


ISSUE DATE August 26, 2022	EFFECTIVE DATE August 29, 2022	NUMBER 99-22-05
SUBJECT 2022 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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

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 2022 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations and prior authorization requirements. These changes are effective for dates of service on and after August 29, 2022.

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.

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2022 updates published by the Centers for Medicare & Medicaid Services (CMS) to the HCPCS. The Department is also adding other procedure codes and making changes to set

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>.

procedure codes currently on the MA Program Fee Schedule, to include setting limitations. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2022 HCPCS updates. These procedure codes may include the modifiers 80 (assistant surgeon), SG (ASC/SPU facility support component), RT (right), LT (left), 50 (bilateral) or 26 (professional component).

Procedure Codes and Modifiers				
01937	01938	01939	01940	01941
01942	63052	63052 (80)	63053	63053 (80)
66989 (SG)	66989 (RT)	66989 (LT)	66989 (50)	66991 (SG)
66991 (RT)	66991 (LT)	66991 (50)	68841 (SG)	68841 (RT)
68841 (LT)	68841 (50)	69716	69716 (SG)	69719
69719 (SG)	69726	69726 (SG)	69727	69727 (SG)
82653	83521	86015	86036	86037
86051	86052	86053	86231	86362
86363	86596	90626	90627	90671
90677	90759	93319	93593 (SG)	93593 (26)
93594 (SG)	93594 (26)	93595 (SG)	93595 (26)	93596 (SG)
93596 (26)	93597 (SG)	93597 (26)	93598 (26)	99424
99426	D3921	D3921 (SG)	D9947	D9948
D9949	G1028			

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon clinical review or provider request. These procedure codes may include modifiers SG, 26, TC (technical component) or NU (purchase).

Procedure Codes and Modifiers				
52441	52441 (SG)	52442	81415	81417
90587	93325	93325 (TC)	93325 (26)	95800
95800 (TC)	95800 (26)	0014M	B4105	D4346
D4346 (SG)	L8619 (NU)	L8692 (NU)	L8694	Q4186

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2022 HCPCS updates:

Procedure Codes				
01935	01936	21310	33470	33722
43850	43855	59135	63194	63195
63196	63198	63199	69715	69718
76101	76102	92561	92564	93530
93531	93532	93533	93561	93562
G2064	G2065			

No new authorizations will be issued for the procedure codes being end-dated on and after August 29, 2022. For any of the above procedure codes that had a prior authorization issued before August 29, 2022, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until August 29, 2023, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, pursuant to § 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):

Procedure Codes			
81415	81417	B4105	Q4186

The following dental procedure codes being added to the MA Program Fee Schedule require prior authorization, pursuant to § 443.6(b)(5) of the Code:

Procedure Codes	
D3921	D9947

The following prosthetic procedure code and modifier combinations being added to the MA Program Fee schedule require prior authorization, pursuant to § 443.6(b)(1) of the Code:

Procedure Codes and Modifiers		
L8619 (NU)	L8692 (NU)	L8694

Additional Procedure Code for Take-Home Supplies of Naloxone

The Department is adding G1028 as an additional add-on procedure code to the MA Program Fee Schedule to track the dispensing of take-home supplies of Naloxone by a provider. In order to identify when take-home supplies of Naloxone are dispensed, providers should use one of the three available add-on procedure codes in addition to one of the following procedure codes that are currently open on the MA Program Fee Schedule:

Procedure Codes for Use with Naloxone Add-on Procedure Codes				
99202	99203	99204	99205	99211
99212	99213	99214	99215	99281
99282	99283	99284	99285	T1015

The Department is opening Provider Type (PT)/Specialty (Spec)/ Place of Service (POS) combination 08 (Clinic)/110 (Psychiatric Outpatient Clinic)/49 (Independent Clinic) for procedure code G1028. In order to identify when take-home supplies of Naloxone are dispensed, providers with this PT/Spec/POS should use one of the three available add-on procedure codes in addition to one of the following procedure codes or procedure code and modifier combinations that are currently open on the MA Program Fee Schedule. These procedure codes may include the modifiers UB (pricing) or HK (Specialized Mental Health Program for High-Risk Population).

Procedure Codes for Use with Naloxone Add-on Procedure Codes				
90792	90832	90834	90837	90846 (UB)
90847 (UB)	90853 (UB)	90870	90875	96116
96121	96127	96130	96131	96132
96133	96136	96137	96160	99202
99203	99204	99205	99211	99212
99213	99214	99215	99241 (UB)	H0034
H0034 (HK)	H2010 (HK)			

The Department is opening PT/Spec/POS combination 08 (Clinic)/184 (Outpatient Drug and Alcohol)/57 (Non-Residential Substance Abuse Treatment Facility) for procedure code G1028. In order to identify when take-home supplies of Naloxone are dispensed, providers with this PT/Spec/POS should use one of the three available add-on procedure codes in addition to one of the following procedure codes or procedure code and modifier combinations that are currently open on the MA Program Fee Schedule. These procedure codes may include the modifiers UB, U7 (pricing), or HG (Opioid Addiction Treatment Program).

Procedure Codes				
90832	90834	90837	90847 (UB)	90853 (UB)
90875	96116	96121	96130	96131
96132	96133	96136	96137	99202
99203	99204	99204 (U7)	99205	99211
99212	99213	99214	99215	99215 (U7)
99241 (U7)	H0014 (HG)	H0034	T1015 (UB)	

The Department is also updating the procedure code description for procedure code G2215 as the national code description was changed with the annual update to include dosage units.

Procedure Code	Old Procedure Code Description	New Procedure Code Description
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physicians' Services

The Department is adding the RT, LT, and/or 50 modifiers, with or without the 80 modifier, for PT/Spec/POS combination 31 (Physician)/All/21 (Inpatient Hospital) for the following procedure codes as the procedures may be performed unilaterally or bilaterally, with or without an assistant surgeon:

Procedure Codes and Modifiers				
27078 (RT)	27078 (LT)	27078 (50)	27078 (80) (RT)	27078 (80) (LT)
27078 (80) (50)	27140 (RT)	27140 (LT)	27140 (50)	27140 (80) (RT)
27140 (80) (LT)	27140 (80) (50)	27147 (RT)	27147 (LT)	27147 (50)
27147 (80) (RT)	27147 (80) (LT)	27147 (80) (50)	27151 (RT)	27151 (LT)
27151 (50)	27151 (80) (RT)	27151 (80) (LT)	27151 (80) (50)	27226 (RT)
27226 (LT)	27226 (50)	27226 (80) (RT)	27226 (80) (LT)	27226 (80) (50)
27227 (RT)	27227 (LT)	27227 (50)	27227 (80) (RT)	27227 (80) (LT)
27227 (80) (50)	27228 (RT)	27228 (LT)	27228 (50)	27228 (80) (RT)
27228 (80) (LT)	27228 (80) (50)	27245 (RT)	27245 (LT)	27245 (50)
27245 (80) (RT)	27245 (80) (LT)	27245 (80) (50)	27405 (RT)	27405 (LT)
27405 (50)	27405 (80) (RT)	27405 (80) (LT)	27405 (80) (50)	27407 (RT)
27407 (LT)	27407 (50)	27407 (80) (RT)	27407 (80) (LT)	27407 (80) (50)
27507 (RT)	27507 (LT)	27507 (50)	27507 (80) (RT)	27507 (80) (LT)
27507 (80) (50)	27514 (RT)	27514 (LT)	27514 (50)	27514 (80) (RT)
27514 (80) (LT)	27514 (80) (50)	29826 (RT)	29826 (LT)	29826 (80) (RT)
29826 (80) (LT)	49491 (RT)	49491 (LT)	49491 (50)	49491 (80) (RT)
49491 (80) (LT)	49491 (80) (50)	49492 (RT)	49492 (LT)	49492 (50)
49492 (80) (RT)	49492 (80) (LT)	49492 (80) (50)	69535 (RT)	69535 (LT)
69535 (50)				

The Department is removing the 50 modifier for PT/Spec/POS combination 31/All/21 for surgical procedure code 32442 as clinical review has determined this procedure may not be performed bilaterally.

The Department is updating units and/or service limitations to the following surgical procedure codes as a result of clinical review:

Procedure Codes	Present Unit Limit	New Unit Limit	Present Limit	New Limit
29826	1:2	1:1	Twice per day	Once per day
49491	1:1	1:2	Once per day	Once per right side and once per left side, per day
49492	1:1	1:2	Once per day	Once per right side and once per left side, per day

The Department is making lifetime limit changes to the following surgical procedure codes as a result of clinical review:

Procedure Code	Present Lifetime Limit	New Lifetime Limit
30160	None	Once per lifetime
32442	2 per lifetime	Once per lifetime
44157	None	Once per lifetime
44158	None	Once per lifetime
45121	None	Once per lifetime
49250	None	Once per lifetime
51925	None	Once per lifetime
52649	None	Once per lifetime
55801	None	Once per lifetime
55821	2 per lifetime	Once per lifetime
69535	None	Once per right side and once per left side per lifetime

The Department is adding POS 12 (Home) for PT/Spec 09 (Certified Registered Nurse Practitioner)/All and 31/All for procedure code 99188. Additionally, the Department is changing the maximum age for this procedure code from age 4 to age 20.

The Department is end-dating PT/Spec/POS combinations 01(Inpatient Facility)/All/23 (Emergency Room) and 01/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital) for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services:

Procedure Codes		
27405	27407	27514
29826	30160	49492

The Department is end-dating POS 11 (Office), 23 (Emergency Room) and/or 99 (Special Treatment Room) for PT/Spec 31/All for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services:

Procedure Codes	End-Dated POS
27405	23, 99
27407	23, 99
27514	23, 99
29826	23, 99
30160	11, 23, 99

The Department is end-dating PT/Spec 27 (Dentist)/All for POS 11, 21, 22, 24 (Ambulatory Surgical Center (ASC)), and 49 for surgical procedure code 30160 and opening PT/Spec 27/272 (oral/maxillofacial surgeon) in POS 21 and 24 with and without modifier 80 as a result of clinical review.

The Department is removing modifier 80 for procedure code 69535 as a result of clinical review and the Department's determination that this procedure is not appropriate for an assistant surgeon.

Ambulatory Surgical Center/Short Procedure Unit (SPU) Services

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

Procedure Codes and Modifiers				
27078 (SG)	27140 (SG)	27147 (SG)	27151 (SG)	27226 (SG)
27227 (SG)	27228 (SG)	27245 (SG)	27507 (SG)	49492 (SG)

The Department is adding POS 24 for PT/Spec 31/All for the following procedure codes as a result of clinical review.

Procedure Codes				
27078	27140	27147	27151	27226
27227	27228	27245	27507	

The Department is adding the RT, LT, and/or 50 modifiers, with or without the 80 modifier, for PT/Spec/POS combination 31/All/24 for the following procedure codes as the procedures may be performed unilaterally or bilaterally, with or without an assistant surgeon:

Procedure Codes and Modifiers				
27078 (RT)	27078 (LT)	27078 (50)	27078 (80) (RT)	27078 (80) (LT)
27078 (80) (50)	27140 (RT)	27140 (LT)	27140 (50)	27140 (80) (RT)
27140 (80) (LT)	27140 (80) (50)	27147 (RT)	27147 (LT)	27147 (50)
27147 (80) (RT)	27147 (80) (LT)	27147 (80) (50)	27151 (RT)	27151 (LT)
27151 (50)	27151 (80) (RT)	27151 (80) (LT)	27151 (80) (50)	27226 (RT)
27226 (LT)	27226 (50)	27226 (80) (RT)	27226 (80) (LT)	27226 (80) (50)
27227 (RT)	27227 (LT)	27227 (50)	27227 (80) (RT)	27227 (80) (LT)
27227 (80) (50)	27228 (RT)	27228 (LT)	27228 (50)	27228 (80) (RT)
27228 (80) (LT)	27228 (80) (50)	27245 (RT)	27245 (LT)	27245 (50)
27245 (80) (RT)	27245 (80) (LT)	27245 (80) (50)	27405 (RT)	27405 (LT)
27405 (50)	27405 (80) (RT)	27405 (80) (LT)	27405 (80) (50)	27407 (RT)
27407 (LT)	27407 (50)	27407 (80) (RT)	27407 (80) (LT)	27407 (80) (50)
27507 (RT)	27507 (LT)	27507 (50)	27507 (80) (RT)	27507 (80) (LT)
27507 (80) (50)	27514 (RT)	27514 (LT)	27514 (50)	27514 (80) (RT)
27514 (80) (LT)	27514 (80) (50)	29826 (RT)	29826 (LT)	29826 (80) (RT)
29826 (80) (LT)	49491 (RT)	49491 (LT)	49491 (50)	49491 (80) (RT)
49491 (80) (LT)	49491 (80) (50)	49492 (RT)	49492 (LT)	49492 (50)
49492 (80) (RT)	49492 (80) (LT)	49492 (80) (50)		

The Department is end-dating PT/Spec/POS combinations 01/021/24 and/or 02 (ASC)/020 (ASC)/24 for procedure code 29826 with the SG modifier as these settings were determined to be clinically inappropriate for this service.

Clinic Services

The Department is end-dating PT/Spec/POS combination 08/All/49 for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services.

Procedure Codes		
27405	27407	27514
29286	30160	49492

Laboratory Services

The Department is adding the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) informational modifier to laboratory procedure code 87801, which CMS identifies as a CLIA waived test.

Procedure Code	PT/Spec/POS	Modifier
87801	01/16 (Emergency Room Arrangement 1)/23	QW
	01/17 (Emergency Room Arrangement 2)/23	QW
	01/183/22	QW
	28 (Laboratory)/280 (Independent Laboratory)/81 (Independent Laboratory)	QW

The Department is adding the following PT/Spec/POS combinations and modifiers, as indicated below, to laboratory procedure code 87801 on the MA Program Fee Schedule as a result of the latest tests listed by CMS as CLIA waived tests:

Procedure Code	PT/Spec/POS	Modifiers
87801	08/082(Independent Medical/Surgical Clinic)/49	No modifier and QW
	09/All/11	No modifier and QW
	10/100/11	No modifier and QW
	31/All/11	No modifier and QW
	33(Certified Nurse Midwife)/335(Certified Nurse Midwife)/11	No modifier and QW

For additional information, see MA Bulletin 01-12-67, "Clinical Laboratory Improvement Amendments Requirements," which may be viewed online at: https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/p_033918.pdf.

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 managed care organizations (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 the implementation of the 2022 HCPCS updates, effective August 29, 2022. 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 postoperative 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>.

NOTE: Provider type 10, specialty100 (physician assistant) is included because physician assistants can be identified as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled “Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants”.
<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf>

ATTACHMENT:

2022 HCPCS and Other Procedure Code Updates, Effective August 29, 2022

99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	01	183	02, 22			\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	08	082	02, 49			\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	09	All	02, 11, 12			\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	10	100	02, 11, 12			\$30.90	No	per procedure	once per calendar month	N/A

99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of	31	All	02, 11, 12			\$30.90	No	per procedure	once per calendar month	N/A
D3921	decoronation or submergence of an erupted tooth; Intentional removal of coronal tooth structure for preservation of the root and surrounding bone	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D3921	decoronation or submergence of an erupted tooth; Intentional removal of coronal tooth structure for preservation of the root and surrounding bone	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D3921	decoronation or submergence of an erupted tooth; Intentional removal of coronal tooth structure for preservation of the root and surrounding bone	27	All	11, 21, 24			\$210.00	Yes	per tooth	one per tooth per day	N/A
D9947	custom sleep apnea appliance fabrication and placement	27	All	11, 12, 31, 32			\$2,410.00	Yes	per appliance	one per lifetime	N/A
D9948	adjustment of custom sleep apnea appliance	27	All	11, 12, 31, 32			\$50.00	No	per procedure	once per day at least 180 days post placement	N/A
D9949	repair of custom sleep apnea appliance	27	All	11, 12, 31, 32			\$100.00	No	per procedure	once per day at least 180 days post placement	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	01	016, 017	23			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	01	183	22			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	082	49			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	110	49			\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A

G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	08	184	57				\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	09	All	11				\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	10	100	11				\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	31	All	11				\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
G1028	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure	33	335	11				\$0.00	No	per supply of nasal naloxone	one per 30 days	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUEST OR CLINICAL REVIEW												
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	02	020	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	31	All	21, 24				\$164.15	No, but AUR and PSR process applies	per procedure	once per day	0 days
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	31	All	21, 24				\$39.50	No, but AUR and PSR process applies	per procedure	once per day	0 days
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	01	183	22				\$3,824.00	Yes	per test	once per lifetime	N/A
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	28	280	81				\$3,824.00	Yes	per test	once per lifetime	N/A
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	01	183	22				\$256.00	Yes	per test	per medical necessity	N/A

81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	28	280	81			\$256.00	Yes	per test	per medical necessity	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	01	183	22			\$10.00	No	per administration	once per day	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	08	082	49			\$10.00	No	per administration	once per day	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	09	All	11, 12			\$10.00	No	per administration	once per day	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	10	100	11, 12			\$10.00	No	per administration	once per day	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	31	All	11, 12			\$10.00	No	per administration	once per day	N/A
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	33	335	11,12			\$10.00	No	per administration	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	01	016, 017	23			\$18.58	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	01	016, 017	23	TC		\$16.12	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	01	183	22			\$18.58	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	01	183	22	TC		\$16.12	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	08	082	49			\$18.58	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	08	082	49	TC		\$16.12	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	31	All	11			\$18.58	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	31	All	11	TC		\$16.12	No	per procedure	once per day	N/A
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	31	All	11, 21, 22, 23, 49	26		\$2.46	No, but AUR and PSR process applies	per procedure	once per day	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	01	183	22			\$124.61	No	per procedure	2 of any combination of sleep studies per 365 days	N/A

95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	01	183	22	TC		\$92.03	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12			\$124.61	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12	TC		\$92.03	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12, 22	26		\$32.58	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	01	183	22			\$140.95	No	per test	once per day	N/A
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	28	280	81			\$140.95	No	per test	once per day	N/A
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	24	240, 241, 242, 243, 245	11, 12			\$240.07	Yes	each	60 per month	N/A
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	25	250	11, 12			\$240.07	Yes	each	60 per month	N/A
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures.	27	All	11, 12, 21, 24, 31, 32			\$43.20	No, but AUR and PSR process applies	per procedure	three per year	N/A
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32	NU		\$7,038.31	Yes	each	1 per 5 calendar years	N/A
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	25	250, 251, 252	11, 12, 21, 31, 32	NU		\$7,038.31	Yes	each	1 per 5 calendar years	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32	NU		\$3,953.96	Yes	each	1 per 5 calendar years	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	25	250, 251, 252	11, 12, 21, 31, 32	NU		\$3,953.96	Yes	each	1 per 5 calendar years	N/A
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$779.47	Yes	each	1 per 5 calendar years	N/A
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	25	250, 251, 252	11, 12, 21, 31, 32			\$779.47	Yes	each	1 per 5 calendar years	N/A
Q4186	Epifix, per sq cm	24	240, 241, 242, 243, 245	11, 12			\$242.96	Yes	per square centimeter	100 square centimeters per day	N/A
Q4186	Epifix, per sq cm	25	250	11, 12			\$242.96	Yes	per square centimeter	100 square centimeters per day	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2022 UPDATES OR BY CLINICAL REVIEW											
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	31	All	21, 24		RT-LT-50	\$749.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	31	All	21, 24	80	RT-LT-50	\$150.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	31	All	21, 24		RT-LT-50	\$336.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	31	All	21, 24	80	RT-LT-50	\$67.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	31	All	21, 24		RT-LT-50	\$758.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	31	All	21, 24	80	RT-LT-50	\$151.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	31	All	21, 24		RT-LT-50	\$758.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	31	All	21, 24	80	RT-LT-50	\$151.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	31	All	21, 24		RT-LT-50		\$819.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	31	All	21, 24	80	RT-LT-50		\$163.80	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	31	All	21, 24		RT-LT-50		\$819.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	31	All	21, 24	80	RT-LT-50		\$163.80	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	31	All	21, 24		RT-LT-50		\$889.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	31	All	21, 24	80	RT-LT-50		\$177.80	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A

27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	31	All	21, 24		RT-LT-50	\$749.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	31	All	21, 24	80	RT-LT-50	\$149.80	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	31	All	21, 24		RT-LT-50	\$444.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	31	All	21, 24	80	RT-LT-50	\$88.90	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	31	All	21, 24		RT-LT-50	\$395.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	31	All	21, 24	80	RT-LT-50	\$79.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	31	All	21, 24		RT-LT-50	\$851.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	31	All	21, 24	80	RT-LT-50	\$170.20	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	31	All	21, 24		RT-LT-50	\$505.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	31	All	21, 24	80	RT-LT-50	\$101.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	31	All	21, 24		RT-LT	\$543.50	No, but AUR and PSR process applies	per procedure	once per day	0 days
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	31	All	21, 24	80	RT-LT	\$108.70	No, but AUR and PSR process applies	per procedure	once per day	0 days
30160	Rhinectomy; total	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

30160	Rhinectomy; total	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
30160	Rhinectomy; total	27	272	21, 24			\$695.25	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
30160	Rhinectomy; total	27	272	21, 24	80		\$111.24	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
30160	Rhinectomy; total	31	All	21, 24			\$695.25	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
30160	Rhinectomy; total	31	All	21, 24	80		\$111.24	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	31	All	21		RT-LT	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	31	All	21	80	RT-LT	\$200.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	31	319	21			\$1,000.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	31	319	21	80		\$160.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	31	319	21			\$1,000.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days

44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	31	319	21	80			\$160.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	31	All	21				\$1,000.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	31	All	21	80			\$200.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	02	020	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	31	All	21, 24				\$353.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	01	021	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	02	020	24	SG			\$776.00	No, but AUR and PSR process applies		N/A	N/A
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	31	All	21, 24		RT-LT-50		\$499.63	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	31	All	21, 24	80	RT-LT-50		\$99.93	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	31	All	21, 24		RT-LT-50	\$572.75	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	31	All	21, 24	80	RT-LT-50	\$114.55	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
51925	Closure of vesicouterine fistula; with hysterectomy	31	All	21			\$621.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
51925	Closure of vesicouterine fistula; with hysterectomy	31	All	21	80		\$124.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	31	319, 343	21, 24			\$751.67	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	31	All	21			\$621.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days

55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	31	All	21	80		\$124.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	31	All	21			\$621.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	31	All	21	80		\$124.00	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
69535	Resection temporal bone, external approach	31	All	21		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
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	01	016, 017	23			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	01	016, 017	23		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	01	183	22			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	01	183	22		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	08	082	49			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	08	082	49		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	09	All	11			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	09	All	11		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	10	100	11			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	10	100	11		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	28	280	81			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	28	280	81		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	31	All	11			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	31	All	11		QW	\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	33	335	11			\$38.80	No	per test	once per day	N/A
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique	33	335	11		QW	\$38.80	No	per test	once per day	N/A

99188	Application of topical fluoride varnish by a physician or other qualified health care professional	09	All	02, 11, 12, 99			\$18.00	No	per application	4 per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	10	100	02, 11, 12, 99			\$18.00	No	per application	4 per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	31	All	02, 11, 12, 99			\$18.00	No	per application	4 per calendar year	N/A