


ISSUE DATE July 2, 2018	EFFECTIVE DATE July 2, 2018	NUMBER 99-18-07
SUBJECT 2018 Healthcare Common Procedure Coding System (HCPCS) Updates and Other Procedure Code Changes	BY  Sally A. Kozak, 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 2018 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, as well as setting limitations and prior authorization requirements. These changes are effective for dates of service on and after July 2, 2018.

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 2018 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 2018 HCPCS updates:

Procedure Codes and Modifiers				
00731	00732	00811	00812	00813
15730	15730 (SG)	15733	15733 (SG)	31241 (RT)
31241 (LT)	31241 (50)	31253 (SG)	31253 (RT)	31253 (LT)
31253 (50)	31257 (SG)	31257 (RT)	31257 (LT)	31257 (50)
31259 (SG)	31259 (RT)	31259 (LT)	31259 (50)	31298 (SG)
31298 (RT)	31298 (LT)	31298 (50)	33927	33927 (80)
33928	33928 (80)	33929	33929 (80)	34701
34701 (80)	34702	34702 (80)	34703	34703 (80)
34704	34704 (80)	34705	34705 (80)	34706
34706 (80)	34707 (RT)	34707 (LT)	34707 (50)	34707 (80) (RT)
34707 (80) (LT)	34707 (80) (50)	34708 (RT)	34708 (LT)	34708 (50)
34708 (80) (RT)	34708 (80) (LT)	34708 (80) (50)	34709	34709 (80)
34710	34710 (80)	34711	34711 (80)	34712
34712 (80)	34713	34713 (80)	34714	34714 (80)
34715	34715 (80)	34716	34716 (80)	36465 (SG)
36465 (RT)	36465 (LT)	36465 (50)	36466 (SG)	36466 (RT)
36466 (LT)	36466 (50)	38222	38222 (SG)	38573
38573 (SG)	38573 (80)	43286	43286 (80)	43287
43287 (80)	43288	43288 (80)	58575	58575 (80)
71045	71045 (TC)	71045 (26)	71046	71046 (TC)
71046 (26)	71047	71047 (TC)	71047 (26)	71048
71048 (TC)	71048 (26)	74018	74018 (TC)	74018 (26)
74019	74019 (TC)	74019 (26)	74021	74021 (TC)
74021 (26)	81105	86008	86794	87634
87634 (QW)	87662	94617	94617 (TC)	94617 (26)
94618	94618 (TC)	94618 (26)	95249	96573
96574	97127	99483	D5511	D5512
D5611	D5612	D5621	D5622	D9222
D9239	E0953 (NU)	E0953 (RR)	E0954 (NU)	E0954 (RR)
J7296 (FP)	K0553	K0554 (NU)	K0554 (RR)	K0903 (RT)
K0903 (LT)	K0903 (50)	L3761 (RT)	L3761 (LT)	L3761 (50)
L8625 (NU)				

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

Procedure Codes and Modifiers				
33361	33362	33363	33364	33365
33366	33367	33368	33369	44705
79005	79005 (TC)	79005 (26)	79101	79101 (TC)
79101 (26)	79445 (26)	82044	82044 (QW)	90739
90750	95251	96161	D1354	D1354 (SG)
G0455	G0455 (SG)			

For additional information regarding dental procedure code D1354, see MA Bulletin 27-18-08 titled, "Medical Assistance Program Dental Fee Schedule Update," effective July 2, 2018.

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2018 HCPCS updates:

Procedure Codes					
00740	00810	01180	01190	01682	15732
29582	29583	31320	34800	34802	34803
34804	34805	34825	34826	34900	36120
36515	55450	69820	69840	71010	71015
71020	71021	71022	71023	71030	71034
71035	74000	74010	74020	75658	75952
75953	75954	77422	78190	83499	86729
86822	87277	87470	88154	94620	97532
D5510	D5610	D5620	G0202	G0204	G0206
G0364					

No new authorizations will be issued for the procedure codes being end-dated on and after July 2, 2018. For any of the above procedure codes that had a prior authorization issued before July 2, 2018, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until July 2, 2019, for those services that were previously prior authorized.

Prior Authorization Requirements

Laboratory procedure code 86008 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)). Information regarding the Department's prior authorization process may be viewed in the MA Provider Handbook and is available online at:

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

The following durable medical equipment (DME) procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization after three months of rental as authorized under § 443.6(b)(3) of the Code:

Procedure Codes and Modifiers	
E0953 (RR)	E0954 (RR)

Medical supply procedure code K0553 being added to the MA Program Fee schedule will require prior authorization, as authorized under § 443.6(b)(7) of the Code.

DME procedure code K0554 (NU) being added to the MA Program Fee Schedule will require prior authorization, pursuant to § 443.6(b)(2) of the Code.

DME procedure code K0554 (RR) being added to the MA Program Fee Schedule will require prior authorization with the first month’s rental, pursuant to § 443.6(b)(3) of the Code.

The following prosthetic and orthotic procedure code and modifier combinations 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			
L3761 (RT)	L3761 (LT)	L3761 (50)	L8625 (NU)

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is opening Provider Type (PT)/Specialty (Spec) combination 31 (physician)/All and end-dating PT 31 specialties 318 (General Practitioner), 319 (Surgery), 322 (Internal Medicine) and 328 (Obstetrics and Gynecology) in Place of Service (POS) 21 (Inpatient Hospital) for the following surgical procedure codes, as the Department has determined that it is appropriate for all physician specialties to perform these services:

Procedure Codes	
58291	58292

The Department is end-dating “All” specialties for PT 01 (Inpatient Facility) in POS 23 (Emergency Room) and for PT 08 (Clinic) in POS 49 (Independent Clinic) for surgical procedure code 36430 and opening individual specialties as explained below:

Procedure Code	End-dated PT/Spec/POS	Opened PT/Spec/POS	Reason
36430	01/All/23	01/017/23	Emergency room arrangement 2 must bill for services provided by the emergency room physician.

	08/All/49	08/082/49	The Department has determined that other settings are not appropriate for this physician service.
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ASC/SPU Services

The Department is end-dating “All” specialties for PT 01 and PT 02 (Ambulatory Surgical Center (ASC)) for surgical procedure code 36430 because Department review determined that this procedure is not appropriate for all specialties. For the surgical procedure codes identified below that are currently on the MA Program Fee Schedule, the Department is adding the SG (facility support component) modifier, POS 24 (ASC), and PT/Spec combinations 01/021 (Short Procedure Unit (SPU)), 02/020 (ASC), or both. These procedure codes can be performed safely in a SPU, ASC, or both, depending on the procedure, and will be paid the facility support component fee of \$776.00:

Procedure Code	New PT/Spec	New POS	New Modifier
36430	01/021; 02/020	24	SG
58260	02/020	24	SG
58262	01/021;02/020	24	SG
58263	01/021; 02/020	24	SG
58270	01/021; 02/020	24	SG
58291	01/021	24	SG
58292	01/021	24	SG

Dental Services

The following dental procedure codes have limit and/or description changes (in bold below), due to the addition of new procedure codes D9222 and D9238 for the initial 15-minute increment of service:

Procedure Code	Present Limit	New Limit	New Procedure Description
D9223	3	2	Deep sedation/general anesthesia – each subsequent 15 minute increment
D9243	2	2	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment

For further information on updates to dental procedure codes, see MA Bulletin 27-18-08 titled, “Medical Assistance Program Dental Fee Schedule Update,” effective July 2, 2018.

Modifier Updates

QW Modifier

The Department is adding the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) informational modifier, the FP (Family Planning) modifier, and/or the 91

(Repeat Clinical Diagnostic Laboratory Test) modifier, when applicable, to the following procedure codes and the PT/Spec/POS combinations on the MA Program Fee Schedule for laboratory tests that CMS identifies as CLIA waived tests. For additional information, see MA Bulletin 01-12-67, "Clinical Laboratory Improvement Amendments Requirements," which may be viewed online at:

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

Procedure Code	PT/Spec/POS	Modifiers
85025	01/016/23 (Emergency Room Arrangement 1)	QW; QW 91
	01/017/23 (Emergency Room Arrangement 2)	QW; QW 91
	01/012/22 (Medical Rehab Hospital)	QW; QW 91
	01/014/22 (Inpatient Medical Rehab Unit)	QW; QW 91
	01/019/22 (Drug & Alcohol Rehab Hospital)	QW; QW 91
	01/183/22 (Outpatient Hospital Clinic)	QW; QW FP; FP 91; QW 91; QW FP 91
	01/441/22 (Drug & Alcohol Rehab Unit)	QW; QW 91
	08/083/22 (Outpatient Family Planning Clinic)	QW FP; FP 91; QW FP 91
	08/083/49 (Independent Family Planning Clinic)	QW FP; FP 91; QW FP 91
	28/280/81 (Independent Laboratory)	QW; QW FP; FP 91; QW 91; QW FP 91

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 code 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
85025	08/082/49 (Independent Medical/Surgical Clinic)	No modifier; 91; FP; QW; FP 91; QW FP; QW 91; QW FP 91
	09/All/11 (Certified Registered Nurse Practitioner)	No modifier; 91; FP; QW; FP 91; QW FP; QW 91; QW FP 91
	31/All/11 (Physician)	No modifier; 91; FP; QW; FP 91; QW FP; QW 91; QW FP 91
	33/335/11 (Certified Nurse Midwife)	No modifier; 91; FP; QW; FP 91; QW FP; QW 91; QW FP 91

Limit Updates

Laboratory procedure code 85025 has a limitation update as indicated below:

Procedure Code	Old Limit	New Limit	Reason
85025	1:1	1:2	This procedure can now be repeated once per day, so the maximum limit has been increased to reflect this change.

Open Places of Service

The Department is opening POS 24 for the following procedure codes and PT/Spec combinations, with or without pricing modifier 80 (Assistant Surgeon), as indicated below, as the Department determined that these settings are appropriate for the performance of these services:

Procedure Code	PT/Spec	POS
58262 58262 (80)	31/All	24
58263 58263 (80)	31/All	24
58270 58270 (80)	31/All	24
58291 58291 (80)	31/All	24
58292 58292 (80)	31/All	24

Service Limits

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

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 2018 HCPCS and Other Procedure Code Updates, effective July 2, 2018. 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>.

ATTACHMENTS:

2018 HCPCS and Other Procedure Code Updates, Effective July 2, 2018

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2018 HCPCS and Other Procedure Code Updates, Effective July 2, 2018**

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 2018 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 2018 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
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	27	272	21, 24			\$742.16	No, but AUR and PSR process applies	per procedure	once per day	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	31	All	21, 24			\$742.16	No, but AUR and PSR process applies	per procedure	once per day	90 days
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	27	272	21, 24			\$848.16	No, but AUR and PSR process applies	per procedure	once per day	90 days
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	31	All	21, 24			\$848.16	No, but AUR and PSR process applies	per procedure	once per day	90 days
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	31	All	21		RT-LT-50	\$364.01	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	31	All	21, 24		RT-LT-50	\$407.86	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	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
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	31	All	21, 24		RT-LT-50	\$362.98	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	31	All	21, 24		RT-LT-50	\$384.84	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	01	183	22		RT-LT-50	\$207.67	No	per procedure	once per R side and once per L side, per day	0 days
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	08	082	49		RT-LT-50	\$207.67	No	per procedure	once per R side and once per L side, per day	0 days
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	31	All	11, 21, 24		RT-LT-50	\$207.67	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	31	All	21			\$2,112.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	31	All	21	80		\$337.97	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
33928	Removal and replacement of total replacement heart system (artificial heart)	31	All	21			\$1,139.28	No, but AUR and PSR process applies	per procedure	once per day	0 days
33928	Removal and replacement of total replacement heart system (artificial heart)	31	All	21	80		\$182.28	No, but AUR and PSR process applies	per procedure	once per day	0 days
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	31	All	21			\$712.06	No, but AUR and PSR process applies	per procedure	once per day	0 days
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	31	All	21	80		\$113.93	No, but AUR and PSR process applies	per procedure	once per day	0 days
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21			\$1,020.30	No, but AUR and PSR process applies	per procedure	once per day	90 days
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21	80		\$163.25	No, but AUR and PSR process applies	per procedure	once per day	90 days
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21			\$1,525.01	No, but AUR and PSR process applies	per procedure	once per day	90 days
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21	80		\$244.00	No, but AUR and PSR process applies	per procedure	once per day	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21			\$1,150.50	No, but AUR and PSR process applies	per procedure	once per day	90 days
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21	80		\$184.08	No, but AUR and PSR process applies	per procedure	once per day	90 days
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21			\$1,914.83	No, but AUR and PSR process applies	per procedure	once per day	90 days
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21	80		\$306.37	No, but AUR and PSR process applies	per procedure	once per day	90 days
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21			\$1,267.10	No, but AUR and PSR process applies	per procedure	once per day	90 days
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	31	All	21	80		\$202.74	No, but AUR and PSR process applies	per procedure	once per day	90 days
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21			\$1,908.28	No, but AUR and PSR process applies	per procedure	once per day	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	31	All	21	80		\$305.32	No, but AUR and PSR process applies	per procedure	once per day	90 days
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	31	All	21		RT-LT-50	\$951.86	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	31	All	21	80	RT-LT-50	\$152.30	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	31	All	21		RT-LT-50	\$1,533.14	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	31	All	21	80	RT-LT-50	\$245.30	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	31	All	21			\$268.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	31	All	21	80		\$42.99	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
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	31	All	21			\$663.24	No, but AUR and PSR process applies	per procedure	once per day	90 days
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	31	All	21	80		\$106.12	No, but AUR and PSR process applies	per procedure	once per day	90 days
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	31	All	21			\$248.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	31	All	21	80		\$39.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	31	All	21			\$564.39	No, but AUR and PSR process applies	per procedure	once per day	90 days
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	31	All	21	80		\$90.30	No, but AUR and PSR process applies	per procedure	once per day	90 days
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	31	All	21			\$106.85	No, but AUR and PSR process applies	per procedure	once per day	0 days
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	31	All	21	80		\$17.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	31	All	21			\$224.16	No, but AUR and PSR process applies	per procedure	once per day	0 days
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	31	All	21	80		\$35.87	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
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	31	All	21			\$250.60	No, but AUR and PSR process applies	per procedure	once per day	0 days
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	31	All	21	80		\$40.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	31	All	21			\$310.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	31	All	21	80		\$49.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	01	183	22		RT-LT-50	\$98.94	No	per procedure	once per R side and once per L side, per day	0 days
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	08	082	49		RT-LT-50	\$98.94	No	per procedure	once per R side and once per L side, per day	0 days
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	31	All	11, 21, 24		RT-LT-50	\$98.94	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	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
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	01	183	22		RT-LT-50	\$125.82	No	per procedure	once per R side and once per L side, per day	0 days
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	08	082	49		RT-LT-50	\$125.82	No	per procedure	once per R side and once per L side, per day	0 days
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	31	All	11, 21, 24		RT-LT-50	\$125.82	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	0 days
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	01	017	23			\$63.32	No	per procedure	once per day	0 days
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	01	183	22			\$63.32	No	per procedure	once per day	0 days
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	08	082	49			\$63.32	No	per procedure	once per day	0 days
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	31	All	11, 21, 23, 24, 99			\$63.32	No, but AUR and PSR process applies	per procedure	once per day	0 days
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	31	All	21, 24			\$952.02	No, but AUR and PSR process applies	per procedure	once per day	10 days
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	31	All	21, 24	80		\$152.32	No, but AUR and PSR process applies	per procedure	once per day	10 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	31	All	21			\$2,586.04	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	31	All	21	80		\$413.77	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	31	All	21			\$2,955.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	31	All	21	80		\$472.88	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	31	All	21			\$3,083.03	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	31	All	21	80		\$493.29	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	31	All	21			\$1,519.52	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	31	All	21	80		\$243.12	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
71045	Radiologic examination, chest; single view	01	016, 017	23			\$15.48	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	01	016, 017	23	TC		\$8.11	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	01	012, 014, 183	22			\$15.48	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	01	012, 014, 183	22	TC		\$8.11	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	08	082	49			\$15.48	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
71045	Radiologic examination, chest; single view	08	082	49	TC		\$8.11	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	29	291	12, 31, 32	TC		\$8.11	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	31	All	11			\$15.48	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	31	All	11	TC		\$8.11	No	per procedure	once per day	N/A
71045	Radiologic examination, chest; single view	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$7.37	No, but AUR and PSR process applies	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	01	016, 017	23			\$23.64	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	01	016, 017	23	TC		\$14.85	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	01	012, 014, 183	22			\$23.64	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	01	012, 014, 183	22	TC		\$14.85	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	08	082	49			\$23.64	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	08	082	49	TC		\$14.85	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	29	291	12, 31, 32	TC		\$14.85	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	31	All	11			\$23.64	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	31	All	11	TC		\$14.85	No	per procedure	once per day	N/A
71046	Radiologic examination, chest; 2 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$8.79	No, but AUR and PSR process applies	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	01	016, 017	23			\$30.21	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	01	016, 017	23	TC		\$18.90	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	01	012, 014, 183	22			\$30.21	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	01	012, 014, 183	22	TC		\$18.90	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	08	082	49			\$30.21	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	08	082	49	TC		\$18.90	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	29	291	12, 31, 32	TC		\$18.90	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	31	All	11			\$30.21	No	per procedure	once per day	N/A
71047	Radiologic examination, chest; 3 views	31	All	11	TC		\$18.90	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
71047	Radiologic examination, chest; 3 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$11.31	No, but AUR and PSR process applies	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	01	016, 017	23			\$32.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	01	016, 017	23	TC		\$19.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	01	012, 014, 183	22			\$32.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	01	012, 014, 183	22	TC		\$19.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	08	082	49			\$32.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	08	082	49	TC		\$19.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	29	291	12, 31, 32	TC		\$19.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	31	All	11			\$32.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	31	All	11	TC		\$19.43	No	per procedure	once per day	N/A
71048	Radiologic examination, chest; 4 or more views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$13.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	01	016, 017	23			\$21.14	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	01	016, 017	23	TC		\$13.77	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	01	183	22			\$21.14	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	01	183	22	TC		\$13.77	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	08	082	49			\$21.14	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	08	082	49	TC		\$13.77	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	29	291	12, 31, 32	TC		\$13.77	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	31	All	11			\$21.14	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	31	All	11	TC		\$13.77	No	per procedure	once per day	N/A
74018	Radiologic examination, abdomen; 1 view	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$7.37	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
74019	Radiologic examination, abdomen; 2 views	01	016, 017	23			\$25.82	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	01	016, 017	23	TC		\$16.48	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	01	183	22			\$25.82	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	01	183	22	TC		\$16.48	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	08	082	49			\$25.82	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	08	082	49	TC		\$16.48	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	29	291	12, 31, 32	TC		\$16.48	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	31	All	11			\$25.82	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	31	All	11	TC		\$16.48	No	per procedure	once per day	N/A
74019	Radiologic examination, abdomen; 2 views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$9.34	No, but AUR and PSR process applies	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	01	016, 017	23			\$30.23	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	01	016, 017	23	TC		\$19.17	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	01	183	22			\$30.23	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	01	183	22	TC		\$19.17	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	08	082	49			\$30.23	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	08	082	49	TC		\$19.17	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	29	291	12, 31, 32	TC		\$19.17	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	31	All	11			\$30.23	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	31	All	11	TC		\$19.17	No	per procedure	once per day	N/A
74021	Radiologic examination, abdomen; 3 or more views	31	All	11, 12, 21, 22, 23, 31, 32, 49	26		\$11.06	No, but AUR and PSR process applies	per procedure	once per day	N/A
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-1a/b (L33P)	01	183	22			\$120.71	No	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
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura) gene analysis, common variant, HPA-1a/b (L33P)	28	280	81			\$120.71	No	per test	once per lifetime	N/A
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	01	016, 017	23			\$17.71	Yes	per test	twelve per day	N/A
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	01	183	22			\$17.71	Yes	per test	twelve per day	N/A
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	28	280	81			\$17.71	Yes	per test	twelve per day	N/A
86794	Antibody; Zika virus, IgM	01	016, 017	23			\$16.64	No	per test	once per day	N/A
86794	Antibody; Zika virus, IgM	01	183	22			\$16.64	No	per test	once per day	N/A
86794	Antibody; Zika virus, IgM	28	280	81			\$16.64	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	016, 017	23			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	016, 017	23		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	183	22			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	183	22		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	08	082	49			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	08	082	49		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	09	All	11			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	09	All	11		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	28	280	81			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	28	280	81		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	31	All	11			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	31	All	11		QW	\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	33	335	11			\$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	33	335	11		QW	\$69.33	No	per test	once per day	N/A
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	01	016, 017	23			\$50.68	No	per test	once per day	N/A
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	01	183	22			\$50.68	No	per test	once per day	N/A
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	28	280	81			\$50.68	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	01	016, 017	23			\$74.22	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	01	016, 017	23	TC		\$47.23	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	01	183	22			\$74.22	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	01	183	22	TC		\$47.23	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
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	08	082	49			\$74.22	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	08	082	49	TC		\$47.23	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	31	All	11			\$74.22	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	31	All	11	TC		\$47.23	No	per test	once per day	N/A
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	31	All	11, 21, 22, 23, 49	26		\$26.99	No, but AUR and PSR process applies	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	01	016, 017	23			\$27.12	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	01	016, 017	23	TC		\$8.66	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	01	183	22			\$27.12	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	01	183	22	TC		\$8.66	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	08	082	49			\$27.12	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	08	082	49	TC		\$8.66	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	31	All	11			\$27.12	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	31	All	11	TC		\$8.66	No	per test	once per day	N/A
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	31	All	11, 21, 22, 23, 49	26		\$18.46	No, but AUR and PSR process applies	per test	once per day	N/A
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	01	183	22			\$42.14	No	per procedure, minimum of 72 hours	once per calendar year	N/A
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	08	082	49			\$42.14	No	per procedure, minimum of 72 hours	once per calendar year	N/A
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	09	All	11			\$42.14	No	per procedure, minimum of 72 hours	once per calendar year	N/A
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	31	All	11			\$42.14	No	per procedure, minimum of 72 hours	once per calendar year	N/A
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	01	183	22			\$145.73	No	per date of service	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
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	08	082	49			\$145.73	No	per date of service	once per day	0 days
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	31	All	11			\$145.73	No	per date of service	once per day	0 days
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	01	183	22			\$188.54	No	per date of service	once per day	0 days
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	08	082	49			\$188.54	No	per date of service	once per day	0 days
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	31	All	11			\$188.54	No	per date of service	once per day	0 days
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	17	170, 171, 173	11, 12, 99			\$22.70	No	per visit	once per day	N/A
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	31	All	11, 12, 21, 31, 32, 99			\$22.70	No, but AUR and PSR process applies	per visit	once per day	N/A
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	09	All	11, 12, 31, 32, 33			\$140.87	No	per visit	one per 180 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
99483	Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	31	All	11, 12, 31, 32, 33			\$140.87	No	per visit	one per 180 days	N/A
D5511	Repair broken complete denture base, mandibular	27	All	11, 12, 21, 24, 31, 32			\$50.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D5512	Repair broken complete denture base, maxillary	27	All	11, 12, 21, 24, 31, 32			\$50.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D5611	Repair resin partial denture base, mandibular	27	All	11, 12, 21, 24, 31, 32			\$50.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D5612	Repair resin partial denture base, maxillary	27	All	11, 12, 21, 24, 31, 32			\$50.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D5621	Repair cast partial framework, mandibular	27	All	11, 12, 21, 24, 31, 32			\$60.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D5622	Repair cast partial framework, maxillary	27	All	11, 12, 21, 24, 31, 32			\$60.00	No, but AUR and PSR process applies	per procedure	once per day	N/A
D9222	Deep sedation/general anesthesia – first 15 minutes	27	284	11			\$122.00	No	per 15 minutes	once per day	N/A
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	27	284	11			\$128.50	No	per 15 minutes	once per day	N/A
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	27	285	11			\$128.50	No	per 15 minutes	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
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	24	240, 241, 242, 243, 245	11, 12	RR		\$5.59	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	24	240, 241, 242, 243, 245	11, 12	NU		\$55.91	No	each	two per 365 days	N/A
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	25	250	11, 12	RR		\$5.59	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	25	250	11, 12	NU		\$55.91	No	each	two per 365 days	N/A
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	24	240, 241, 242, 243, 245	11, 12	RR		\$3.98	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	24	240, 241, 242, 243, 245	11, 12	NU		\$39.79	No	each	two per three calendar years	N/A
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	25	250	11, 12	RR		\$3.98	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	25	250	11, 12	NU		\$39.79	No	each	two per three calendar years	N/A
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	01	010	22		FP	\$938.06	No	each	once per day	N/A
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	24	240, 241, 242, 243, 245	11, 12			\$200.89	Yes	one month supply	one per calendar month	N/A
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	25	250	11, 12			\$200.89	Yes	one month supply	one per calendar month	N/A
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	24	240, 241, 242, 243, 245	11, 12	RR		\$19.02	Yes, PA required with 1st month's rental	each	once per calendar month	N/A
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	24	240, 241, 242, 243, 245	11, 12	NU		\$190.26	Yes	each	one per calendar year	N/A
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	25	250	11, 12	RR		\$19.02	Yes, PA required with 1st month's rental	each	once per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	25	250	11, 12	NU		\$190.26	Yes	each	one per calendar year	N/A
K0903	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With CAM Technology From A Rectified CAD Model Created From A Digitized Scan Of The Patient, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$34.85	No	each	once per R side and once per L side, per day	N/A
K0903	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With CAM Technology From A Rectified CAD Model Created From A Digitized Scan Of The Patient, Total Contact With Patient's Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer (Or Higher), Includes Arch Filler And Other Shaping Material, Custom Fabricated, Each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$34.85	No	each	once per R side and once per L side, per day	N/A
L3761	Elbow orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT-50	\$344.90	Yes	each	per medical necessity	N/A
L3761	Elbow orthosis with adjustable position locking joint(s), prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT-50	\$344.90	Yes	each	per medical necessity	N/A
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32	NU		\$143.40	Yes	each	one per three calendar years	N/A
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	25	250, 251, 252	11, 12, 21, 31, 32	NU		\$143.40	Yes	each	one per three calendar years	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUESTS OR CLINICAL REVIEW											
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	31	All	21			\$1,126.17	No, but AUR and PSR process applies	per procedure	once per day	0 days
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	31	All	21			\$1,229.75	No, but AUR and PSR process applies	per procedure	once per day	0 days
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	31	All	21			\$1,275.50	No, but AUR and PSR process applies	per procedure	once per day	0 days
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	31	All	21			\$1,343.39	No, but AUR and PSR process applies	per procedure	once per day	0 days
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	31	All	21			\$1,477.66	No, but AUR and PSR process applies	per procedure	once per day	0 days
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	31	All	21			\$1,598.32	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
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	31	All	21			\$521.86	No, but AUR and PSR process applies	per procedure	once per day	0 days
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	31	All	21			\$620.86	No, but AUR and PSR process applies	per procedure	once per day	0 days
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	31	All	21			\$819.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	01	183	22			\$61.67	No	per procedure	once per day	0 days
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	08	082	49			\$61.67	No	per procedure	once per day	0 days
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	31	All	11, 21, 24, 99			\$61.67	No, but AUR and PSR process applies	per procedure	once per day	0 days
79005	Radiopharmaceutical therapy, by oral administration	01	183	22			\$108.73	No	per procedure	once per day	N/A
79005	Radiopharmaceutical therapy, by oral administration	01	183	22	TC		\$37.79	No	per procedure	once per day	N/A
79005	Radiopharmaceutical therapy, by oral administration	31	All	11			\$108.73	No	per procedure	once per day	N/A
79005	Radiopharmaceutical therapy, by oral administration	31	All	11	TC		\$37.79	No	per procedure	once per day	N/A
79005	Radiopharmaceutical therapy, by oral administration	31	All	11, 21, 22	26		\$70.94	No, but AUR and PSR process applies	per procedure	once per day	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	01	183	22			\$114.93	No	per procedure	once per day	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	01	183	22	TC		\$37.23	No	per procedure	once per day	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	31	All	11			\$114.93	No	per procedure	once per day	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	31	All	11	TC		\$37.23	No	per procedure	once per day	N/A
79101	Radiopharmaceutical therapy, by intravenous administration	31	All	11, 21, 22	26		\$77.70	No, but AUR and PSR process applies	per procedure	once per day	N/A
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	31	All	21, 22, 24	26		\$92.64	No, but AUR and PSR process applies	per procedure	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	01	016, 017	23			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	01	016, 017	23		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	01	183	22			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	01	183	22		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	08	082	49			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	08	082	49		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	09	All	11			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	09	All	11		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	28	280	81			\$4.98	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
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	28	280	81		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	31	All	11			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	31	All	11		QW	\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	33	335	11			\$4.98	No	per test	once per day	N/A
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	33	335	11		QW	\$4.98	No	per test	once per day	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	33	335	11, 12			\$10.00	No	per administration	once per day	N/A
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	01	183	22			\$10.00	No	per administration	once per day	N/A
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	08	082	49			\$10.00	No	per administration	once per day	N/A
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	01	183	22			\$28.90	No	per procedure, minimum of 72 hours	two per 365 days	N/A
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	08	082	49			\$28.90	No	per procedure, minimum of 72 hours	two per 365 days	N/A
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	09	All	11			\$28.90	No	per procedure, minimum of 72 hours	two per 365 days	N/A
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	31	All	11			\$28.90	No	per procedure, minimum of 72 hours	two per 365 days	N/A
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	01	183	22			\$3.48	No	per evaluation	once per day	N/A
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	08	082	49			\$3.48	No	per evaluation	once per day	N/A
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	09	All	11, 12			\$3.48	No	per evaluation	once per day	N/A
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	31	All	11, 12			\$3.48	No	per evaluation	once per day	N/A
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	33	335	11, 12			\$3.48	No	per evaluation	once per day	N/A
D1354	Interim caries arresting medicament application-per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	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
D1354	Interim caries arresting medicament application-per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1354	Interim caries arresting medicament application-per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	27	All	11, 12, 21, 24, 31, 32, 99			\$25.00	No, but AUR and PSR process applies	per tooth	Under 21 years of age; maximum of 10 teeth per visit	N/A
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	01	183	22			\$59.79	No	per procedure	once per day	0 days
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	08	082	49			\$59.79	No	per procedure	once per day	0 days
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	31	All	11, 21, 24, 99			\$59.79	No, but AUR and PSR process applies	per procedure	once per day	0 days
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2018 UPDATES OR BY CLINICAL REVIEW											
36430	Transfusion, blood or blood components	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36430	Transfusion, blood or blood components	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36430	Transfusion, blood or blood components	01	017	23			\$27.84	No	per procedure	once per day	0 days
36430	Transfusion, blood or blood components	01	012, 014, 183	22			\$27.84	No	per procedure	once per day	0 days
36430	Transfusion, blood or blood components	08	082	49			\$27.84	No	per procedure	once per day	0 days
36430	Transfusion, blood or blood components	31	All	11, 21, 23, 24, 99			\$27.84	No, but AUR and PSR process applies	per procedure	once per day	0 days
58260	Vaginal hysterectomy, for uterus 250 g or less;	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
58260	Vaginal hysterectomy, for uterus 250 g or less;	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58260	Vaginal hysterectomy, for uterus 250 g or less;	31	All	21, 24			\$456.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58260	Vaginal hysterectomy, for uterus 250 g or less;	31	All	21, 24	80		\$91.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	31	All	21, 24			\$456.50	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	31	All	21, 24	80		\$91.30	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	31	All	21, 24			\$605.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	31	All	21, 24	80		\$121.00	No, but AUR and PSR process applies	per procedure	once per lifetime	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
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	31	All	21, 24			\$605.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	31	All	21, 24	80		\$121.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	31	All	21, 24			\$920.12	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	31	All	21, 24	80		\$184.02	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	31	All	21, 24			\$974.57	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	31	All	21, 24	80		\$194.91	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	01	016, 017	23			\$6.00	No	per test	total of two tests per day	N/A
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	01	016, 017	23		91	\$6.00	No	per test	total of two tests per day	N/A
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	01	016, 017	23		QW	\$6.00	No	per test	total of two tests 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
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment;	27	284	11			\$128.50	No	per 15 minutes	two per day	N/A
D9243	intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment;	27	285	11			\$128.50	No	per 15 minutes	two per day	N/A