

ISSUE DATE June 30, 2021	EFFECTIVE DATE December 21, 2020	NUMBER 99-20-09
SUBJECT Medical Assistance (MA) Program Fee Schedule Revisions		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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to announce revisions to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of services on and after December 21, 2020.

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 of Human Services (Department) made updates to the MA Program Fee Schedule based upon the 2020 Healthcare Common Procedure Coding System (HCPCS) Updates and payment indicators specified by the Centers for Medicare & Medicaid Services (CMS), in response to requests received from providers, and based on clinical reviews conducted by Department staff related to standards of practice, prior authorization, provider type (PT)/specialty (Spec) combinations, places of service (POS) and procedure code/modifier combinations.

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 website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department added the following procedure codes to the MA Program Fee Schedule based upon provider requests and/or clinical review. These procedure codes may include the modifiers SG (Ambulatory Surgical Center (ASC)/ Short Procedure Unit (SPU) facility support component), RT (right), LT (left), 50 (bilateral), 80 (assistant surgeon) and/or GT (telemedicine).

Procedure Codes and Modifiers				
29893 (SG)	29893 (RT)	29893 (LT)	29893 (50)	60650 (RT)
60650 (LT)	60650 (50)	60650 (80) (RT)	60650 (80) (LT)	60650 (80) (50)
81221	81222	81223	90662	96136
96136 (GT)	96137	96137 (GT)		

The Department end-dated the following vaccine procedure codes as they are obsolete, or the vaccine is no longer available.

Procedure Codes				
90634	90649	90650	90654	90655
90657	90658	90660	90661	90673
90676	90682	90690	90733	90748

The Department will accept claims with the end-dated procedure codes until December 21, 2021.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physicians' Services

The Department added RT, LT and 50 modifiers and increased units from 1:1 to 1:2 for the PT/Spec/POS combinations 01 (Inpatient Hospital)/183 (Hospital Based Medical Clinic)/ 22 (Outpatient Hospital) and 31 (Physician)/All in POS 21 (Inpatient Hospital), 24 (ASC), and 99 (Special Treatment Room) as indicated below for the following procedure codes as these services may be performed laterally or bilaterally. Please note, for these procedure codes, PT/Spec/POS combination 31/All/24 may only be utilized for services in a SPU.

Procedure Codes		
36245	36246	36247

The Department opened PT/Spec/POS combination 01/017 (Emergency Room Arrangement 2)/23 (Emergency Room) and 01/183/22 for procedure code 50389 with the RT, LT and 50 modifiers as clinical review determined these settings are appropriate for the delivery of this service.

The Department end-dated PT 31 specialties 319 (Surgery) and 343 (Urologist) and opening PT/Spec combination 31/All in POS 21, 23, 24 and 99 for surgical procedure code 50389 with RT, LT and 50 modifiers as the Department determined through clinical review it is appropriate for all physician specialties to perform this service.

The Department opened PT/Spec/POS combination 01/017/23 for the following procedure codes based on clinical review:

Procedure Codes	
64420	64421

The Department end-dated PT/Spec/POS combinations as indicated below for the following procedure codes based on clinical review:

Procedure Codes	End-dated PT/Spec/POS
36245	01/All/23 08/All/49(Independent Clinic) 31/All/22, 23
36246	01/All/23 08/All/49 31/All/22, 23
36247	01/All/23 08/All/49 31/All/22, 23
64420	01/All/23 08/All/49 31/All/22, 99
64421	01/All/23 08/All/49 31/All/ 22, 99

Ambulatory Surgical Center/Short Procedure Unit Services

The Department opened POS 24 for PT/Spec combination 31/311 (Anesthesiology) for the following anesthesia procedure codes based on clinical review:

Procedure Codes			
00212	00214	00222	01150
01214	01432	01952	01953

The Department opened POS 24 for PT/Spec combination 31/All for the following procedure code and modifier combinations as the Department determined through clinical review this setting is appropriate for the performance of these services.

Procedure Codes and Modifiers				
27130 (RT)	27130 (LT)	27130 (50)	27130 (80) (RT)	27130 (80) (LT)
27130 (80) (50)	36246 (RT)	36246 (LT)	36246 (50)	43281
43281 (80)	63267	63267 (80)		

The Department opened PT/Spec combination 01/021 (SPU) for the procedure codes identified below in POS 24 with the SG modifier. The Department determined through clinical review these procedure codes can be performed safely in a SPU and will be paid the facility support component fee of \$776.00:

Procedure Codes			
27130 (SG)	36246 (SG)	43281 (SG)	63267 (SG)

The Department end-dated PT/Spec/POS combination 01/021/24 and/or 02/020/24 for the following procedure code and modifier combinations based on clinical review or national code description changes:

Procedure Code and Modifier	End-dated PT/Spec/POS
36245 (SG)	02/020/24
64421 (SG)	01/021/24 02/020/24

Colorectal Oncology Screening

The Department changed the limit for colorectal oncology screening procedure code 81528 as indicated below as a result of guidance from the screening manufacturer and clinical review:

Procedure Code	Present Limit	New Limit
81528	1 per 365 days	1 per 3 years

Visual Field Examinations

The Department added 26 (professional component) and TC (technical component) modifiers and opened PT/Spec/POS combinations as indicated below for the following visual field examination procedure codes based on clinical review.

Procedure Code	New PT/Spec/POS
92081	31/All/11
92081 (26)	18(Optomtrist)/180(Optomtrist)/11 31/All/11, 21, 22, 49
92081 (TC)	01/183/22 08/082(Independent Medical/Surgical Clinic)/49

	18/180/11 31/All/11
92082	08/082/49 18/180/11
92082 (26)	18/180/11 31/All/11, 21, 22, 49
92082 (TC)	01/183/22 08/082/49 18/180/11 31/All/11
92083	08/082/49 18/180/11
92083 (26)	18/180/11 31/All/11, 21, 22, 49
92083 (TC)	01/183/22 08/082/49 18/180/11 31/All/11

The Department end-dated PT/Spec/POS combinations as indicated below for visual field examination procedure codes based on clinical review.

Procedure Code	End-dated PT/Spec/POS
92081	31/330(Ophthalmologist)/11(Office)
92082	08/All/49 18/All/11 31/All/21
92083	08/All/49 18/All/11 31/All/21

Psychiatric Outpatient Services

The Department end-dated PT/Spec combination 08/110 (Psychiatric Outpatient Clinic) in POS 12 (Home) from the following psychiatric procedure codes as a result of clinical review. These procedure codes may include GT, HK (Special High-Risk Mental Health Program), and/or UB (pricing) modifiers.

Procedure Codes and Modifiers				
90791	90791 (GT)	90792	90792 (GT)	90832
90832 (GT)	90834	90834 (GT)	90837	90837 (GT)
90846 (UB)	90846 (UB) (GT)	90847 (UB)	90847 (UB) (GT)	90875
96116	96121	96127	96130	96131
96132	96133	96160	H2010 (HK)	

Electroencephalogram (EEG) Procedure Code Updates

The Department opened PT/Spec combination 08/110 in POS 49 for procedure code 95813 based on clinical review.

Durable Medical Equipment (DME) and Medical Supplies

The Department end-dated PT 03 (extended care facility) for the following medical supply procedure codes based on clinical review:

Procedure Codes			
A6223	A6266	E0956	E1028

The Department end-dated PT/Spec/POS combinations 05 (Home Health)/All/12, 24 (Pharmacy)/All/11, 24/All/12, 25 (DME/Medical Supplies)/All/11 and 25/All/12 and opened PT/Spec/POS combinations based on clinical review as indicated below for the following procedure codes:

Procedure Codes	End-dated PT/Spec/POS	New PT/Spec/POS
A6209	05/All/12	05/250 (DME/Medical Supplies)/12
A6210	24/All/11,12	24/240(Independent)/11,12
A6211		24/241(Institutional Independent)/11,12
A6212		24/242(Chain)/11,12
A6213		24/243(Institutional Chain)/11,12
A6214		24/245(Mail Order)/11,12
A6224	25/All/11,12	25/250/11,12
A6266		

The Department made unit and/or service limitation updates to the following DME and medical supply procedure codes as a result of clinical review. These procedure codes may include the modifiers NU (purchase) or RR (rental).

Procedure Code	Present Unit Limit	New Unit Limit	Present Limit	New Limit
A4624	1:1500	1:180	1500 per 30 days	180 per month
A6206	1:120	1:4	120 per 30 days	4 per calendar month
A6207	1:120	1:4	120 per 30 days	4 per calendar month
A6208	1:120	1:4	120 per 30 days	4 per calendar month
A6209	1:9999	1:30	No limit	30 per calendar month
A6210	1:9999	1:30	No limit	30 per calendar month
A6211	1:9999	1:30	No limit	30 per calendar month

A6212	1:9999	1:30	No limit	30 per calendar month
A6213	1:9999	1:30	No limit	30 per calendar month
A6214	1:9999	1:30	No limit	30 per calendar month
A6222	1:9999	1:60	No limit	60 per month
A6223	1:3000	1:60	3000 per calendar month	60 per month
A6224	1:9999	1:60	No limit	60 per month
A6266	1:9999	1:30	No limit	30 per calendar month
A7030	1:1	1:1	1 per 180 days	1 per 90 days
A7526	1:3	1:30	3 per month	30 per calendar month
E0956 (NU)	1:2	1:4	2 per 365 days	4 per 365 days
E0956 (RR)	1:2	1:4	2 per calendar month	4 per calendar month
E1028 (NU)	1:2	1:4	2 per 3 years	4 per 3 years

The Department added modifiers NU and/or RR to the following DME procedure codes, as indicated below. Procedure codes with the NU modifier require prior authorization for purchase, pursuant to § 443.6(b)(2) 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)(2)). Procedure codes with the RR modifier require prior authorization after three months of rental pursuant to § 443.6(b)(3) of the Code:

Procedure Codes and Modifiers			
B9002 (NU)	E1810 (NU) (RT)	E1810 (NU) (LT)	E1810 (NU) (50)
E1810 (RR) (RT)	E1810 (RR) (LT)	E1810 (RR) (50)	

The Department removed RT, LT and 50 modifiers from procedure code E1028 (NU) based on clinical review.

The Department removed prior authorization requirements to the following DME procedure codes, as authorized under § 443.6(b)(7) of the Code and based on clinical review:

Procedure Codes and Modifiers		
K0553	K0554 (NU)	K0554 (RR)

COVID-19 Testing Laboratory Procedure

The Department made unit and service limitation updates for the following COVID-19 testing laboratory procedure codes consistent with National Correct Coding Initiative edits from CMS as indicated below:

Procedure Code	Present Unit Limit	New Unit Limit	Present Limit	New Limit
U0001	1:3	1:2	1 to 3 per day	Twice per day
U0002	1:3	1:2	1 to 3 per day	Twice per day

Service Limits

The MA Program established service limits for some of these procedure codes. When a provider determines a MA beneficiary needs 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:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

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 procedure code updates resulting from revisions to the MA Program Fee Schedule, effective December 21, 2020. 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: <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

ATTACHMENTS:

MA Program Fee Schedule Revisions, Effective December 21, 2020

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Medical Assistance Program Fee Schedule Revisions, Effective December 21, 2020**

This chart is divided into two sections. The first section includes procedure codes added to the Medical Assistance Program Fee Schedule based on provider requests or clinical reviews. The second section includes procedure codes currently on the fee schedule updated based upon the implementation of the 2020 Healthcare Common Procedure Coding System, payment indicators specified by the Centers for Medicare & Medicaid Services, provider requests, and 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
29893	Endoscopic plantar fasciotomy	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
29893	Endoscopic plantar fasciotomy	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
29893	Endoscopic plantar fasciotomy	01	183	22		RT-LT-50	\$346.75	No	per procedure	once per R side and once per L side per day	90 days
29893	Endoscopic plantar fasciotomy	14	140	21, 24, 99		RT-LT-50	\$346.75	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
29893	Endoscopic plantar fasciotomy	31	All	21, 24, 99		RT-LT-50	\$346.75	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	31	All	21		RT-LT-50	\$977.03	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days

60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	31	All	21	80	RT-LT-50	\$156.32	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	01	183	22			\$77.78	Yes	per test	once per lifetime	N/A
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	28	280	81			\$77.78	Yes	per test	once per lifetime	N/A
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	01	183	22			\$348.06	Yes	per test	once per lifetime	N/A
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	28	280	81			\$348.06	Yes	per test	once per lifetime	N/A
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	01	183	22			\$399.20	Yes	per test	once per lifetime	N/A
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	28	280	81			\$399.20	Yes	per test	once per lifetime	N/A
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	08	82	49			\$10.00	No	per administration	once per day	N/A
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	31	All	11, 12			\$10.00	No	per administration	once per day	N/A

90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	33	335	11, 12			\$10.00	No	per administration	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	01	183	22			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	074	15			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	074	15		GT	\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	082, 110	49			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	110	02			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	184	12, 57			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	08	184	02			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	11	113, 114	12, 52			\$19.96	No	initial 30 minutes	once per day	N/A

96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	11	113, 114	02			\$19.96	No	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	19	190	11, 12, 21, 99			\$19.96	No, but AUR and PSR process applies	initial 30 minutes	once per day	N/A
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	31	All	11, 21			\$19.96	No, but AUR and PSR process applies	initial 30 minutes	once per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	01	183	22			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	074	15			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	074	15		GT	\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	082, 110	49			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	110	02			\$15.73	No	per 30 minutes	11 per day	N/A

96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	184	12, 57			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	08	184	02			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	11	113, 114	12, 52			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	11	113, 114	02			\$15.73	No	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	19	190	11, 12, 21, 99			\$15.73	No, but AUR and PSR process applies	per 30 minutes	11 per day	N/A
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	31	All	11, 21			\$15.73	No, but AUR and PSR process applies	per 30 minutes	11 per day	N/A

PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2020 HCPCS REVISIONS OR BY CLINICAL REVIEW

00212	Anesthesia for intracranial procedures; subdural taps	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00214	Anesthesia for intracranial procedures; burr holes, including ventriculography	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
00222	Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
01150	Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
01214	Anesthesia for open procedures involving hip joint; total hip arthroplasty	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A

01432	Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
01952	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
01953	Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure)	31	311	21, 24			(base units x conversion factor) + (time units x conversion factor)	No, but AUR and PSR process applies			N/A
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	31	All	21, 24		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	31	All	21, 24	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	183	22		RT-LT-50	\$134.50	No	per procedure	once per R side and once per L side per day	0 days
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	31	All	21, 24, 99		RT-LT-50	\$134.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	183	22		RT-LT-50	\$254.09	No	per procedure	once per R side and once per L side per day	0 days
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	31	All	21, 24, 99		RT-LT-50	\$254.09	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	01	183	22		RT-LT-50	\$296.00	No	per procedure	once per R side and once per L side per day	0 days
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	31	All	21, 24, 99		RT-LT-50	\$296.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	31	All	21, 24			\$1,232.78	No, but AUR and PSR process applies	per procedure	once per day	90 days

43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	31	All	21, 24	80		\$197.24	No, but AUR and PSR process applies	per procedure	once per day	90 days
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	01	017	23		RT-LT-50	\$45.18	No	per procedure	once per R side and once per L side per day	0 days
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	01	183	22		RT-LT-50	\$45.18	No	per procedure	once per R side and once per L side per day	0 days
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	31	All	21, 23, 24, 99		RT-LT-50	\$45.18	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	31	All	21, 24			\$944.00	No, but AUR and PSR process applies	per procedure	once per day	90 days
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	31	All	21, 24	80		\$199.00	No, but AUR and PSR process applies	per procedure	once per day	90 days
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	01	017	23			\$43.50	No	per procedure	once per day	0 days
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	01	183	22			\$43.50	No	per procedure	once per day	0 days
64420	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level	31	All	11, 21, 23, 24			\$43.50	No, but AUR and PSR process applies	per procedure	once per day	0 days
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	01	017	23			\$43.50	No	per procedure	once per day	0 days
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	01	183	22			\$43.50	No	per procedure	once per day	0 days
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24			\$43.50	No, but AUR and PSR process applies	per procedure	once per day	0 days
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	01	183	22			\$407.10	No	per test	one per three calendar years	N/A
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	28	280	81			\$407.10	No	per test	one per three calendar years	N/A
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	01	183	22			\$28.00	No	per exam	one per calendar year	0 days

92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	01	183	22	TC		\$14.15	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	08	082	49			\$28.00	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	08	082	49	TC		\$14.15	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	18	180	11			\$28.00	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	18	180	11	TC		\$14.15	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	18	180	11	26		\$13.85	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	31	All	11			\$28.00	No	per exam	one per calendar year	0 days
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	31	All	11	TC		\$14.15	No	per exam	one per calendar year	0 days

92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	31	All	11, 21, 22, 49	26			No, but AUR and PSR process applies	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	01	183	22				No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	01	183	22	TC			No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	08	082	49				No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	08	082	49	TC			No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	18	180	11				No	per exam	one per calendar year	0 days

92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	18	180	11	TC		\$18.69	No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	18	180	11	26		\$16.31	No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	31	All	11			\$35.00	No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	31	All	11	TC		\$18.69	No	per exam	one per calendar year	0 days
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	31	All	11, 21, 22, 49	26		\$16.31	No, but AUR and PSR process applies	per exam	one per calendar year	0 days

92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	01	183	22			\$63.00	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	01	183	22	TC		\$34.09	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	08	082	49			\$63.00	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	08	082	49	TC		\$34.09	No	per exam	one per calendar year	0 days

92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	18	180	11			\$63.00	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	18	180	11	TC		\$34.09	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	18	180	11	26		\$28.91	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	31	All	11			\$63.00	No	per exam	one per calendar year	0 days

92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	31	All	11	TC		\$34.09	No	per exam	one per calendar year	0 days
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	31	All	11, 21, 22, 49	26		\$28.91	No, but AUR and PSR process applies	per exam	one per calendar year	0 days
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	01	016, 017	23			\$116.87	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	01	016, 017	23	TC		\$44.45	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	01	183	22			\$116.87	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	01	183	22	TC		\$44.45	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	08	082, 110	49			\$116.87	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	08	082	49	TC		\$44.45	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A

95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	31	All	11			\$116.87	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	31	All	11	TC		\$44.45	No	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	31	All	11, 21, 22, 23, 49	26		\$72.42	No, but AUR and PSR process applies	per procedure, extended monitoring; 61-119 minutes	once per day	N/A
A4624	Tracheal suction catheter, any type other than closed system, each	05	250	12			\$1.99	No	each	180 per month	N/A
A4624	Tracheal suction catheter, any type other than closed system, each	24	240, 241, 242, 243, 245	11, 12			\$1.99	No	each	180 per month	N/A
A4624	Tracheal suction catheter, any type other than closed system, each	25	250	11, 12			\$1.99	No	each	180 per month	N/A
A6206	Contact layer, sterile, 16 sq in or less, each dressing	05	250	12			\$0.99	No	each	four per calendar month	N/A
A6206	Contact layer, sterile, 16 sq in or less, each dressing	24	240, 241, 242, 243, 245	11, 12			\$0.99	No	each	four per calendar month	N/A
A6206	Contact layer, sterile, 16 sq in or less, each dressing	25	250	11, 12			\$0.99	No	each	four per calendar month	N/A
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	05	250	12			\$6.61	No	each	four per calendar month	N/A
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	24	240, 241, 242, 243, 245	11, 12			\$6.61	No	each	four per calendar month	N/A
A6207	Contact layer, sterile, more than 16 sq in but less than or equal to 48 sq in, each dressing	25	250	11, 12			\$6.61	No	each	four per calendar month	N/A
A6208	Contact layer, sterile, more than 48 sq in, each dressing	05	250	12			\$9.24	No	each	four per calendar month	N/A
A6208	Contact layer, sterile, more than 48 sq in, each dressing	24	240, 241, 242, 243, 245	11, 12			\$9.24	No	each	four per calendar month	N/A

A6208	Contact layer, sterile, more than 48 sq in, each dressing	25	250	11, 12			\$9.24	No	each	four per calendar month	N/A
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	05	250	12			\$6.75	No	each	30 per calendar month	N/A
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12			\$6.75	No	each	30 per calendar month	N/A
A6209	Foam dressing, wound cover, sterile, pad size 16 sq in or less, without adhesive border, each dressing	25	250	11, 12			\$6.75	No	each	30 per calendar month	N/A
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	05	250	12			\$17.94	No	each	30 per calendar month	N/A
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12			\$17.94	No	each	30 per calendar month	N/A
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	25	250	11, 12			\$17.94	No	each	30 per calendar month	N/A
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	05	250	12			\$26.46	No	each	30 per calendar month	N/A
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12			\$26.46	No	each	30 per calendar month	N/A
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq in, without adhesive border, each dressing	25	250	11, 12			\$26.46	No	each	30 per calendar month	N/A
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	05	250	12			\$8.74	No	each	30 per calendar month	N/A
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12			\$8.74	No	each	30 per calendar month	N/A
A6212	Foam dressing, wound cover, sterile, pad size 16 sq in or less, with any size adhesive border, each dressing	25	250	11, 12			\$8.74	No	each	30 per calendar month	N/A
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	05	250	12			\$11.60	No	each	30 per calendar month	N/A

A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12				\$11.60	No	each	30 per calendar month	N/A
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, with any size adhesive border, each dressing	25	250	11, 12				\$11.60	No	each	30 per calendar month	N/A
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	05	250	12				\$9.27	No	each	30 per calendar month	N/A
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	24	240. 241, 242, 243, 245	11, 12				\$9.27	No	each	30 per calendar month	N/A
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq in, with any size adhesive border, each dressing	25	250	11, 12				\$9.27	No	each	30 per calendar month	N/A
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	05	250	12				\$1.91	No	each	60 per month	N/A
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12				\$1.91	No	each	60 per month	N/A
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq in or less, without adhesive border, each dressing	25	250	11, 12				\$1.91	No	each	60 per month	N/A
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	05	250	12				\$2.17	No	each	60 per month	N/A
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12				\$2.17	No	each	60 per month	N/A
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	25	250	11, 12				\$2.17	No	each	60 per month	N/A

A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	05	250	12			\$3.25	No	each	60 per month	N/A
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	24	240, 241, 242, 243, 245	11, 12			\$3.25	No	each	60 per month	N/A
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq in, without adhesive border, each dressing	25	250	11, 12			\$3.25	No	each	60 per month	N/A
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	05	250	12			\$1.73	No	per linear yard	30 per calendar month	N/A
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	24	240, 241, 242, 243, 245	11, 12			\$1.73	No	per linear yard	30 per calendar month	N/A
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yd	25	250	11, 12			\$1.73	No	per linear yard	30 per calendar month	N/A
A7030	Full face mask used with positive airway pressure device, each	24	240, 241, 242, 243, 245	11, 12			\$150.91	No	each	one per 90 days	N/A
A7030	Full face mask used with positive airway pressure device, each	25	250	11, 12			\$150.91	No	each	one per 90 days	N/A
A7526	Tracheostomy tube collar/holder, each	24	240, 241, 242, 243, 245	11, 12			\$2.00	No	each	30 per calendar month	N/A
A7526	Tracheostomy tube collar/holder, each	25	250	11, 12			\$2.00	No	each	30 per calendar month	N/A
B9002	Enteral nutrition infusion pump, any type	24	240, 241, 242, 243, 245	11, 12	RR		\$80.00	No, but PA required after 3 months rental	each	one per month	N/A
B9002	Enteral nutrition infusion pump, any type	24	240, 241, 242, 243, 245	11, 12	NU		\$622.81	Yes	each	one per three calendar years	N/A

B9002	Enteral nutrition infusion pump, any type	25	250	11, 12	RR		\$80.00	No, but PA required after 3 months rental	each	one per month	N/A
B9002	Enteral nutrition infusion pump, any type	25	250	11, 12	NU		\$622.81	Yes	each	one per three calendar years	N/A
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	24	240, 241, 242, 243, 245	11, 12	RR		\$7.90	No, but PA required after 3 months rental	each	four per calendar month	N/A
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	24	240, 241, 242, 243, 245	11, 12	NU		\$78.86	Yes	each	four per 365 days	N/A
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	25	250	11, 12	RR		\$7.90	No, but PA required after 3 months rental	each	four per calendar month	N/A
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	25	250	11, 12	NU		\$78.86	Yes	each	four per 365 days	N/A
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	24	240, 241, 242, 243, 245	11, 12	NU		\$165.23	Yes	each	four per three years	N/A
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	25	250	11, 12	NU		\$165.23	Yes	each	four per three years	N/A
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT-50	\$105.74	No, but PA required after 3 months rental	each	two per calendar month	N/A
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	NU	RT-LT-50	\$725.00	Yes	each	per medical necessity	N/A

E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	25	250, 251, 252	11, 12	RR	RT-LT-50	\$105.74	No, but PA required after 3 months rental	each	two per calendar month	N/A
E1810	Dynamic adjustable knee extension/flexion device, includes soft interface material	25	250, 251, 252	11, 12	NU	RT-LT-50	\$725.00	Yes	each	per medical necessity	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	No	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	No	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	No	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	No	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	No	each	once per calendar month	N/A
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	25	250	11, 12	NU		\$190.26	No	each	one per calendar year	N/A
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	01	016, 017	23			\$28.07	No	per test	twice per day	N/A
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	01	183	22			\$28.07	No	per test	twice per day	N/A
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	28	280	81			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	01	016, 017	23			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	01	016, 017	23		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	01	183	22			\$28.07	No	per test	twice per day	N/A

U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	01	183	22		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	08	082	49			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	08	082	49		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	09	ALL	11			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	09	ALL	11		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	28	280	81			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	28	280	81		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	31	ALL	11			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	31	ALL	11		QW	\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	33	335	11			\$28.07	No	per test	twice per day	N/A
U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	33	335	11		QW	\$28.07	No	per test	twice per day	N/A