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SUBJECT 2017 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 the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

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 2017 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 August 7, 2017.

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 in 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 2017 updates published by the Centers for Medicare & Medicaid Services (CMS) to the HCPCS. The Department is also adding and end-dating other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule. 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>

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department is adding the following procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2017 HCPCS updates:

Procedure Codes and Modifiers				
27197	27197 (SG)	27198	27198 (SG)	28291 (SG)
28291 (RT)	28291 (LT)	28291 (50)	28291 (80) (RT)	28291 (80) (LT)
28291 (80) (50)	28295 (SG)	28295 (RT)	28295 (LT)	28295 (50)
28295 (80) (RT)	28295 (80) (LT)	28295 (80) (50)	31551	31551 (SG)
31552	31552(SG)	31553	31553 (SG)	31554
31554 (SG)	31572 (SG)	31572 (RT)	31572 (LT)	31572 (50)
31573 (SG)	31573 (RT)	31573 (LT)	31573 (50)	31574 (SG)
31574 (RT)	31574 (LT)	31574 (50)	31591	31591 (SG)
31592	33390	33390 (80)	33391	33391 (80)
36456	36901	36901 (SG)	36902	36902 (SG)
36903	36903 (SG)	36904	36904 (SG)	36905
36905 (SG)	36906	36906 (SG)	36907	36908
36909	37246	37246 (SG)	37247	37248
37248 (SG)	37249	62320	62320 (SG)	62321
62321 (SG)	62322	62322 (SG)	62323	62323 (SG)
62324	62324 (SG)	62325	62325 (SG)	62326
62326 (SG)	62327	62327 (SG)	76706	76706 (TC)
76706 (26)	77065	77065 (TC)	77065 (26)	77066
77066 (TC)	77066 (26)	77067	77067 (TC)	77067 (26)
80305	80305 (QW)	80306	80307	81413
81414	84410	84410 (FP)	90682	92242
92242 (TC)	92242 (26)	96160	96160 (FP)	96377
97161 (U8)	97162 (U8)	97163 (U8)	97164	97165 (U8)
97166 (U8)	97167 (U8)	97168	99151	99152
99152 (FP)	99153	99153 (FP)	99155	99156
99156 (FP)	99157	99157 (FP)	A4224	A4225
A4553	G0499	G0499 (FP)	G0659	L1851 (RT)
L1851 (LT)	L1851 (50)	L1852 (RT)	L1852 (LT)	L1852 (50)

NOTE: The procedure codes listed below that are being added to the MA Program Fee Schedule for physical and occupational therapy evaluations must be used in combination with the U8 pricing modifier if the service is provided to a MA beneficiary who is not in the Early Intervention Program.

Procedure Codes and Modifiers				
97161 (U8)	97162 (U8)	97163 (U8)	97165 (U8)	97166 (U8)
97167 (U8)				

The Department is adding the following procedure code and modifier combinations to the MA Program Fee Schedule based upon provider requests or clinical review:

Procedure Codes and Modifiers				
44203	44203 (80)	44205	44205 (80)	81512
90625	T2101			

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2017 HCPCS updates:

Procedure Codes					
11752	21495	22305	27193	27194	28290
28293	28294	31582	31588	33400	33401
33403	35450	35458	35471	35472	35475
35476	36147	36148	36870	62310	62311
62318	62319	75791	75962	75964	75966
75968	75978	77051	77052	77055	77056
77057	80300	80301	80302	80303	80304
81280	81281	81282	92140	93965	97001
97002	97003	97004	B9000	G0437	G0477
G0478	G0479	K0901	K0902	S8032	

No new authorizations will be issued for the procedure codes being end-dated on and after August 7, 2017. For any of the above procedure codes that had a prior authorization issued before August 7, 2017, 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 August 7, 2018, for those services that were previously prior authorized.

Prior Authorization Requirements

The following laboratory procedure codes that are being added to the MA Program Fee Schedule 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		
81413	81414	81512

The Department will require prior authorization of procedure code T2101 for pasteurized donor human milk, being added to the MA Program Fee Schedule, as authorized under § 443.6(b)(7) of the Code.

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

Procedure Codes and Modifiers		
L1851 (RT)	L1851 (LT)	L1851 (50)
L1852 (RT)	L1852 (LT)	L1852 (50)

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Modifier Updates

QW Modifier

The Department is adding the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) informational modifier and QW with the Family Planning (FP) modifier, when applicable, to the following procedure codes and the Provider Type (PT)/Specialty (Spec)/Place of Service (POS) combinations on the MA Program Fee Schedule for laboratory tests that CMS identifies as CLIA waived tests. This information is described in MA Bulletin 01-12-67, Clinical Laboratory Improvement Amendments Requirements, and may be viewed online at:

<http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=01-12-67#.VxaDYE3ZtQ>.

Procedure Code	PT/Spec/POS	Modifiers
87633	01/016/23 (Emergency Room Arrangement 1)	QW
	01/017/23 (Emergency Room Arrangement 2)	QW
	01/183/22 (Outpatient Hospital Clinic)	QW
	28/280/81 (Independent Laboratory)	QW
G0472	01/183/22	QW; QW FP
	28/280/81	QW; QW FP

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

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

Procedure Code	PT/Spec/POS	Modifier
86803	08/082/49 (Independent Medical/Surgical Clinic)	No modifier; QW; FP; QW FP
	08/083/22 (Outpatient Family Planning Clinic)	FP; QW FP
	08/083/49 (Independent Family Planning Clinic)	FP; QW FP

	09/All/11 (Certified Registered Nurse Practitioner)	No modifier; QW; FP; QW FP
	31/All/11 (Physician)	No modifier; QW; FP; QW FP
	33/335/11 (Certified Nurse Midwife)	No modifier; QW; FP; QW FP
87633	08/082/49	No modifier; QW
	09/All/11	No modifier; QW
	31/All/11	No modifier; QW
	33/335/11	No modifier; QW
G0472	08/082/49	No Modifier; QW; FP; QW FP
	08/083/22	FP; QW FP
	08/083/49	FP; QW FP
	09/All/11	No modifier; QW; FP; QW FP
	31/All/11	No modifier; QW; FP; QW FP
	33/335/11	No modifier; QW; FP; QW FP

Open Places of Service

The Department is opening POS (Outpatient Hospital) for the following procedure codes and PT/Spec combinations, as indicated below, as the Department determined that these settings are appropriate for the performance of these services:

Procedure Code	PT/Spec	POS
99241	14/140 (Podiatrist) 31/All	22
99242	14/140 31/All	22
99243	14/140 31/All	22
99244	14/140 31/All	22
99245	14/140 31/All	22

End-Dated Places of Service

The Department is end-dating POS 21 (Inpatient Hospital) for the following procedure codes and PT/Spec combination 27 (Dentist)/All because the service is performed only in the outpatient setting:

Procedure Codes				
99241	99242	99243	99244	99245

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, refer to your provider handbook at:

http://www.dhs.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm#.Vyj_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 2017 HCPCS and Other Procedure Code Updates, effective August 7, 2017. 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 Department updated the MA Program Fee Schedule 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#.VxaDG E32ZtQ>.

ATTACHMENTS:

2017 HCPCS and Other Procedure Code Updates, Effective August 7, 2017.

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2017 HCPCS and Other Procedure Code Updates, Effective August 7, 2017**

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 2017 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 2017 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
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	01	017	23			\$93.14	No	per procedure	once per day	0 days
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	01	183	22			\$93.14	No	per procedure	once per day	0 days
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	31	All	11, 21, 23, 24			\$93.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	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
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	31	All	21, 24			\$239.54	No, but AUR and PSR process applies	per procedure	once per day	0 days
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	01	183	22		RT-LT-50	\$387.85	No	per procedure	once per R side and once per L side per day	90 days
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	14	140	21, 24, 99		RT-LT-50	\$387.85	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	14	140	21, 24, 99	80	RT-LT-50	\$62.06	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	31	All	21, 24, 99		RT-LT-50	\$387.85	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
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	31	All	21, 24, 99	80	RT-LT-50	\$62.06	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	14	140	21, 24		RT-LT-50	\$431.16	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	14	140	21, 24	80	RT-LT-50	\$68.99	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	31	All	21, 24		RT-LT-50	\$431.16	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	31	All	21, 24	80	RT-LT-50	\$68.99	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	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
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	31	All	21, 24			\$1,139.06	No, but AUR and PSR process applies	per procedure	once per day	90 days
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	31	All	21, 24			\$1,148.88	No, but AUR and PSR process applies	per procedure	once per day	90 days
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	31	All	21, 24			\$1,251.88	No, but AUR and PSR process applies	per procedure	once per day	90 days
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	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
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	31	All	21, 24			\$1,315.64	No, but AUR and PSR process applies	per procedure	once per day	90 days
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	01	017	23		RT-LT-50	\$146.30	No	per procedure	once per R side and once per L side per day	0 days
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	01	183	22		RT-LT-50	\$146.30	No	per procedure	once per R side and once per L side per day	0 days
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	08	082	49		RT-LT-50	\$146.30	No	per procedure	once per R side and once per L side per day	0 days
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	31	All	11, 21, 23, 24, 99		RT-LT-50	\$146.30	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	01	017	23		RT-LT-50	\$120.63	No	per procedure	once per R side and once per L side per day	0 days
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	01	183	22		RT-LT-50	\$120.63	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
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	08	082	49		RT-LT-50	\$120.63	No	per procedure	once per R side and once per L side per day	0 days
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	31	All	11, 21, 23, 24, 99		RT-LT-50	\$120.63	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	01	017	23		RT-LT-50	\$120.63	No	per procedure	once per R side and once per L side per day	0 days
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	01	183	22		RT-LT-50	\$120.63	No	per procedure	once per R side and once per L side per day	0 days
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	08	082	49		RT-LT-50	\$120.63	No	per procedure	once per R side and once per L side per day	0 days
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	31	All	11, 21, 23, 24, 99		RT-LT-50	\$120.63	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
31591	Laryngoplasty, medialization, unilateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31591	Laryngoplasty, medialization, unilateral	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
31591	Laryngoplasty, medialization, unilateral	31	All	21, 24			\$829.78	No, but AUR and PSR process applies	per procedure	once per day	90 days
31592	Cricotracheal resection	31	All	21			\$1,349.34	No, but AUR and PSR process applies	per procedure	once per day	90 days
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	31	All	21			\$1,566.70	No, but AUR and PSR process applies	per procedure	once per day	90 days
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	31	All	21	80		\$250.67	No, but AUR and PSR process applies	per procedure	once per day	90 days
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	31	All	21			\$1,856.50	No, but AUR and PSR process applies	per procedure	once per day	90 days
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	31	All	21	80		\$297.04	No, but AUR and PSR process applies	per procedure	once per day	90 days
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	31	All	21			\$87.19	No, but AUR and PSR process applies	per procedure	once per day	0 days
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	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
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	01	183	22			\$119.24	No	per procedure	once per day	0 days
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	31	All	21, 24, 99			\$119.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	01	183	22			\$177.66	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
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	31	All	21, 24, 99			\$177.66	No, but AUR and PSR process applies	per procedure	once per day	0 days
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	01	183	22			\$243.21	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
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	31	All	21, 24, 99			\$243.21	No, but AUR and PSR process applies	per procedure	once per day	0 days
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	01	183	22			\$280.06	No	per procedure	once per day	0 days
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	31	All	21, 24, 99			\$280.06	No, but AUR and PSR process applies	per procedure	once per day	0 days
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	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
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	01	183	22			\$351.53	No	per procedure	once per day	0 days
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	31	All	21, 24, 99			\$351.53	No, but AUR and PSR process applies	per procedure	once per day	0 days
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	01	183	22			\$410.24	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
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	31	All	21, 24, 99			\$410.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	01	183	22			\$102.38	No	per procedure	once per day	0 days
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$102.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	01	183	22			\$153.46	No	per procedure	once per day	0 days
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$153.46	No, but AUR and PSR process applies	per procedure	once per day	0 days
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	01	183	22			\$145.66	No	per procedure	once per day	0 days
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$145.66	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
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	01	183	22			\$291.76	No	per procedure	once per day	0 days
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	31	All	21, 24, 99			\$291.76	No, but AUR and PSR process applies	per procedure	once per day	0 days
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	01	183	22			\$144.67	No	per procedure	once per day	0 days
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$144.67	No, but AUR and PSR process applies	per procedure	once per day	0 days
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	01	183	22			\$250.89	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
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	31	All	21, 24, 99			\$250.89	No, but AUR and PSR process applies	per procedure	once per day	0 days
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	01	183	22			\$123.10	No	per procedure	once per day	0 days
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$123.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01	017	23			\$82.70	No	per procedure	once per day	0 days
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01	183	22			\$82.70	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
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	31	All	11, 21, 23, 24, 99			\$82.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01	017	23			\$89.20	No	per procedure	once per day	0 days
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01	183	22			\$89.20	No	per procedure	once per day	0 days
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	31	All	11, 21, 23, 24, 99			\$89.20	No, but AUR and PSR process applies	per procedure	once per day	0 days
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01	021	24	SG		\$776.00	No		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
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	02	020	24	SG		\$776.00	No		N/A	N/A
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01	017	23			\$71.15	No	per procedure	once per day	0 days
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01	183	22			\$71.15	No	per procedure	once per day	0 days
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	31	All	11, 21, 23, 24, 99			\$71.15	No, but AUR and PSR process applies	per procedure	once per day	0 days
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01	021	24	SG		\$776.00	No		N/A	N/A
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	02	020	24	SG		\$776.00	No		N/A	N/A
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01	017	23			\$81.32	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
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01	183	22			\$81.32	No	per procedure	once per day	0 days
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	31	All	11, 21, 23, 24, 99			\$81.32	No, but AUR and PSR process applies	per procedure	once per day	0 days
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	01	183	22			\$75.96	No	per procedure	once per day	0 days
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	31	All	21, 24, 99			\$75.96	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
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	01	183	22			\$87.35	No	per procedure	once per day	0 days
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	31	All	21, 24, 99			\$87.35	No, but AUR and PSR process applies	per procedure	once per day	0 days
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	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
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	01	183	22			\$74.34	No	per procedure	once per day	0 days
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	31	All	21, 24, 99			\$74.34	No, but AUR and PSR process applies	per procedure	once per day	0 days
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	01	183	22			\$79.17	No	per procedure	once per day	0 days
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	31	All	21, 24, 99			\$79.17	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
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	01	183	22			\$72.40	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	01	183	22	TC		\$50.11	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	08	082	49			\$72.40	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	08	082	49	TC		\$50.11	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	29	291	12, 31, 32	TC		\$50.11	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	31	All	11			\$72.40	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	31	All	11	TC		\$50.11	No	per procedure	once per lifetime	N/A
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	31	All	11, 12, 21, 22, 31, 32, 49	26		\$22.29	No, but AUR and PSR process applies	per procedure	once per lifetime	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	01	016, 017	23			\$102.41	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	01	016, 017	23	TC		\$71.01	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	01	183	22			\$102.41	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	01	183	22	TC		\$71.01	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	08	082	49			\$102.41	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	08	082	49	TC		\$71.01	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	29	291	12, 31, 32	TC		\$71.01	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	31	All	11			\$102.41	No	per procedure	2 per 365 days	N/A
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	31	All	11	TC		\$71.01	No	per procedure	2 per 365 days	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
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$31.40	No, but AUR and PSR process applies	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	01	016, 017	23			\$129.85	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	01	016, 017	23	TC		\$90.83	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	01	183	22			\$129.85	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	01	183	22	TC		\$90.83	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	08	082	49			\$129.85	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	08	082	49	TC		\$90.83	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	29	291	12, 31, 32	TC		\$90.83	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	31	All	11			\$129.85	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	31	All	11	TC		\$90.83	No	per procedure	2 per 365 days	N/A
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$39.02	No, but AUR and PSR process applies	per procedure	2 per 365 days	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	01	183	22			\$104.70	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	01	183	22	TC		\$75.02	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	08	082	49			\$104.70	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	08	082	49	TC		\$75.02	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	29	291	12, 31, 32	TC		\$75.02	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	31	All	11			\$104.70	No	per procedure	once per calendar year	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
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	31	All	11	TC		\$75.02	No	per procedure	once per calendar year	N/A
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	31	All	11, 12, 21, 22, 31, 32, 49	26		\$29.68	No, but AUR and PSR process applies	per procedure	once per calendar year	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	01	016, 017	23			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	01	016, 017	23		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	01	183	22			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	01	183	22		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	08	082	49			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	08	082	49		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	09	All	11			\$11.97	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
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	09	All	11		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	28	280	81			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	28	280	81		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	31	All	11			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	31	All	11		QW	\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	33	335	11			\$11.97	No	per date of service	once per day	N/A
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges) includes sample validation when performed, per date of service	33	335	11		QW	\$11.97	No	per date of service	once per day	N/A
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	016, 017	23			\$15.96	No	per date of service	once per day	N/A
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	01	183	22			\$15.96	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
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures (eg, immunoassay); read by instrument assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	28	280	81			\$15.96	No	per date of service	once per day	N/A
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	01	016, 017	23			\$63.85	No	per date of service	once per day	N/A
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	01	183	22			\$63.85	No	per date of service	once per day	N/A
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures, by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service	28	280	81			\$63.85	No	per date of service	once per day	N/A
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	01	183	22			\$641.86	Yes	per test	once per lifetime	N/A
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	28	280	81			\$641.86	Yes	per test	once per lifetime	N/A
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	01	183	22			\$641.86	Yes	per test	once per lifetime	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
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	28	280	81			\$641.86	Yes	per test	once per lifetime	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	01	016, 017	23			\$58.04	No	per test	once per day	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	01	183	22			\$58.04	No	per test	once per day	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	01	183	22		FP	\$58.04	No	per test	once per day	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	28	280	81			\$58.04	No	per test	once per day	N/A
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	28	280	81		FP	\$58.04	No	per test	once per day	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	01	183	22			\$10.00	No	per administration	once per flu season	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	08	082	49			\$10.00	No	per administration	once per flu season	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	09	All	11, 12			\$10.00	No	per administration	once per flu season	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	31	All	11, 12			\$10.00	No	per administration	once per flu season	N/A
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	33	335	11, 12			\$10.00	No	per administration	once per flu season	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	01	183	22			\$173.34	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	01	183	22		TC	\$129.41	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	08	082	49			\$173.34	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	08	082	49		TC	\$129.41	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
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	18	180	11			\$173.34	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	18	180	11	TC		\$129.41	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	31	All	11			\$173.34	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	31	All	11	TC		\$129.41	No	per procedure	once per day	N/A
92242	Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral	31	All	11, 21, 22, 49	26		\$43.93	No, but AUR and PSR process applies	per procedure	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	01	183	22			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	01	183	22		FP	\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	074	15			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	082	49			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	082	49		FP	\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	083	22, 49		FP	\$3.48	No	per evaluation	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
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	08	110	12, 49			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	09	All	11, 12			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	09	All	11		FP	\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	19	190	11			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	31	All	11, 12			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	31	All	11		FP	\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	33	335	11, 12			\$3.48	No	per evaluation	once per day	N/A
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	33	335	11		FP	\$3.48	No	per evaluation	once per day	N/A
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	01	183	22			\$17.99	No	per procedure	once per day	N/A
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	08	082	49			\$17.99	No	per procedure	once per day	N/A
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	09	All	11			\$17.99	No	per procedure	once per day	N/A
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	31	All	11			\$17.99	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
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$63.61	No	per evaluation	once per day	N/A
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$63.61	No	per evaluation	once per day	N/A
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	17	170	11, 12, 99	U8		\$63.61	No	per evaluation	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
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$63.61	No	per evaluation	once per day	N/A
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$63.61	No	per evaluation	once per day	N/A
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$63.61	No	per evaluation	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
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	17	170	11, 12, 99	U8		\$63.61	No	per evaluation	once per day	N/A
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$63.61	No	per evaluation	once per day	N/A
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$63.61	No	per evaluation	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
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$63.61	No	per evaluation	once per day	N/A
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	17	170	11, 12, 99	U8		\$63.61	No	per evaluation	once per day	N/A
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$63.61	No	per evaluation	once per day	N/A
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22			\$43.12	No	per evaluation	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
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	08	082	49			\$43.12	No	per evaluation	once per day	N/A
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	17	170	11, 12, 99			\$43.12	No	per evaluation	once per day	N/A
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	31	All	11			\$43.12	No	per evaluation	once per day	N/A
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$61.73	No	per evaluation	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
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$61.73	No	per evaluation	once per day	N/A
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	17	171	11, 12, 99	U8		\$61.73	No	per evaluation	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
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$61.73	No	per evaluation	once per day	N/A
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$61.73	No	per evaluation	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
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$61.73	No	per evaluation	once per day	N/A
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	17	171	11, 12, 99	U8		\$61.73	No	per evaluation	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
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$61.73	No	per evaluation	once per day	N/A
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22	U8		\$61.73	No	per evaluation	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
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	08	082	49	U8		\$61.73	No	per evaluation	once per day	N/A
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	17	171	11, 12, 99	U8		\$61.73	No	per evaluation	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
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	31	All	11	U8		\$61.73	No	per evaluation	once per day	N/A
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	01	012, 014, 183	22			\$40.69	No	per evaluation	once per day	N/A
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	08	082	49			\$40.69	No	per evaluation	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
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	17	171	11, 12, 99			\$40.69	No	per evaluation	once per day	N/A
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11			\$40.69	No	per evaluation	once per day	N/A
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	01	183	22			\$19.02	No	per procedure	once per day	N/A
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	08	082	49			\$19.02	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
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	09	All	11			\$19.02	No	per procedure	once per day	N/A
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age	31	All	11			\$19.02	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22			\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22		FP	\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49			\$9.90	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
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49		FP	\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	08	083	22, 49		FP	\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11			\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11		FP	\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11			\$9.90	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
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11		FP	\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11			\$9.90	No	per procedure	once per day	N/A
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11		FP	\$9.90	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22			\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22		FP	\$8.33	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
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49			\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49		FP	\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	083	22, 49		FP	\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11			\$8.33	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
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11		FP	\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11			\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11		FP	\$8.33	No	per procedure	once per day	N/A
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11			\$8.33	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
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11		FP	\$8.33	No	per procedure	once per day	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	01	017	23			\$74.48	No	per procedure	once per day	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	01	183	22			\$74.48	No	per procedure	once per day	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	08	082	49			\$74.48	No	per procedure	once per day	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	09	All	11			\$74.48	No	per procedure	once per day	N/A
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age	31	All	11, 23, 99			\$74.48	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	01	017	23			\$61.10	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
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22			\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	01	183	22		FP	\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49			\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	08	082	49		FP	\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	08	083	22, 49		FP	\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11			\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	09	All	11		FP	\$61.10	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
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11, 23, 99			\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	31	All	11, 99		FP	\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11, 99			\$61.10	No	per procedure	once per day	N/A
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older	33	335	11, 99		FP	\$61.10	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	017	23			\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22			\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	01	183	22		FP	\$46.31	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
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49			\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	082	49		FP	\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	08	083	22, 49		FP	\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11			\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	09	All	11		FP	\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11, 23, 99			\$46.31	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
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	31	All	11, 99		FP	\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11, 99			\$46.31	No	per procedure	once per day	N/A
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service)	33	335	11, 99		FP	\$46.31	No	per procedure	once per day	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	05	250	12			\$18.12	No	Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	24	240, 241, 242, 243, 245	11, 12			\$18.12	No	Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	25	250	11, 12			\$18.12	No	Supplies per week	1 per 7 days (Pricing includes all of the supplies for the week in order to maintain the catheter)	N/A
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	24	240, 241, 242, 243, 245	11, 12			\$2.08	No	each	60 per 30 days	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
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	25	250	11, 12			\$2.08	No	each	60 per 30 days	N/A
A4553	Non-disposable underpads, all sizes	24	240, 241, 242, 243, 245	11, 12			\$10.85	No	each	4 per calendar month	N/A
A4553	Non-disposable underpads, all sizes	25	250	11, 12			\$10.85	No	each	4 per calendar month	N/A
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	01	183	22			\$19.00	No	per screening	once per day	N/A
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	01	183	22		FP	\$19.00	No	per screening	once per day	N/A
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	28	280	81			\$19.00	No	per screening	once per day	N/A
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	28	280	81		FP	\$19.00	No	per screening	once per day	N/A
G0659	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), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	01	016, 017	23			\$63.85	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
G0659	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), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	01	183	22			\$63.85	No	per date of service	once per day	N/A
G0659	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), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	28	280	81			\$63.85	No	per date of service	once per day	N/A
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$672.58	Yes	each	per medical necessity	N/A
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$672.58	Yes	each	per medical necessity	N/A
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$697.95	Yes	each	per medical necessity	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
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$697.95	Yes	each	per medical necessity	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUESTS OR CLINICAL REVIEW											
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	31	All	21			\$198.44	No, but AUR and PSR process applies	per procedure	once per day	0 days
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	31	All	21	80		\$31.75	No, but AUR and PSR process applies	per procedure	once per day	0 days
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	31	All	21			\$1,094.40	No, but AUR and PSR process applies	per procedure	once per day	90 days
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	31	All	21	80		\$175.10	No, but AUR and PSR process applies	per procedure	once per day	90 days
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	01	183	22			\$110.79	Yes	per test	once per day	N/A
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	28	280	81			\$110.79	Yes	per test	once per day	N/A
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	01	183	22			\$10.00	No	per administration	once per day	N/A
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	08	082	49			\$10.00	No	per administration	once per day	N/A
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
T2101	Human breast milk processing, storage and distribution only	25	256	11, 12			\$3.00	Yes	per ounce	per medical necessity	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2017 UPDATES OR BY CLINICAL REVIEW											
86803	Hepatitis C antibody;	01	016, 017	23			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	01	016, 017	23		QW	\$19.00	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
86803	Hepatitis C antibody;	01	183	22			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	01	183	22		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	01	183	22		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	01	183	22		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	082	49			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	082	49		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	082	49		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	082	49		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	083	22, 49		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	08	083	22, 49		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	09	All	11			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	09	All	11		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	09	All	11		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	09	All	11		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	28	280	81			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	28	280	81		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	28	280	81		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	28	280	81		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	31	All	11			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	31	All	11		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	31	All	11		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	31	All	11		QW, FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	33	335	11			\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	33	335	11		QW	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	33	335	11		FP	\$19.00	No	per test	once per day	N/A
86803	Hepatitis C antibody;	33	335	11		QW, FP	\$19.00	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
87633	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, 12-25 targets	01	016, 017	23			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	01	016, 017	23		QW	\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	01	183	22			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	01	183	22		QW	\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	08	082	49			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	08	082	49		QW	\$458.33	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
87633	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, 12-25 targets	09	All	11			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	09	All	11		QW	\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	28	280	81			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	28	280	81		QW	\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	31	All	11			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	31	All	11		QW	\$458.33	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
87633	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, 12-25 targets	33	335	11			\$458.33	No	per test	once per day	N/A
87633	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, 12-25 targets	33	335	11		QW	\$458.33	No	per test	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	18	180	11, 12, 31, 32			\$30.00	No	per visit	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
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$30.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	31	All	11		GT	\$30.00	No	per visit	once per day	N/A
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$55.15	No, but AUR and PSR process applies	per visit	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
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$55.15	No, but AUR and PSR process applies	per visit	once per day	N/A
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	18	180	11, 12, 31, 32			\$55.15	No	per visit	once per day	N/A
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$55.15	No	per visit	once per day	N/A
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$55.15	No, but AUR and PSR process applies	per visit	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
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	31	All	11		GT	\$55.15	No	per visit	once per day	N/A
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$76.93	No, but AUR and PSR process applies	per visit	once per day	N/A
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$76.93	No, but AUR and PSR process applies	per visit	once per day	N/A
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	18	180	11, 12, 31, 32			\$76.93	No	per visit	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
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$76.93	No	per visit	once per day	N/A
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$76.93	No, but AUR and PSR process applies	per visit	once per day	N/A
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	31	All	11		GT	\$76.93	No	per visit	once per day	N/A
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$120.56	No, but AUR and PSR process applies	per visit	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
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$120.56	No, but AUR and PSR process applies	per visit	once per day	N/A
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$120.56	No	per visit	once per day	N/A
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$120.56	No, but AUR and PSR process applies	per visit	once per day	N/A
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	31	All	11		GT	\$120.56	No	per visit	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
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$151.44	No, but AUR and PSR process applies	per visit	once per day	N/A
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$151.44	No, but AUR and PSR process applies	per visit	once per day	N/A
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$151.44	No	per visit	once per day	N/A
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$151.44	No, but AUR and PSR process applies	per visit	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
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	31	All	11		GT	\$151.44	No	per visit	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	01	183	22			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	01	183	22		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	01	183	22		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	01	183	22		QW, FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	082	49			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	082	49		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	082	49		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	082	49		QW, FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	083	22, 49		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	08	083	22, 49		QW, FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	09	All	11			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	09	All	11		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	09	All	11		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	09	All	11		QW, FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	28	280	81			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	28	280	81		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	28	280	81		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	28	280	81		QW, FP	\$19.00	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
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	31	All	11		QW, FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11			\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11		QW	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11		FP	\$19.00	No	per test	once per day	N/A
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)	33	335	11		QW, FP	\$19.00	No	per test	once per day	N/A