, 23, 24, 31, 32, 49	26		\$12.90	No, but AUR and PSR process applies	per procedure	once per day	N/A
73551	Radiologic examination, femur; 1 view	01	016, 017	23		RT-LT-50	\$21.11	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	01	016, 017	23	TC	RT-LT-50	\$14.38	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	01	183	22		RT-LT-50	\$21.11	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	01	183	22	TC	RT-LT-50	\$14.38	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	08	082	49		RT-LT-50	\$21.11	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	08	082	49	TC	RT-LT-50	\$14.38	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	29	291	12, 31, 32	TC	RT-LT-50	\$14.38	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	31	All	11		RT-LT-50	\$21.11	No	per procedure	once per R side and once per L side per day	N/A
73551	Radiologic examination, femur; 1 view	31	All	11	TC	RT-LT-50	\$14.38	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73551	Radiologic examination, femur; 1 view	31	All	11, 12, 21, 22, 23, 31, 32, 49	26	RT-LT-50	\$6.73	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	01	016, 017	23		RT-LT-50	\$24.62	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	01	016, 017	23	TC	RT-LT-50	\$17.05	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	01	183	22		RT-LT-50	\$24.62	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	01	183	22	TC	RT-LT-50	\$17.05	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	08	082	49		RT-LT-50	\$24.62	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	08	082	49	TC	RT-LT-50	\$17.05	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	29	291	12, 31, 32	TC	RT-LT-50	\$17.05	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	31	All	11		RT-LT-50	\$24.62	No	per procedure	once per R side and once per L side per day	N/A
73552	Radiologic examination, femur; minimum 2 views	31	All	11	TC	RT-LT-50	\$17.05	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
73552	Radiologic examination, femur; minimum 2 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26	RT-LT-50	\$7.57	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	01	183	22			\$245.25	No	per procedure	once per day	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	01	183	22	TC		\$165.31	No	per procedure	once per day	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	31	All	11			\$245.25	No	per procedure	once per day	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	31	All	11	TC		\$165.31	No	per procedure	once per day	N/A
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	31	All	11, 21, 22	26		\$79.94	No, but AUR and PSR process applies	per procedure	once per day	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	01	183	22			\$456.75	No	per procedure	once per day	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	01	183	22	TC		\$301.07	No	per procedure	once per day	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	31	All	11			\$456.75	No	per procedure	once per day	N/A
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	31	All	11	TC		\$301.07	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	31	All	11, 21, 22	26		\$155.68	No, but AUR and PSR process applies	per procedure	once per day	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	01	183	22			\$697.03	No	per procedure	once per day	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	01	183	22	TC		\$475.98	No	per procedure	once per day	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	31	All	11			\$697.03	No	per procedure	once per day	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	31	All	11	TC		\$475.98	No	per procedure	once per day	N/A
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	31	All	11, 21, 22	26		\$221.05	No, but AUR and PSR process applies	per procedure	once per day	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	01	183	22			\$311.63	No	per procedure	once per day	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	01	183	22	TC		\$273.10	No	per procedure	once per day	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	31	All	11			\$311.63	No	per procedure	once per day	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	31	All	11	TC		\$273.10	No	per procedure	once per day	N/A
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	31	All	11, 21, 22	26		\$38.53	No, but AUR and PSR process applies	per procedure	once per day	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	01	183	22			\$369.59	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	01	183	22	TC		\$326.85	No	per procedure	once per day	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	31	All	11			\$369.59	No	per procedure	once per day	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	31	All	11	TC		\$326.85	No	per procedure	once per day	N/A
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	31	All	11, 21, 22	26		\$42.74	No, but AUR and PSR process applies	per procedure	once per day	N/A
80081	Obstetric panel (includes HIV testing)	01	016, 017	23			\$81.58	No	per test	once per day	N/A
80081	Obstetric panel (includes HIV testing)	01	183	22			\$81.58	No	per test	once per day	N/A
80081	Obstetric panel (includes HIV testing)	28	280	81			\$81.58	No	per test	once per day	N/A
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	01	183	22			\$263.61	Yes	per test	once per day	N/A
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	28	280	81			\$263.61	Yes	per test	once per day	N/A
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	01	183	22			\$263.61	Yes	per test	once per day	N/A
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	28	280	81			\$263.61	Yes	per test	once per day	N/A
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	01	183	22			\$263.61	Yes	per test	once per day	N/A
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	28	280	81			\$263.61	Yes	per test	once per day	N/A
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	01	183	22			\$99.90	Yes	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	28	280	81			\$99.90	Yes	per test	once per day	N/A
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	01	183	22			\$157.75	Yes	per test	once per day	N/A
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	28	280	81			\$157.75	Yes	per test	once per day	N/A
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	01	183	22			\$236.63	Yes	per test	once per day	N/A
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	28	280	81			\$236.63	Yes	per test	once per day	N/A
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	01	183	22			\$263.61	Yes	per test	once per day	N/A
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	28	280	81			\$263.61	Yes	per test	once per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	01	016, 017	23			\$19.64	No	per test	four per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	01	016, 017	23	TC		\$12.03	No	per test	four per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	01	183	22			\$19.64	No	per test	four per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	01	183	22	TC		\$12.03	No	per test	four per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	27	All	21, 22, 23	26		\$7.61	No, but AUR and PSR process applies	per test	four per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	28	280	81			\$19.64	No	per test	four per day	N/A
88350	Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	31	All	21, 22, 23	26		\$7.61	No, but AUR and PSR process applies	per test	four per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	01	016, 017	23			\$31.60	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	01	016, 017	23	TC		\$6.40	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	01	183	22			\$31.60	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	01	183	22	TC		\$6.40	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	08	082	49			\$31.60	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	08	082	49	TC		\$6.40	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	18	180	11			\$31.60	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	18	180	11	TC		\$6.40	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	31	All	11			\$31.60	No	per procedure	once per day	N/A
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	31	All	11	TC		\$6.40	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
92537	Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)	31	All	11, 21, 22, 23, 49	26		\$25.20	No, but AUR and PSR process applies	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	01	016, 017	23			\$16.07	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	01	016, 017	23	TC		\$3.47	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	01	183	22			\$16.07	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	01	183	22	TC		\$3.47	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	08	082	49			\$16.07	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	08	082	49	TC		\$3.47	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	18	180	11			\$16.07	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	18	180	11	TC		\$3.47	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	31	All	11			\$16.07	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	31	All	11	TC		\$3.47	No	per procedure	once per day	N/A
92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	31	All	11, 21, 22, 23, 49	26		\$12.60	No, but AUR and PSR process applies	per procedure	once per day	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	01	183	22			\$15.00	No	per procedure	1 per 3 calendar years	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	08	082	49			\$15.00	No	per procedure	1 per 3 calendar years	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	09	All	11			\$15.00	No	per procedure	1 per 3 calendar years	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	18	180	11			\$15.00	No	per procedure	1 per 3 calendar years	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	31	All	11			\$15.00	No	per procedure	1 per 3 calendar years	N/A
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	33	335	11			\$15.00	No	per procedure	1 per 3 calendar years	N/A
D0251	Extra-oral posterior dental radiographic image	27	All	11, 12, 31, 32			\$8.00	No	per procedure	Maximum allowance for any combination of dental radiographs per patient per dentist per calendar year is \$69.00	N/A
D9223	Deep sedation/general anesthesia - each 15 minute increment	27	284	11			\$122.00	No	per 15 minutes	45 minutes per day	N/A
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	27	284	11			\$128.50	No	per 15 minutes	30 minutes per day	N/A
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment	27	285	11			\$128.50	No	per 15 minutes	30 minutes per day	N/A
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	24	240, 241, 242, 243, 245	12	RR		\$844.18	Yes, PA required with 1st month's rental	each	two per calendar month	N/A
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	25	250	12	RR		\$844.18	Yes, PA required with 1st month's rental	each	two per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	24	240, 241, 242, 243, 245	12	RR		\$844.18	Yes, PA required with 1st month's rental	each	two per calendar month	N/A
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	25	250	12	RR		\$844.18	Yes, PA required with 1st month's rental	each	two per calendar month	N/A
G0297	Low dose ct scan (ldct) for lung cancer screening	01	183	22			\$133.59	Yes	per procedure	once per day	N/A
G0297	Low dose ct scan (ldct) for lung cancer screening	01	183	22	TC		\$83.10	Yes	per procedure	once per day	N/A
G0297	Low dose ct scan (ldct) for lung cancer screening	31	All	11			\$133.59	Yes	per procedure	once per day	N/A
G0297	Low dose ct scan (ldct) for lung cancer screening	31	All	11	TC		\$83.10	Yes	per procedure	once per day	N/A
G0297	Low dose ct scan (ldct) for lung cancer screening	31	All	11, 22	26		\$50.49	Yes	per procedure	once per day	N/A
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hvp), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	01	016, 017	23			\$38.21	No	per test	once per day	N/A
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hvp), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	01	183	22			\$38.21	No	per test	once per day	N/A
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hvp), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	01	183	22		FP	\$38.21	No	per test	once per day	N/A
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hvp), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	08	083	22, 49		FP	\$38.21	No	per test	once per day	N/A
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hvp), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	28	280	81			\$38.21	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0476	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) for cervical cancer screening, must be performed in addition to pap test	28	280	81		FP	\$38.21	No	per test	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	016, 017	23			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	016, 017	23		QW	\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	183	22			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	183	22		QW	\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	08	082	49			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	08	082	49		QW	\$11.89	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	09	All	11			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	09	All	11		QW	\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	28	280	81			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	28	280	81		QW	\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	31	All	11			\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	31	All	11		QW	\$11.89	No	per date of service	once per day	N/A
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	33	335	11			\$11.89	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	33	335	11		QW	\$11.89	No	per date of service	once per day	N/A
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	016, 017	23			\$15.85	No	per date of service	once per day	N/A
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	183	22			\$15.85	No	per date of service	once per day	N/A
G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	28	280	81			\$15.85	No	per date of service	once per day	N/A
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	01	016, 017	23			\$63.40	No	per date of service	once per day	N/A
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	01	183	22			\$63.40	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, TOF, MALDI, LDTD, DESI, DART, GHPC, GC mass spectrometry), includes sample validation when performed, per date of service	28	280	81			\$63.40	No	per date of service	once per day	N/A
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	01	016, 017	23			\$63.95	No	per date of service	once per day	N/A
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	01	183	22			\$63.95	No	per date of service	once per day	N/A
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	28	280	81			\$63.95	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	01	016, 017	23			\$98.39	No	per date of service	once per day	N/A
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	01	183	22			\$98.39	No	per date of service	once per day	N/A
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	28	280	81			\$98.39	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	01	016, 017	23			\$132.82	No	per date of service	once per day	N/A
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	01	183	22			\$132.82	No	per date of service	once per day	N/A
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	28	280	81			\$132.82	No	per date of service	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	01	016, 017	23			\$172.18	No	per date of service	once per day	N/A
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	01	183	22			\$172.18	No	per date of service	once per day	N/A
G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	28	280	81			\$172.18	No	per date of service	once per day	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUESTS, CLINICAL REVIEW OR SIGNIFICANT PROGRAM EXCEPTION REQUESTS											
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	31	All	21			\$1,608.84	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	31	All	21	80		\$257.41	No, but AUR and PSR process applies	per procedure	once per day	0 days
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	31	All	21			\$1,469.60	No, but AUR and PSR process applies	per procedure	once per day	0 days
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	31	All	21	80		\$235.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	31	All	21			\$1,251.29	No, but AUR and PSR process applies	per procedure	once per day	90 days
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	31	All	21	80		\$200.21	No, but AUR and PSR process applies	per procedure	once per day	90 days
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	01	017	23			\$58.80	No	per procedure	once per day	0 days
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	01	183	22			\$58.80	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	31	All	21, 23, 24			\$58.80	No, but AUR and PSR process applies	per procedure	once per day	0 days
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	01	017	23			\$31.20	No	per procedure	once per day	0 days
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	01	183	22			\$31.20	No	per procedure	once per day	0 days
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	31	All	21, 23, 24			\$31.20	No, but AUR and PSR process applies	per procedure	once per day	0 days
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	01	183	22			\$143.18	Yes	per test	once per day	N/A
81210	BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)	28	280	81			\$143.18	Yes	per test	once per day	N/A
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	01	183	22			\$47.57	Yes	per test	once per lifetime	N/A
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	28	280	81			\$47.57	Yes	per test	once per lifetime	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	01	183	22			\$8.00	No	per procedure	1 per 3 calendar years	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	08	082	49			\$8.00	No	per procedure	1 per 3 calendar years	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	09	All	11			\$8.00	No	per procedure	1 per 3 calendar years	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	18	180	11			\$8.00	No	per procedure	1 per 3 calendar years	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	31	All	11			\$8.00	No	per procedure	1 per 3 calendar years	N/A
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	33	335	11			\$8.00	No	per procedure	1 per 3 calendar years	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	016, 017	23			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	016, 017	23		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22		FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	01	183	22		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49		FP	\$14.94	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	082	49		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	083	22, 49		FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	08	083	22, 49		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11		FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	09	All	11		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81		FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	28	280	81		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11		FP	\$14.94	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	31	All	11		QW, FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	33	335	11			\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	33	335	11		QW	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	33	335	11		FP	\$14.94	No	per test	once per day	N/A
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	33	335	11		QW, FP	\$14.94	No	per test	once per day	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2016 UPDATES OR BY CLINICAL REVIEW											
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	01	021	24	SG		\$410.00	No, but AUR and PSR process applies		N/A	N/A
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	02	020	24	SG		\$410.00	No, but AUR and PSR process applies		N/A	N/A
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	31	All	21, 24, 99			\$300.98	No, but AUR and PSR process applies	per procedure	once per day	0 days
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	01	021	24	SG		\$144.00	No, but AUR and PSR process applies		N/A	N/A
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	02	020	24	SG		\$144.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	31	All	21, 24, 99			\$371.67	No, but AUR and PSR process applies	per procedure	once per day	0 days
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	31	All	21, 24, 99			\$230.00	No, but AUR and PSR process applies	per procedure	once per day	0 days
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	31	All	21, 24, 99			\$446.39	No, but AUR and PSR process applies	per procedure	once per day	0 days
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	31	All	21, 24, 99			\$468.00	No, but AUR and PSR process applies	per procedure	once per day	0 days
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	31	All	21, 24, 99			\$75.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	31	All	21, 24, 99			\$390.95	No, but AUR and PSR process applies	per procedure	once per day	0 days
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	31	All	21, 24, 99			\$322.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	31	All	21, 24, 99			\$406.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	31	All	21, 24, 99			\$324.24	No, but AUR and PSR process applies	per procedure	twice per day	0 days
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	31	All	21, 24, 99			\$368.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
44950	Appendectomy;	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
44950	Appendectomy;	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
44950	Appendectomy;	31	All	21, 24			\$301.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
44950	Appendectomy;	31	All	21, 24	80		\$60.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
65778	Placement of amniotic membrane on the ocular surface; without sutures	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
65778	Placement of amniotic membrane on the ocular surface; without sutures	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
65778	Placement of amniotic membrane on the ocular surface; without sutures	18	180	21, 24		RT-LT-50	\$59.61	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
65778	Placement of amniotic membrane on the ocular surface; without sutures	31	All	21, 24		RT-LT-50	\$59.61	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
68761	Closure of the lacrimal punctum; by plug, each	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
68761	Closure of the lacrimal punctum; by plug, each	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
68761	Closure of the lacrimal punctum; by plug, each	01	183	22		E1, E2, E3, E4	\$63.00	No	per procedure	twice per day	10 days
68761	Closure of the lacrimal punctum; by plug, each	08	082	49		E1, E2, E3, E4	\$63.00	No	per procedure	twice per day	10 days
68761	Closure of the lacrimal punctum; by plug, each	18	180	11		E1, E2, E3, E4	\$63.00	No	per procedure	twice per day	10 days
68761	Closure of the lacrimal punctum; by plug, each	31	All	11, 21, 24		E1, E2, E3, E4	\$63.00	No, but AUR and PSR process applies	per procedure	twice per day	10 days
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	31	All	21, 24, 99	26		\$23.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	31	All	21, 24	26	78	\$23.00	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	31	All	21, 24, 99	26		\$29.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	31	All	21, 24	26	78	\$29.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	31	All	21, 24, 99	26		\$19.20	No, but AUR and PSR process applies	per procedure	once per day	N/A
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	31	All	21, 24	26	78	\$19.20	No, but AUR and PSR process applies	per procedure	once per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	01	183	22		RT-LT-50	\$128.86	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	01	183	22	TC	RT-LT-50	\$62.25	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	08	082	49		RT-LT-50	\$128.86	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	08	082	49	TC	RT-LT-50	\$62.25	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	18	180	11		RT-LT-50	\$128.86	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	18	180	11	TC	RT-LT-50	\$62.25	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	31	All	11		RT-LT-50	\$128.86	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	31	All	11	TC	RT-LT-50	\$62.25	No	per procedure	once per R side and once per L side per day	N/A
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	31	All	11, 21, 22, 49	26	RT-LT-50	\$66.61	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	01	183	22		RT-LT-50	\$75.76	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	01	183	22	TC	RT-LT-50	\$43.47	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	08	082	49		RT-LT-50	\$75.76	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	08	082	49	TC	RT-LT-50	\$43.47	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	18	180	11		RT-LT-50	\$75.76	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	18	180	11	TC	RT-LT-50	\$43.47	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	31	All	11		RT-LT-50	\$75.76	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	31	All	11	TC	RT-LT-50	\$43.47	No	per procedure	once per R side and once per L side per day	N/A
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	31	All	11, 21, 22, 49	26	RT-LT-50	\$32.29	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	01	183	22		RT-LT-50	\$77.10	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	01	183	22	TC	RT-LT-50	\$36.52	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	08	082	49		RT-LT-50	\$77.10	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	08	082	49	TC	RT-LT-50	\$36.52	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	18	180	11		RT-LT-50	\$77.10	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	18	180	11	TC	RT-LT-50	\$36.52	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	31	All	11		RT-LT-50	\$77.10	No	per procedure	once per R side and once per L side per day	N/A
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	31	All	11	TC	RT-LT-50	\$36.52	No	per procedure	once per R side and once per L side per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	31	All	11, 21, 22, 49	26	RT-LT-50	\$40.58	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	01	183	22			\$63.63	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	01	183	22	TC		\$36.76	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	08	082	49			\$63.63	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	08	082	49	TC		\$36.76	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	18	180	11			\$63.63	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	18	180	11	TC		\$36.76	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	31	All	11			\$63.63	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	31	All	11	TC		\$36.76	No	per procedure	once per day	N/A
76516	Ophthalmic biometry by ultrasound echography, A-scan;	31	All	11, 21, 22, 49	26		\$26.87	No, but AUR and PSR process applies	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	01	183	22			\$67.97	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	01	183	22	TC		\$40.76	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	08	082	49			\$67.97	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	08	082	49	TC		\$40.76	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	18	180	11			\$67.97	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	18	180	11	TC		\$40.76	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	31	All	11			\$67.97	No	per procedure	once per day	N/A
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	31	All	11	TC		\$40.76	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	31	All	11, 21, 22, 49	26		\$27.21	No, but AUR and PSR process applies	per procedure	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	01	016, 017	23			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	01	016, 017	23		QW	\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	01	183	22			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	01	183	22		QW	\$141.07	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	08	082	49			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	08	082	49		QW	\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	09	All	11			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	09	All	11		QW	\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	28	280	81			\$141.07	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	28	280	81		QW	\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	31	All	11			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	31	All	11		QW	\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	33	335	11			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets	33	335	11		QW	\$141.07	No	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	01	016, 017	23			\$25.50	No	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	01	016, 017	23	TC		\$15.30	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	01	183	22			\$25.50	No	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	01	183	22	TC		\$15.30	No	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	27	All	21, 22, 23	26		\$10.20	No, but AUR and PSR process applies	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	28	280	81			\$25.50	No	per test	once per day	N/A
88346	Immunofluorescence, per specimen; initial single antibody stain procedure	31	All	21, 22, 23	26		\$10.20	No, but AUR and PSR process applies	per test	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	01	183	22			\$21.94	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	01	183	22	TC		\$9.01	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	08	082	49			\$21.94	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	08	082	49	TC		\$9.01	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	18	180	11			\$21.94	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	18	180	11	TC		\$9.01	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	31	All	11			\$21.94	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	31	All	11	TC		\$9.01	No	per procedure	once per day	N/A
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	31	All	11, 21, 22, 49	26		\$12.93	No, but AUR and PSR process applies	per procedure	once per day	N/A
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	17	170	11, 12, 99			\$8.38	No	per 15 minutes	one hour per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	17	171	11, 12, 99			\$8.38	No	per 15 minutes	one hour per day	N/A
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	31	All	11, 12, 21, 31, 32			\$8.38	No, but AUR and PSR process applies	per 15 minutes	one hour per day	N/A
D5630	Repair or replace broken clasp - per tooth	27	All	11, 12, 21, 24, 31, 32			\$60.00	No, but AUR and PSR process applies	each	1 clasp per tooth and a total of 4 clasps per day	N/A
D5660	Add clasp to existing partial denture - per tooth	27	All	11, 12, 21, 24, 31, 32			\$50.00	No, but AUR and PSR process applies	each	1 clasp per tooth and a total of 2 clasps per day	N/A
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	30	300	12, 65			\$0.95	No	per 100 units of medication	40,000 units of medication per day	N/A