

MEDICAL ASSISTANCE BULLETIN

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EFFECTIVE DATE

September 5, 2023

NUMBER

99-23-09

SUBJECT

2023 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes BY

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Office of Medical Assistance Programs

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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 advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule as a result of the 2023 Healthcare Common Procedure Coding System (HCPCS) 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, making fee adjustments, and prior authorization requirements. These changes are effective for dates of service on and after September 5, 2023.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to MA beneficiaries 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 the 2023 updates published by the Centers for Medicare & Medicaid Services to the HCPCS. The 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 making fee

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.

adjustments. 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 2023 HCPCS updates. These procedure codes may include the modifiers 80 (assistant surgeon), SG (ASC/SPU facility support component), TC (technical component), 26 (professional component), NU (purchase), or RR (rental).

	Procedure Codes and Modifiers				
15778	15778 (80)	30469	30469 (SG)	49591	
49591 (SG)	49591 (80)	49592	49592 (SG)	49592 (80)	
49593	49593 (SG)	49593 (80)	49594	49594 (SG)	
49594 (80)	49595	49595 (SG)	49595 (80)	49596	
49596 (80)	49613	49613 (SG)	49613 (80)	49614	
49614 (SG)	49614 (80)	49615	49615 (SG)	49615 (80)	
49616	49616 (80)	49617	49617 (80)	49618	
49618 (80)	49621	49621 (80)	49622	49622 (80)	
49623	49623 (80)	55867	55867 (80)	76883	
76883 (TC)	76883 (26)	81449	81456	84433	
87467	87468	87469	87478	87484	
93569	93573	93574	93575	A4239	
D0372	D0373	D0374	D7509	D7509 (SG)	
D9953	E0183 (NU)	E0183 (RR)	E2103 (NU)	E2103 (RR)	

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 FP (family planning) SG, 26, TC, RR or NU.

Procedure Codes and Modifiers				
55874	55874 (SG)	81445	81450	81455
87563	87563 (FP)	92136	92136 (TC)	92136 (26)
99473	A4238	A4453	A4459	A4663
A4670	D4342	D4342 (SG)	E0766 (RR)	E2102 (NU)
E2102 (RR)	K0455 (NU)	K0455 (RR)		

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2023 HCPCS updates:

		Procedure Codes	3	
49560	49561	49565	49566	49568
49570	49572	49580	49582	49585
49587	49590	49652	49653	49654
49655	49656	49657	99217	99218
99219	99220	99224	99225	99226
99241	99251	99318	99324	99325
99326	99327	99328	99334	99335
99336	99337	99343	K0553	K0554

No new authorizations will be issued for the procedure codes being end-dated on and after September 5, 2023. For any of the above procedure codes that had a prior authorization issued before September 5, 2023, 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 September 5, 2024, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule will require prior authorization, as authorized under Section 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		
84433	A4453	A4459

The following dental procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization, as authorized under Section 443.6(b)(5) of the Code:

Procedure Codes and Modifiers	
D4342	D4342 (SG)

The following durable medical equipment procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization. Procedure codes with the NU modifier require prior authorization for purchase, pursuant to Section 443.6(b)(2) of the Code and procedure codes with the RR modifier require prior authorization

after three months of rental pursuant to Section 443.6(b)(3) of the Code.

Procedure Codes and Modifiers			
E0183 (NU)	E0183 (RR)	K0455 (NU)	K0455 (RR)

The Department will require prior authorization for procedure code and modifier combination E0766 (RR) being added to the MA Program Fee Schedule with the first month's rental, as authorized under Section 443.6(b)(3) of the Code.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is updating the unit and service limitation to the following evaluation and management (E&M) procedure code as a result of clinical review and National Correct Coding Initiative edits as indicated below:

Procedure Code	Present Unit Limit	New Unit Limit	Present Limit	New Limit
99292	1:46	1:8	46 per day	8 per day

Application of Topical Fluoride Varnish

The Department is updating the service limitation for procedure code 99188 from "4 per calendar year" to "6 per calendar year" as a result of clinical review.

Laboratory Services

The Department is adjusting the MA Program fee for the following laboratory procedure code as 55 Pa. Code §1150.62(a) (relating to payment levels) requires that no MA fee exceed the Medicare Upper Payment Limit.

Procedure	Description	Current	New
Code		Fee	Fee
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$93.14	\$45.63

Durable Medical Equipment and Medical Supplies

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

Procedure Code	Present Unit Limit	New Unit Limit	Present Service Limit	New Service Limit
A4224	1:1	1:5	Once per week	5 per calendar month
A4351	1:30	1:200	30 per 30 days	Any combination of A4351, A4352, A4353;
A4352	1:30	1:200	30 per 30 days	200 Intermittent
A4353	1:30	1:200	30 per 30 days	Catheter per calendar month

The Department is adjusting the MA Program fees as identified below for the following medical supply procedure codes based on clinical review and provider request:

Procedure Code	Description	Current Fee	New Fee
A4224	Supplies for maintenance of insulin infusion catheter, per week	\$18.12	\$21.58
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.73	\$1.83
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$1.99	\$6.83
A4353	Intermittent urinary catheter, with insertion supplies	\$5.40	\$7.44
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	\$0.56	\$3.70

The Department is end-dating the U7 pricing modifier for medical supply procedure code A4353 as a result of clinical review as there is only one fee for this procedure code, so the pricing modifier is no longer necessary.

Dental Services

The Department will no longer require procedure codes D1310 and D1330 be billed together as a result of clinical review. Each procedure can now be billed separately.

The Department is updating the service limitation to include a lifetime limit for the following dental procedure code as a result of clinical review:

Procedure Code	Present Limit	New Limit
D1354	1 per tooth per day, maximum of 10 teeth per day, 4 times	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per
	per tooth per year	year, 6 times per tooth per lifetime

The Department is end-dating the following PT/Spec/Place of Service (POS) combinations, as indicated below, from dental procedure code D1354 with and without the SG modifier as these settings were determined to be clinically inappropriate for this service:

Procedure Code	End-dated PT/Spec/POS
D1354 (SG)	01 (Inpatient Hospital)/021 (Short Procedure Unit)/24 (Ambulatory
	Surgical Center)
	02 (Ambulatory Surgical Center)/020 (Ambulatory Surgical Center)/24
D1354	27 (Dentist)/All/21 (Inpatient Hospital)
	27/AII/24

The Department is updating the unit limitation to the following dental procedure code as a result of clinical review:

Procedure Code	Present Unit Limit	New Unit Limit
D4341	1:4	1:2

The Department is updating the service limitations to the following dental procedure codes as a result of clinical review:

Procedure Code	Present Limit	New Limit
D1110	Any combination of D1110, D1120,	1 per 180 days
D1120	D4346, D4910, for routine	1 per 180 days
D4346	prophylaxis and periodontal	1 per 180 days
D4910	maintenance, totaling 3 per year.	1 per 90 days

Fetal Non-Stress Test

The Department is adding POS 12 (Home) with modifier 26 for procedure code 59025 for PT/Spec combinations 31 (Physician)/All and 33 (Certified Nurse Midwife)/335 (Certified Nurse Midwife) as the Department determined this setting is appropriate for the performance of this service.

Telehealth – All Provider Types

The Department is adding POS 10 (Telehealth Provided in a Patient's Home) for the following procedure codes and procedure code and modifier combinations for all PT/Spec combinations as the Department determined telehealth is appropriate for the performance of these services. These procedure codes may include modifiers FP, GN (speech pathology), HD (pregnant/parenting women's program), HQ (group therapy), TC, TJ (Childhood Nutrition Weight Management Services), TM (School-Based ACCESS Program), UA (audiology), UB (pricing), U3 (pricing), U4 (pricing), U5 (pricing), U6 (pricing), U7, U8 (pricing), U9 (pricing), 24

(unrelated E&M service by the same physician or other qualified health care professional during a postoperative period), 25 (significant, separate identifiable E&M service by the same physician or other qualified health care professional on the same day of the procedure or other service), 26, 27(multiple outpatient hospital E&M encounters on the same date), 57(decision for surgery).

Proc	edure Codes and Modific	ers with the Addition of	POS 10
77427	90791 (U3) (TM)	90791 (U4) (TM)	90832 (U3) (TM)
90853 (U3) (TM)	92002	92002 (24)	92002 (25)
92002 (27)	92002 (57)	92004	92004 (24)
92004 (25)	92004 (27)	92004 (57)	92012
92012 (24)	92012 (25)	92012 (27)	92012 (57)
92014	92014 (24)	92014 (25)	92014 (27)
92014 (57)	92507	92507 (U3) (TM)	92507 (U4) (TM) (UA)
92507 (U9) (TM) (HQ)	92507 (UB) (TM) (GN)	92508	92508 (U3) (TM)
92521 (U9)	92522 (U9)	92523 (U9)	92523 (U3) (TM)
92523 (U4) (TM) (GN)	92523 (U5) (TM)	92523 (U6) (TM)	92524 (U9)
92526	92550	92552	92553
92555	92556	92557	92563
92565	92567	92568	92570
92587	92587 (TC)	92587 (26)	92588
92588 (TC)	92588 (26)	92601	92602
92603	92604	92610	92625
92625 (52)	92626	92627	94002
94003	94004 (U7)	94664	95970
95971	95972	95983	95984
96040	96040 (24)	96040 (25)	96040 (27)
96040 (57)	96105	96105 (TC)	96105 (26)
96110	96112	96113	96125
96127	96130	96131	96132
96133	96136	96137	96156 (TJ)
96156 (U5) (TJ)	96156 (U3) (TM)	96156 (U4) (TM)	96158 (U3) (TJ)
96159 (U3) (TJ)	96160	96160 (FP)	96161
96164 (TJ)	96165 (TJ)	96167 (TJ)	96168 (TJ)
97110	97110 (U3) (TM)	97110 (U8) (TM) (HQ)	97112
97116	97129	97130	97161 (U8)
97162 (U8)	97162 (U3) (TM)	97163 (U8)	97164 (U8)
97164 (U3) (TM)	97165 (U8)	97166 (U8)	97166 (U3) (TM)
97167 (U8)	97168 (U8)	97168 (U3) (TM)	97530
97530 (U7)	97530 (U3) (TM)	97530 (U8) (TM) (HQ)	97550
97755	99188	G0108	G0109
G9016 (HD)	H0004 (U8) (HD)	H0004 (U9) (HD)	H0031 (U3) (TM)
H0031 (U4) (TM)	H0046 (U3) (TM)	H0046 (U7) (TM)	H0046 (U7) (TM) (HQ)
H1002 (HD)	H2027 (TM) (HQ)	H2027 (U3) (TM)	S9152
S9152 (U3) (TM)	S9152 (U4) (TM)	S9436 (HD)	S9437 (HD)
S9444 (HD)	S9451 (HD)	S9470 (U3) (TJ)	S9470 (U7) (HD)
T1023	T1023 (U3) (TM)	D0140	D1206
D1310	D1320	D1330	

The Department is end-dating the POS 02 (Telehealth Provided Other than in a Patient's Home) for all provider types for the following procedure codes and procedure code and modifier combinations as the Department determined that telehealth is not appropriate for these services. These procedure codes may include modifiers TC, TM, U1 (pricing), U3, U7, 22 (increased procedural services), 52 (incomplete EPSDT screen), 26:

	Proced	ure Codes and Mo	odifiers	
90993 (U7)	90993 (U7) (22)	92630	92633	93224
93226	93227	93228	93268	93270
93271	93272	93278	93278 (TC)	93278 (26)
93292	93292 (TC)	93292 (26)	93293	93293 (TC)
93293 (26)	93294	93295	93296	93297
93298	93724	93724 (TC)	93724 (26)	93750
94010	94010 (TC)	94010 (26)	94060	94060 (TC)
94060 (26)	94150	94150 (TC)	94150 (26)	94200
94200 (TC)	94200 (26)	94375	94375 (TC)	94375 (26)
94642	94644	94645	94660	94662
94680	94680 (TC)	94680 (26)	94681	94681 (TC)
94681 (26)	94690	94690 (TC)	94690 (26)	94726
94726 (TC)	94726 (26)	94727	94727 (TC)	94727 (26)
94728	94728 (TC)	94728 (26)	94729	94729 (TC)
94729 (26)	94760	94761	94772	94777
95004	95017	95018	95024	95027
95028	95044	95070	95076	95079
95115	95117	95165	95180	95250
95251	95782	95782 (TC)	95782 (26)	95783
95783 (TC)	95783 (26)	95805	95805 (TC)	95805 (26)
95807	95807 (TC)	95807 (26)	95808	95808 (TC)
95808 (26)	95810	95810 (TC)	95810 (26)	95811
95811 (TC)	95811 (26)	95812	95812 (TC)	95812 (26)
95813	95813 (TC)	95813 (26)	95816	95816 (TC)
95816 (26)	95819	95819 (TC)	95819 (26)	95822
96110 (U1)	96161 (52)	97533 (U3) (TM)	99172 (U3) (TM)	99172 (U4) (TM)
99173	99490	99491	99499	G2066
S0618	T1002 (U3) (TM)			

The Department is end-dating the GT (telemedicine) modifier for the following procedure codes, as a result of the addition of POS 02 and POS 10 to indicate the use of telehealth, for services that the Department has determined are appropriate for delivery via telehealth:

Procedure Codes									
90791 90832 90853 92521 92522									
92523	92524	97161	97162	97163					
97164	97165	97166	97167	97168					
S9152									

Service Limits

The MA Program established service limits for some of these procedure codes. When a provider determines a MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at: https://www.dhs.pa.gov/providers/PROMISe Guides/Pages/PROMISe-Handbooks.aspx.

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 2023 HCPCS updates, effective September 5, 2023. 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. The 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.

ATTACHMENT:

2023 HCPCS and Other Procedure Code Updates, Effective September 5, 2023

Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs

2023 HCPCS and Other Procedure Code Updates, Effective September 5, 2023

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2023 HCPCS updates. The second section includes the procedure codes being added based on provider requests or clinical review. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2023 HCPCS updates and by clinical review. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

	each procedure code is a description of the service, modifiers,		autnorizati	on requirements,			perative days	associated with that o	loue.		T
Procedure		Provider			Pricing	Info					Post op
Code	Description	Туре	Specialty	Place of Service	Modifier	Modifier	MA Fee	Prior Auth	MA units	Limits	days
	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s)										
	(ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or						_	No, but AUR and PSR			
15778	trauma	31	ALL	21			\$301.02	process applies	per procedure	once per day	0 days
	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s)										
	(ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or							No, but AUR and PSR			
15778	trauma	31	ALL	21	80		\$48.16		per procedure	once per day	0 days
	Repair of nasal valve collapse with low energy, temperature-controlled (ie,							No, but AUR and PSR			
30469	radiofrequency) subcutaneous/submucosal remodeling	01	021	24	SG		\$776.00	process applies		N/A	N/A
	Repair of nasal valve collapse with low energy, temperature-controlled (ie,							No, but AUR and PSR			
30469	radiofrequency) subcutaneous/submucosal remodeling	02	020	24	SG		\$776.00	process applies		N/A	N/A
	Repair of nasal valve collapse with low energy, temperature-controlled (ie,							No, but AUR and PSR			
30469	radiofrequency) subcutaneous/submucosal remodeling	31	ALL	21, 24, 99			\$117.49	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49591	less than 3 cm, reducible	01	021	24	SG		\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49591	less than 3 cm, reducible	02	020	24	SG		\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49591	less than 3 cm, reducible	31	ALL	21, 24			\$267.76	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49591	less than 3 cm, reducible	31	ALL	21, 24	80		\$42.84	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49592	less than 3 cm, incarcerated or strangulated	01	021	24	SG		\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49592	less than 3 cm, incarcerated or strangulated	02	020	24	SG		\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,										
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including										
	implantation of mesh or other prosthesis when performed, total length of defect(s);							No, but AUR and PSR			
49592	less than 3 cm, incarcerated or strangulated	31	ALL	21, 24			\$372.76	process applies	per procedure	once per day	0 days

	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49592	less than 3 cm, incarcerated or strangulated	31	ALL	21, 24	80	\$59.64	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49593	cm to 10 cm, reducible	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49593	cm to 10 cm, reducible	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49593	cm to 10 cm, reducible	31	ALL	21, 24		\$449.09	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49593	cm to 10 cm, reducible	31	ALL	21, 24	80	\$71.85	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49594	cm to 10 cm, incarcerated or strangulated	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49594	cm to 10 cm, incarcerated or strangulated	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49594	cm to 10 cm, incarcerated or strangulated	31	ALL	21, 24		\$584.82	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49594	cm to 10 cm, incarcerated or strangulated	31	ALL	21, 24	80	\$93.57	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49595	greater than 10 cm, reducible	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49595	greater than 10 cm, reducible	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49595	greater than 10 cm, reducible	31	ALL	21, 24		\$603.87	process applies	per procedure	once per day	0 days

	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49595	greater than 10 cm, reducible	31	ALL	21, 24	80	\$96.62	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,				i i					
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49596	greater than 10 cm, incarcerated or strangulated	31	ALL	21		\$802.14	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,								·	
	spigelian), any approach (ie, open, laparoscopic, robotic), initial, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49596	greater than 10 cm, incarcerated or strangulated	31	ALL	21	80	\$128.34	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									,
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49613	less than 3 cm, reducible	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,								·	,
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49613	less than 3 cm, reducible	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,					·			·	,
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49613	less than 3 cm, reducible	31	ALL	21, 24		\$330.12	1 -	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,			•					. ,	,
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49613	less than 3 cm, reducible	31	ALL	21, 24	80	\$52.82		per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,				i i					
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49614	less than 3 cm, incarcerated or strangulated	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,				i i					
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49614	less than 3 cm, incarcerated or strangulated	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49614	less than 3 cm, incarcerated or strangulated	31	ALL	21, 24		\$448.06	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49614	less than 3 cm, incarcerated or strangulated	31	ALL	21, 24	80	\$71.69	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49615	cm to 10 cm, reducible	01	021	24	SG	\$776.00	process applies	<u> </u>	N/A	N/A

	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,		I I		 	T	I	I I		1
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including						No. but ALID and DCD			
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3					4	No, but AUR and PSR			
49615	cm to 10 cm, reducible	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49615	cm to 10 cm, reducible	31	ALL	21, 24		\$501.14	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49615	cm to 10 cm, reducible	31	ALL	21, 24	80	\$80.18	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49616	cm to 10 cm, incarcerated or strangulated	31	ALL	21		\$673.24	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s); 3						No, but AUR and PSR			
49616	cm to 10 cm, incarcerated or strangulated	31	ALL	21	80	\$107.72	process applies	per procedure	once per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,								. ,	<i>'</i>
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49617	greater than 10 cm, reducible	31	ALL	21		\$693.59		per procedure	once per day	0 days
13017	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,		7.22		1	γουσιου	process applies	po. p. 0000.0.	ones per day	o days
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49617	greater than 10 cm, reducible	31	ALL	21	80	\$110.97		per procedure	once per day	0 days
43017	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,	31	ALL	21	1 00	7110.57	ргоссээ аррпсэ	per procedure	once per day	o days
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including									
	implantation of mesh or other prosthesis when performed, total length of defect(s);						No, but AUR and PSR			
49618	greater than 10 cm, incarcerated or strangulated	31	ALL	21		\$972.07	· ·	per procedure	once per day	0 days
49018	<u> </u>	31	ALL	21	 	\$972.07	process applies	per procedure	office per day	0 days
	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical,									
	spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including						No. but ALID and DCD			
40640	implantation of mesh or other prosthesis when performed, total length of defect(s);	24		24	00	6455 53	No, but AUR and PSR			0 davia
49618	greater than 10 cm, incarcerated or strangulated	31	ALL	21	80	\$155.53	process applies	per procedure	once per day	0 days
	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or						Na hou AUD out DOD			
40.504	recurrent, including implantation of mesh or other prosthesis, when performed;	2.4	,,.	•		4=0.4.05	No, but AUR and PSR			
49621	reducible	31	ALL	21	 	\$581.98	process applies	per procedure	once per day	0 days
	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or									
	recurrent, including implantation of mesh or other prosthesis, when performed;					 	No, but AUR and PSR		_	_
49621	reducible	31	ALL	21	80	\$93.12	process applies	per procedure	once per day	0 days
	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or									
	recurrent, including implantation of mesh or other prosthesis, when performed;						No, but AUR and PSR			
49622	incarcerated or strangulated	31	ALL	21		\$718.35	process applies	per procedure	once per day	0 days
	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or									
	recurrent, including implantation of mesh or other prosthesis, when performed;						No, but AUR and PSR			
49622	incarcerated or strangulated	31	ALL	21	80	\$114.94	process applies	per procedure	once per day	0 days

	Demonstrated on manufacted many infected manufactures at the size of		I	I	<u> </u>		T	1	Ι	
	Removal of total or near total non-infected mesh or other prosthesis at the time of									
	initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any									
	approach (ie, open, laparoscopic, robotic) (List separately in addition to code for						No, but AUR and PSF	1		
49623	primary procedure)	31	ALL	21, 24		\$154.	process applies	per procedure	once per day	0 days
	Removal of total or near total non-infected mesh or other prosthesis at the time of									
	initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any									
	approach (ie, open, laparoscopic, robotic) (List separately in addition to code for						No, but AUR and PSF	R		
49623	primary procedure)	31	ALL	21, 24	80	\$24.7	9 process applies	per procedure	once per day	0 days
	Laparoscopy, surgical prostatectomy, simple subtotal (including control of									
	postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation,						No, but AUR and PSF	R		
55867	and internal urethrotomy), includes robotic assistance, when performed	31	ALL	21		\$815.	process applies	per procedure	once per day	90 days
	Laparoscopy, surgical prostatectomy, simple subtotal (including control of									
	postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation,						No, but AUR and PSF	R		
55867	and internal urethrotomy), includes robotic assistance, when performed	31	ALL	21	80	\$130.	process applies	per procedure	once per day	90 days
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	01	016, 017	23		\$56.5	3 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	01	016, 017	23	TC	\$11.1	2 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	01	183	22		\$56.5	3 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	,
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	01	183	22	TC	\$11.1	2 No	per procedure		N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	,
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	08	082	49		\$56.5	3 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	,
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	08	082	49	TC	\$11.1	2 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic								once per	,
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	31	ALL	11		\$56.5	3 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic					75515			once per	
	course in one extremity, comprehensive, including real-time cine imaging with image								extremity per	
76883	documentation, per extremity	31	ALL	11	TC	\$11.1	2 No	per procedure	day	N/A
	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic		† · · · -			+-213			once per	1.7.
	course in one extremity, comprehensive, including real-time cine imaging with image			11, 21, 22, 23,			No, but AUR and PSF	<u> </u>	extremity per	
76883	documentation, per extremity	31	ALL	49	26	\$45.4		per procedure	day	N/A
	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg,		† · · · · ·	-		+ 131	,		,	1.7.
	ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR,									
	PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or									
81449	rearrangements, if performed; RNA analysis	01	183	22		\$478.	No No	per test	once per day	N/A
	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg,		1			\$.75 .		1. 2. 2.2.		
	ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR,									
	PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or									
81449	rearrangements, if performed; RNA analysis	28	280	81		\$478.	No No	per test	once per day	N/A
			1 -00			7170.	- 1	PS: 1001	2 per day	,,,

	<u>, </u>									
	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm									
	or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR,									
	ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS,									
	PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and									
	copy number variants or rearrangements, or isoform expression or mRNA expression									
81456	levels, if performed; RNA analysis	01	183	22		\$2,335.68	No	per test	once per day	N/A
	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm									
	or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR,									
	ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS,									
	PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and									
	copy number variants or rearrangements, or isoform expression or mRNA expression									
81456	levels, if performed; RNA analysis	28	280	81		\$2,335.68	No	per test	once per day	N/A
	, , ,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		'	per medical	,
84433	Thiopurine S-methyltransferase (TPMT)	01	183	22		\$17.74	Yes	per test	necessity	N/A
0.100	· · · · · · · · · · · · · · · · · · ·		 		+ +	Ψ=7.7.		par sace	per medical	,
84433	Thiopurine S-methyltransferase (TPMT)	28	280	81		\$17.74	Yes	per test	necessity	N/A
04433	Infectious agent antigen detection by immunoassay technique, (eg, enzyme		200	01		Ψ±7.74	103	per test	Hecessity	14/71
	immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or									
87467	semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	01	016, 017	23		\$12.04	No	per test	once per day	N/A
87407	Infectious agent antigen detection by immunoassay technique, (eg, enzyme	UI	010, 017	23	+ +	\$12.04	INO	per test	office per day	IN/A
	immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence									
07467	immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or	0.4	100	22		612.04	Ma			N1 / A
87467	semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	01	183	22	+	\$12.04	No	per test	once per day	N/A
	Infectious agent antigen detection by immunoassay technique, (eg, enzyme									
	immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or									
87467	semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	28	280	81		\$12.04	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma									
87468	phagocytophilum, amplified probe technique	01	016, 017	23		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma									
87468	phagocytophilum, amplified probe technique	01	183	22		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma									
87468	phagocytophilum, amplified probe technique	28	280	81		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified									
87469	probe technique	01	016, 017	23		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified									
87469	probe technique	01	183	22		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified									
87469	probe technique	28	280	81		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi,									
87478	amplified probe technique	01	016, 017	23		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi,				† †					
87478	amplified probe technique	01	183	22		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi,		† †			-				
87478	amplified probe technique	28	280	81		\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis,		1	-	† †	, 23.3.	-	,	1 22,	, -
87484	amplified probe technique	01	016, 017	23		\$28.07	No	per test	once per day	N/A
5	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis,		,		† †	7-5.57		F = 1000		7.
87484	amplified probe technique	01	183	22		\$28.07	No	per test	once per day	N/A
0,404	apea probe teerinique	01	1 100		1	720.07	110	per test	Since per day	14/7

	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis,		1 1							
87484	amplified probe technique	28	280	81		\$28.07	No	per test	once per day	N/A
87484	Injection procedure during cardiac catheterization including imaging supervision,	20	200	01		\$20.07	110	pertest	once per day	IN/ A
	interpretation, and report; for selective pulmonary arterial angiography, unilateral						No, but AUR and PSR	,		
93569	(List separately in addition to code for primary procedure)	31	ALL	21, 24, 99		\$29.45	process applies	per procedure	once per day	N/A
93309	Injection procedure during cardiac catheterization including imaging supervision,	31	ALL	21, 24, 33		\$29.45	ргосезз аррпез	per procedure	once per day	IN/A
	interpretation, and report; for selective pulmonary arterial angiography, bilateral (List						No, but AUR and PSR	,		
02572		21	,,,	21 24 00		¢40.00	·	per procedure	onco por day	NI/A
93573	separately in addition to code for primary procedure)	31	ALL	21, 24, 99		\$49.08	process applies	per procedure	once per day	N/A
	Injection procedure during cardiac catheterization including imaging supervision,									
	interpretation, and report; for selective pulmonary venous angiography of each						No but ALID and DCD			
02574	distinct pulmonary vein during cardiac catheterization (List separately in addition to	24	,	24 24 00		65444	No, but AUR and PSR		£	21/2
93574	code for primary procedure)	31	ALL	21, 24, 99		\$54.14	process applies	per procedure	four per day	N/A
	Injection procedure during cardiac catheterization including imaging supervision,									
	interpretation, and report; for selective pulmonary angiography of major									
	aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic									
	branches, during cardiac catheterization for congenital heart defects, each distinct						No, but AUR and PSR			
93575	vessel (List separately in addition to code for primary procedure)	31	ALL	21, 24, 99		\$72.43	process applies	per procedure	once per day	N/A
			240, 241,							
	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor		242, 243,					per month	one per 30	
A4239	(cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	24	245	11, 12		\$204.01	No	supply	days	N/A
	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor							per month		
A4239	(cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	25	250	11, 12		\$204.01	No	supply	one per 30 days	N/A
	intraoral tomosynthesis - comprehensive series of radiographic images; A									
	radiographic survey of the whole mouth intended to display the crowns and roots of								one series per	
	all teeth, periapical areas, interproximal areas and alveolar bone including edentulous								five years per	
D0372	areas.	27	ALL	11, 12, 31, 32		\$45.00	No	per series	patient	N/A
									four images per	
D0373	intraoral tomosynthesis - bitewing radiographic image	27	ALL	11, 12, 31, 32		\$8.00	No	per image	day	N/A
									11 images per	
D0374	intraoral tomosynthesis - periapical radiographic image	27	ALL	11, 12, 31, 32		\$8.00	No	per image	day	N/A
	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion						No, but AUR and PSR	R		
D7509	by creating a long-term open pocket or pouch.	01	021	24	SG	\$776.00	process applies		N/A	N/A
	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion						No, but AUR and PSR	R		
D7509	by creating a long-term open pocket or pouch.	02	020	24	SG	\$776.00	process applies		N/A	N/A
	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion						No, but AUR and PSR	R	two lesions per	·
D7509	by creating a long-term open pocket or pouch.	27	ALL	11, 21, 24		\$40.00	process applies	per lesion	day	N/A
									one procedure	
									per appliance	
									per two years	
									at least 180	
1	reline custom sleep apnea appliance (indirect); Resurface dentition side of appliance								days post	
D9953	with new soft or hard base material as required to restore original form and function.	27	ALL	11, 12, 31, 32		\$100.00	No	per procedure	placement.	N/A
33333	The second secon		240, 241,	,,,		7100.00	No, but PA required	<u> </u>	p20	. 47.1
	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy		242, 243,				after 3 months		one per	
E0183	duty	24	245	11, 12	RR	\$16.81	rental	each	calendar month	N/A
	11	4 7	240, 241,	,	1111	710.01	Terreur		one per 1095	14/73
	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy		242, 243,						days (three	
E0183	duty	24	245	11, 12	NU	\$168.00	Yes	each	years)	N/A
50103	lanci	44	273	11, 14	NO	7100.00	1 103	Lacii	ycursj	11/7

			1		1		No, but PA required			
	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy						after 3 months		one per	
E0183	duty	25	250	11, 12	RR	\$16.81	rental	each	calendar month	N/A
	,			,					one per 1095	· ·
	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy								days (three	
E0183	duty	25	250	11, 12	NU	\$168.00	Yes	each	years)	N/A
			240, 241,	· · · · · · · · · · · · · · · · · · ·						•
			242, 243,						one per	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	24	245	11, 12	RR	\$20.25	No	each	calendar month	N/A
			240, 241,							
			242, 243,						one per three	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	24	245	11, 12	NU	\$202.48	No	each	calendar years	N/A
									one per	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	25	250	11, 12	RR	\$20.25	No	each	calendar month	N/A
									one per three	
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	25	250	11, 12	NU	\$202.48	No	each	calendar years	N/A
	CODES BEING ADDE	D BASED I	JPON PROVI	DER REQUEST	OR CLINICAL	. REVIEW				
	Transperineal placement of biodegradable material, peri-prostatic, single or multiple						No, but AUR and PSF	R		
55874	injection(s), including image guidance, when performed	01	021	24	SG	\$776.00	process applies		N/A	N/A
	Transperineal placement of biodegradable material, peri-prostatic, single or multiple						No, but AUR and PSF	R		
55874	injection(s), including image guidance, when performed	02	020	24	SG	\$776.00	process applies		N/A	N/A
	Transperineal placement of biodegradable material, peri-prostatic, single or multiple						No, but AUR and PSF			
55874	injection(s), including image guidance, when performed	31	ALL	21, 24		\$127.45	process applies	per procedure	once per day	0 days
	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg,									
	ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR,									
04.445	PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or					40.00			.	
81445	rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	01	183	22		\$478.33	No	per test	once per day	N/A
	Toward and an arrival and arrival and arrival and arrival arri									
	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg,									
	ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or									
81445	rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	28	280	81		\$478.33	No	nor tost	once per day	NI/A
61443	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-	20	200	01	1	\$476.55	INO	per test	office per day	N/A
	50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL,									
	NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number									
1	INALIANTS OF TEATTAINED MENTS OF ISOTORM DANIAGEING OF MAKIN DANIAGEING IN		1 1	22	1	\$607.62	No	per test	once per day	N/A
81 <i>4</i> 50	variants or rearrangements, or isoform expression or mRNA expression levels, if	Ω1	102	,,						11/74
81450	performed; DNA analysis or combined DNA and RNA analysis	01	183	22		\$607.62	INO	per test	once per day	•
81450	performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-	01	183	22		\$607.62	No	per test	office per day	•
81450	performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5- 50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL,	01	183	22		\$607.62	No	per test	once per day	·
81450	performed; DNA analysis or combined DNA and RNA analysis Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-	01	183	22		\$607.62	No	pertest	once per day	·

	T						_	ı	1		
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	01	183	22			\$2,335.68	No	per test	once per day	N/A
04455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression	20	200	04			62 225 CO	N			
81455	levels, if performed; DNA analysis or combined DNA and RNA analysis	28	280	81			\$2,335.68	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium,										
87563	amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium,										
87563	amplified probe technique	01	183	22		FP	\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium,										,
87563	amplified probe technique	08	083	22, 49		FP	\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium,										,
87563	amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium,										
87563	amplified probe technique	28	280	81		FP	\$28.07	No	per test	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										
92136	calculation	01	183	22			\$36.39	No	per procedure	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										,
92136	calculation	01	183	22	TC		\$12.90	No	per procedure	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										,
92136	calculation	80	082	49			\$36.39	No	per procedure	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										,
92136	calculation	08	082	49	TC		\$12.90	No	per procedure	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										
92136	calculation	18	180	11			\$36.39	No	per procedure	once per day	N/A
	Ophthalmic biometry by partial coherence interferometry with intraocular lens power										
92136	calculation	18	180	11	TC		\$12.90	No	per procedure	once per day	N/A
03436	Ophthalmic biometry by partial coherence interferometry with intraocular lens power	40	400		2.5		422 :2				
92136	calculation	18	180	11	26		\$23.49	No	per procedure	once per day	N/A
03436	Ophthalmic biometry by partial coherence interferometry with intraocular lens power	24		44			626.22	NI-			N1 / A
92136	Calculation	31	ALL	11			\$36.39	No	per procedure	once per day	N/A
02126	Ophthalmic biometry by partial coherence interferometry with intraocular lens power	24		11			¢12.00	No	nor procedure	onco por dos:	NI/A
92136	calculation Ophthalmic biometry by partial coherence interferometry with intraocular lens power	31	ALL	11	TC		\$12.90	No No, but AUR and PSR	per procedure	once per day	N/A
92136	calculation	31	ALL	11 21 22 40	26		\$23.49	· ·		once per day	NI/A
32130	Self-measured blood pressure using a device validated for clinical accuracy; patient	31	ALL	11, 21, 22, 49	20		ş23.49	process applies	per procedure	once per day	N/A
99473	education/training and device calibration	01	183	22			\$9.61	No	ner procedure	once per device	N/A
334/3	Self-measured blood pressure using a device validated for clinical accuracy; patient	01	103	22			79.01	INU	per procedure	once per device	11/74
99473	education/training and device calibration	08	082	49			\$9.61	No	ner procedure	once per device	N/A
33473	caacation/ training and acvice calibration	UO	002	43			75.01	INU	Thei bioceanie	once per device	11/74

	·		- I							
	Self-measured blood pressure using a device validated for clinical accuracy; patient					4				
99473	education/training and device calibration	09	ALL	11, 12		\$9.61	No	per procedure	once per device	N/A
	Self-measured blood pressure using a device validated for clinical accuracy; patient									
99473	education/training and device calibration	10	100	11, 12		\$9.61	No	per procedure	once per device	N/A
	Self-measured blood pressure using a device validated for clinical accuracy; patient									
99473	education/training and device calibration	31	ALL	11, 12		\$9.61	No	per procedure	once per device	N/A
	Self-measured blood pressure using a device validated for clinical accuracy; patient									
99473	education/training and device calibration	33	335	11, 12		\$9.61	No	per procedure	once per device	N/A
			240, 241,							
	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (cgm),		242, 243,					per monthly		
A4238	includes all supplies and accessories, 1 month supply = 1 unit of service	24	245	11, 12		\$209.56	No	supply	one per 30 days	N/A
	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (cgm),							per monthly		-
A4238	includes all supplies and accessories, 1 month supply = 1 unit of service	25	250	11, 12		\$209.56	No	supply	one per 30 days	N/A
			240, 241,	•						•
	Rectal catheter for use with the manual pump-operated enema system, replacement		242, 243,						30 per calendar	
A4453	only	24	245	11, 12		\$19.07	Yes	each	month	N/A
711133			1 2.5	11, 12		ψ13.07	163			14,71
	Rectal catheter for use with the manual pump-operated enema system, replacement								30 per calendar	
A4453	only	25	250	11, 12		\$19.07	Yes	each	month	N/A
A4433	Office	23	240, 241,	11, 12		\$19.07	163	eacii	month	IN/A
	Manual pump-operated enema system, includes balloon, catheter and all accessories,		240, 241,							
A44F0		24		11 12		¢204.75	Vos	oo sh	ana nar 00 days	N1 / A
A4459	reusable, any type	24	245	11, 12		\$204.75	Yes	each	one per 90 days	N/A
4.450	Manual pump-operated enema system, includes balloon, catheter and all accessories,	25	250	44.40		4204.75				21/2
A4459	reusable, any type	25	250	11, 12		\$204.75	Yes	each	one per 90 days	N/A
			240, 241,							
			242, 243,						one per three	_
A4663	Blood pressure cuff only	24	245	11, 12		\$27.20	No	each	calendar years	N/A
									one per three	
A4663	Blood pressure cuff only	25	250	11, 12		\$27.20	No	each	calendar years	N/A
									one per three	
A4663	Blood pressure cuff only	31	ALL	11		\$27.20	No	each	calendar years	N/A
			240, 241,							
			242, 243,						one per three	
A4670	Automatic blood pressure monitor	24	245	11, 12		\$73.88	No	each	calendar years	N/A
									one per three	
A4670	Automatic blood pressure monitor	25	250	11, 12		\$73.88	No	each	calendar years	N/A
									one per three	
A4670	Automatic blood pressure monitor	31	ALL	11		\$73.88	No	each	calendar years	N/A
	periodontal scaling and root planing - one to three teeth per quadrant; This									
	procedure involves instrumentation of the crown and root surfaces of the teeth to									
	remove plaque and calculus from these surfaces. It is indicated for patients with									
	periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the									
	definitive procedure designed for the removal of cementum and dentin that is rough,									
	and/or permeated by calculus or contaminated with toxins or microorganisms. Some									
	soft tissue removal occurs. This procedure may be used as a definitive treatment in									
	some stages of periodontal disease and/or as a part of pre-surgical procedures in									
D4342	others.	01	021	24	SG	\$776.00	Yes		N/A	N/A
D434Z	Outers.	01	021	24	30	٧//٥.٥٥	1 162		13/ 🗥	11/74

procedure improves instrumentation of the cown and root surfaces of the teeth to remove plague and calculus from these surfaces. It is indicated for patients with periodoctal disease and is therapoute, cet prophylicity. In nature. Root planning to the definitive procedure diseaged for the removal of centerium and dentificity that is rough, and/or permanetal by calculator contaminated with toxins or incidenge interestinated with toxins or incidenge procedure size and toxins or incidenge and centerium and dentificity. The procedure region toxins is indicated for patients with periodoctral disease and to the procedure region and centerium and dentificity. The procedure region and centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificity is a secondary or the procedure of the centerium and dentificities and procedure of the centerium and dentificities and procedure of the centerium and dentificities and procedure of the centerium and dentificities is indicated for patients with procedure of the centerium and dentificities is indicated for patients with procedure of the centerium and dentificities is indicated for patients with procedure of the centerium and dentificities is indicated for patients with procedure of the centerium and dentificities is indicated for patients with proce		periodontal scaling and root planing - one to three teeth per quadrant; This										
periodicular discover and is therespecially, except prophylactic, in nature. Root planings to the definitive procedure designed for the removal of cententum and dentils that is rough, unarried periodicular discover and/or as a part of pre-surgical procedure is not state and an analysis. The procedure may be used as a definitive treatment in some stages of periodicular discover and/or as a part of pre-surgical procedure; in the procedure may be used as a definitive treatment in some stages of periodicular discover and/or as a part of pre-surgical procedure; in the procedure is not because the procedure is not treatment in some stages of periodicular discover and/or as a part of pre-surgical procedure; in the procedure is not because the procedure is not because the procedure is not because the procedure designed for the removal of dementation and dentil that is rough, and/or periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one stages of periodicular discover and/or as a part of pre-surgical procedure; in one surgical pro		procedure involves instrumentation of the crown and root surfaces of the teeth to										
and/or permeeted by calculus or contaminated with footins or microorganisms. Some both tissues removal cours. This procedure may be used as a definited for the text of the crown to make stages of periodontal discose and/or as a part of pre-surgical procedures in content and the procedure involves instrumentation of the crown and root surfaces of the text to denote player and Lacitus from these surfaces. It is indicated for perfective the procedure involves instrumentation of the crown and root surfaces of the text to denote player and Lacitus from these surfaces. It is indicated for perfective with the procedure involves instrumentation of the crown and root surfaces of the text to denote player and Lacitus from these surfaces. It is indicated for perfective with the procedure involves instrumentation of the crown and root surfaces and the provided as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures in cone stages of periodontal disease and/or as a part of pre-surgical procedures		·										
soft issue removal occurs. This procedure may be used as a definitive treatment in others. DA342 others. DA345 others. DA346 others. DA34		,										
some stages of periodontal disease and/or as a part of pre-surgical procedures in Q2												
Open		·										
procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with general part of presenting and contain that is rough, and/or permetted by calculus or contaminated with toxins or microorganisms. Some soft its unique of the containing and definite that is rough, and/or permetted by calculus or contaminated with toxins or microorganisms. Some soft its unique of the containing and definite that is rough, and/or permetted by calculus or contaminated with toxins or microorganisms. Some strages of periodontal disease and/or as a part of pre-surgical procedures in some stages of periodontal disease and/or as a part of pre-surgical procedures in some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical procedures in other some stages of periodontal disease and/or as a part of pre-surgical p	D4342		02	020	24	SG		\$776.00	Yes		N/A	N/A
remove plaque and calculus from these surfaces. It is indicated for patients with periodonal disease and is therapeutic, not prophylactic, in nation congraisms. Some and/or periodonal disease and is therapeutic, not prophylactic, in nation congraisms. Some soft tissue removal occurs. This procedure designed for the removal of cementum and dentit that is rough, and/or periodonal disease and/or as a part of pre-urgical procedure in some stages of periodonal disease and/or as a part of pre-urgical procedure in some stages of periodonal disease and/or as a part of pre-urgical procedure in some stages of periodonal disease and/or as a part of pre-urgical procedure in some stages of periodonal disease and/or as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for as a part of pre-urgical procedure in some stages of periodonal disease and for some												
periodonal disease and is therapeutic, not prophylectic, in nature. Root planing is the definitive procedure designed for the remorphy to contaminated with toxins or microorganisms. Some soft issue removal occurs. This procedure may be used as a definitive remaining to the same stages of periodonal disease and/or as a part of pre-surgical procedures in some stages of periodonal disease and/or as a part of pre-surgical procedures in 27 ALL 31.32 SP ST2.89 Yes per procedure months N/A different quadrants are moval occurs. This procedure may be used as a definitive remaining to the same stages of periodonal disease and/or as a part of pre-surgical procedures in 27 ALL 31.32 SP ST2.89 Yes per procedure months N/A with first months and the same stages of periodonal disease and/or as a part of pre-surgical procedures in 24 240, 241, 3.2 SP ST2.89 Yes per procedure months N/A with first months and the same stages of periodonal disease and/or as a part of pre-surgical procedures in 24 240, 241, 3.2 SP ST2.89 Yes per procedure months N/A with first months and the same stages of periodonal disease and/or as a part of pre-surgical procedures in 24 240, 241, 3.2 SP ST2.231.55 (ental. each calendar month N/A with first months and the same stages of periodonal disease and/or as a part of pre-surgical procedures in 24 240, 241, 3.2 SP ST2.231.55 (ental. each calendar month N/A with first months and the same stages of periodonal disease and/or as a part of pre-surgical procedures and surgical procedures and s												
definitive procedure designed for the removal of camentum and definith that is rough, and/or permented by calculus or contaminated with toxins or microorganisms, some stages of periodontal disease and/or as a part of pre-surgical procedures in some stages of periodontal disease and/or as a part of pre-surgical procedures in 27 ALL 31, 32 FX ST2.89 Yes per procedure months N/A 14, 11, 12,		·									one four	
and/or permetate by calculus or contaminated with toxins or microorganisms. Some stages of periodontal disease and/or as a part of pre-surgical procedures in some stages of periodontal disease and/or as a part of pre-surgical procedures in 24 ALL 11, 12, 21, 24, 12, 24, 24, 24, 24, 24, 24, 24, 24, 24, 2												
soft tissue removal occurs. This procedure may be used as a definitive treatment in surface stages of periodontal disease and/or as a part of pre-surgical procedures in others. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories, any type. Electrical stimulation device used for cancer treatment, includes all accessories,											1 ' ' 1	
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Electrical stimulation device used for cancer treatment, includes all accessories, any type 24									•			
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Electrical stimulation device used for cancer treatment, includes all accessories, any per properties of the proposed of the p	L0700	type	24	243	11, 12	KK		712,231.33		Cacii	calendar month	IN/A
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Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 240, 241, 242, 243, 242, 243, 245 11, 12 RR \$239.52 rental each calendar month N/A Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 24 245 11, 12 RR \$239.52 rental each calendar month N/A 240, 241, 242, 243, 242, 243, 242, 243, 242, 243, 244, 245 11, 12 NU \$2,863.67 Yes each calendar years N/A Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 25 250 11, 12 RR \$239.52 rental each calendar years N/A Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 25 250 11, 12 RR \$239.52 rental each calendar years N/A Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 25 250 11, 12 RR \$239.52 rental each calendar month N/A Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 25 250 11, 12 RR \$239.52 rental each calendar years N/A No, but PA required after 3 months one per three each calendar years N/A PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW	F2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	25	250	11, 12	NU		\$153.71	No	each		N/A
K0455 epoprostenol or treprostinol) 24 245 11, 12 RR \$239.52 rental each calendar month N/A 240, 241,		regardered, resumplianted contained grades member (early or reserve.			11, 12			ψ13017 I			careriaar yeare	,,,
Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) 240, 241, 242, 243, 245 11, 12 NU \$2,863.67 Yes each calendar years N/A		Infusion pump used for uninterrupted parenteral administration of medication, (e.g.,		242, 243,					after 3 months		one per	
Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol) No, but PA required after 3 months epoprostenol or treprostinol)	K0455	epoprostenol or treprostinol)	24		11, 12	RR		\$239.52	rental	each	calendar month	N/A
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Infusion pump used for uninterrupted parenteral administration of medication, (e.g., K0455 epoprostenol or treprostinol) Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Epoprostenol or treprostinol) Example 1, 12	KUNEE		24		11 12	NILI		\$2 862 67	Vac	aach	· ·	NI/A
Infusion pump used for uninterrupted parenteral administration of medication, (e.g., K0455 epoprostenol or treprostinol) Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Epoprostenol or treprostinol) Example 1, 12	1/0433	epoprosterior or treprostinory	24	243	11, 12	INU	+	72,003.07		Cacil	calendar years	IN/A
K0455 epoprostenol or treprostinol) Infusion pump used for uninterrupted parenteral administration of medication, (e.g., K0455 epoprostenol or treprostinol) PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW RR \$239.52 rental each calendar month N/A One per three calendar month N/A N/A PROCEDURE SUBJECT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW		Infusion pump used for uninterrupted parenteral administration of medication, (e.g.,									one per	
K0455 epoprostenol or treprostinol) 25 250 11, 12 NU \$2,863.67 Yes each calendar years N/A PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW	K0455		25	250	11, 12	RR		\$239.52		each		N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW											· ·	
	K0455				·	<u> </u>				1	calendar years	N/A
59025 Fetal non-stress test 01 016, 017 23 \$17.50 No per test once per day N/A	59025	Fetal non-stress test PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEIN		ED AS A RES 016, 017	23	LEMENTIN	G OF THE 202	\$17.50	No No	per test	once per day	N/A

	T ₋ .						4			т . т	
59025	Fetal non-stress test	01	016, 017	23	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	01	183	22			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	01	183	22	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	08	082	49			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	08	052	49	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	12	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	15	26	U2	\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	15		U2	\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	31	316	11			\$17.50	No	per test	once per day	N/A
		24	246	21, 22, 23, 49,	26						
59025	Fetal non-stress test	31	316	99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	318	11			\$17.50	No	per test	once per day	N/A
		2.1	242	21, 22, 23, 49,	2.5						
59025	Fetal non-stress test	31	318	99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	328	11			\$17.50	No	per test	once per day	N/A
				21, 22, 23, 49,							
59025	Fetal non-stress test	31	328	99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	11			\$17.50	No	per test	once per day	N/A
33323				12, 21, 22, 23,			Ψ=7.00				
59025	Fetal non-stress test	33	335	49, 99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	15	26	U2	\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	15	20	02	\$17.50	No	per test	once per day	N/A
33023	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis;	33	333	13			717.50	110	pertest	once per	14//
81243	evaluation to detect abnormal (eg, expanded) alleles	01	183	22			\$45.63	Yes	per test	lifetime	N/A
01243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis;	01	103	22			\$45.05	163	pertest	1	IN/A
81243	evaluation to detect abnormal (eg, expanded) alleles	28	280	81			\$45.63	Yes	nor tost	once per lifetime	N/A
81243		28	280				\$45.03	res	per test		IN/A
00100	Application of topical fluoride varnish by a physician or other qualified health care	00		02, 10, 11, 12,			640.00	NI -	per	six per calendar	N1/A
99188	professional	09	ALL	99			\$18.00	No	application	year	N/A
00400	Application of topical fluoride varnish by a physician or other qualified health care	00		45		112	640.00	NI.	per	six per calendar	
99188	professional	09	ALL	15		U2	\$18.00	No	application	year	N/A
00400	Application of topical fluoride varnish by a physician or other qualified health care			02, 10, 11, 12,			440.00			six per calendar	
99188	professional	10	100	99			\$18.00	No	application	year	N/A
	Application of topical fluoride varnish by a physician or other qualified health care						4		per	six per calendar	
99188	professional	10	100	15		U2	\$18.00	No	application	year	N/A
	Application of topical fluoride varnish by a physician or other qualified health care			02, 10, 11, 12,					per	six per calendar	
99188	professional	31	ALL	99			\$18.00	No	application	year	N/A
	Application of topical fluoride varnish by a physician or other qualified health care								per	six per calendar	
99188	professional	31	ALL	15		U2	\$18.00	No	application	year	N/A
	Critical care, evaluation and management of the critically ill or critically injured										
	patient; each additional 30 minutes (List separately in addition to code for primary								per 30		
99292	service)	01	017	23			\$74.40	No	minutes	eight per day	N/A
	Critical care, evaluation and management of the critically ill or critically injured										
	patient; each additional 30 minutes (List separately in addition to code for primary								per 30		
99292	service)	31	ALL	21, 23			\$74.40	No	minutes	eight per day	N/A
	Critical care, evaluation and management of the critically ill or critically injured										
	patient; each additional 30 minutes (List separately in addition to code for primary								per 30		
99292	service)	31	ALL	21, 23	TH		\$74.40	No	minutes	eight per day	N/A
									per week	five per	
A4224	Supplies for maintenance of insulin infusion catheter, per week	05	250	12			\$21.58	No	supply	calendar month	N/A
				1					<u> </u>		

			240, 241,							
			242, 243,					per week	five per	
A4224	Supplies for maintenance of insulin infusion catheter, per week	24	245	11, 12		\$21.58	No	supply	calendar month	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	25	250	11, 12		\$21.58	No	per week supply	five per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	05	250	12		\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	24	240, 241, 242, 243, 245	11, 12		\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	25	250	11, 12		\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	05	250	12		\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	24	240, 241, 242, 243, 245	11, 12		\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	25	250	11, 12		\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4353	Intermittent urinary catheter, with insertion supplies	05	250	12		\$7.44	No	each	200 intermittent urinary catheters per calendar month	N/A

		I	240, 241,						200 intermittent urinary	
	J	,	242, 243,	1			1	f J	catheters per	.
A4353	Intermittent urinary catheter, with insertion supplies	24	245	11, 12	<u> </u>	\$7.44	No	each	calendar month	N/A
									200 intermittent urinary catheters per	
A4353	Intermittent urinary catheter, with insertion supplies	25	250	11, 12		\$7.44	No		calendar month	N/A
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	05	250	12		\$3.70	No	each	60 per 30 days	N/A
		, I	240, 241, 242, 243,							1
	Skin barrier; solid, 4 x 4 or equivalent; each	24	245	11, 12		\$3.70	No	-	60 per 30 days	N/A
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	25	250	11, 12		\$3.70	No	each	60 per 30 days	N/A
	limited oral evaluation - problem focused; An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures									1
	separately. Definitive procedures may be required on the same date as the	,	·	02, 10,			1	f J	one oral	.
	evaluation. Typically, patients receiving this type of evaluation present with a specific	,	·	11, 12, 21, 23,			No, but AUR and PSR	1	evaluation per	,
D0140	problem and/or dental emergencies, trauma, acute infections, etc.	27	ALL	31, 32, 99		\$55.22	process applies	per visit	day	N/A
				02, 10, 11, 12, 21, 24,			No, but AUR and PSR	·	six procedures per calendar	1
D1206	topical application of fluoride varnish	27	ALL	31, 32, 99		\$18.00	process applies	per procedure	year	N/A
	nutritional counseling for control of dental disease; Counseling on food selection and			02, 10, 11, 12, 31, 32,					one per 180	
D1310	dietary habits as a part of treatment and control of periodontal disease and caries.	27	ALL	99		\$10.87	No	per visit	days	N/A
	tobacco counseling for the control and prevention of oral disease; Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.	27	370	02, 10, 11, 12, 31, 32, 99		\$19.33	No	per visit	one per day, 70 per calendar year	N/A
D1330	oral hygiene instructions; This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.	27	ALL	02, 10, 11, 12, 31, 32, 99		\$11.08	No	per visit	one per 180 days	N/A
	application of caries arresting medicament-per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or			11, 12, 31, 32,		107.00			one per tooth per day; maximum of ten teeth per day; four times per tooth per year; six times per tooth per	
D1354	inhibiting medicament and without mechanical removal of sound tooth structure.	27	ALL	99		\$25.00	No	per tooth	lifetime.	N/A

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D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	01	021	24	SG	\$776.00	Yes		N/A	N/A
D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	02	020	24	SG	\$776.00	Yes		N/A	N/A
D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	27	ALL	11, 12, 21, 24, 31, 32		\$75.00	Yes	per procedure	one - two quadrants per day; up to four different quadrants in 24 months	N/A
D4341	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	perprocedure	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 supraand 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

	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supraand 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			11, 12, 21, 24,			No, but AUR and PSR		one per 180	
D4346	and root planing, or debridement procedures	27	ALL	31, 32		\$43.20	process applies	per procedure	days	N/A
	periodontal maintenance; This procedure is instituted following periodontal therapy									
	and continues at varying intervals, determined by the clinical evaluation of the									
	dentist, for the life of the dentition or any implant replacements. It includes removal									,
	of the bacterial plaque and calculus from supragingival and subgingival regions, site									
	specific scaling and root planing where indicated, and polishing the teeth. If new or									
	recurring periodontal disease appears, additional diagnostic and treatment			11, 12, 21, 24,						,
D4910	procedures must be considered.	27	ALL	31, 32		\$44.00	Yes	per procedure	one per 90 days	N/A