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SUBJECT 2019 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments and Other Procedure Code Changes	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

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

PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule, including changes resulting from the implementation of the 2019 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Human Services (Department) is adding and end-dating other procedure codes, as well as setting limitations and prior authorization requirements. These changes are effective for dates of service on and after August 19, 2019.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service (FFS) delivery system. Providers rendering services in the MA managed care delivery system should address any coding or billing questions to the appropriate managed care organization (MCO).

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2019 updates published by the Centers for Medicare & Medicaid Services (CMS) to the HCPCS. The Department is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, including fee 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 code and modifier combinations to the MA Program Fee Schedule as a result of the 2019 HCPCS updates:

Procedure Codes and Modifiers				
10004	10005	10005 (SG)	10006	10007
10007 (SG)	10008	10009	10009 (SG)	10010
10011	10012	11102	11102 (SG)	11103
11104	11104 (SG)	11105	11106	11106 (SG)
11107	27369 (RT)	27369 (LT)	27369 (50)	33285
33285 (SG)	33286	33286 (SG)	36572	36572 (SG)
36573	36573 (SG)	38531 (SG)	38531 (RT)	38531 (LT)
38531 (50)	43762	43763	43763 (SG)	50436 (SG)
50436 (RT)	50436 (LT)	50436 (50)	50437 (SG)	50437 (RT)
50437 (LT)	50437 (50)	77046	77046 (TC)	77046 (26)
77047	77047 (TC)	77047 (26)	77048	77048 (TC)
77048 (26)	77049	77049 (TC)	77049 (26)	81163
81164	81165	81166	81167	81329
81336	81337	81596	83722	92273
92273 (TC)	92273 (26)	92274	92274 (TC)	92274 (26)
95976	95977	95983	95984	96112
96113	96121	96130	96131	96132
96133	99491	0509T	0509T (TC)	0509T (26)
A5514 (RT)	A5514 (LT)	A5514 (50)	D1516	D1516 (SG)
D1517	D1517 (SG)	V5171	V5172	V5181
V5211	V5212	V5213	V5214	V5215
V5221				

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

Procedure Codes and Modifiers				
22853	22853 (80)	81015	81162	81528
82542	91200	91200 (TC)	91200 (26)	99484
99492	99493	99494	A4333	A4398
A4399	A4432	A4433	D0140	D1320
E0277 (NU)	E0277 (RR)	E0986 (NU)	E0986 (RR)	E1012 (NU)
E1012 (RR)				

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2019 HCPCS updates:

Procedure Codes					
10022	11100	11101	20005	27370	31595
33282	33284	41500	46762	50395	61332
61480	61610	61612	64508	66220	76001
77058	77059	78270	78271	78272	81211
81213	81214	92275	95974	95975	95978
95979	96101	96111	96118	96119	D1515
K0903	V5170	V5180	V5210	V5220	

No new authorizations will be issued for the procedure codes being end-dated on and after August 19, 2019. For any of the above procedure codes that had a prior authorization issued before August 19, 2019, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until August 19, 2020, for those services that were previously prior authorized.

For additional information regarding dental procedure codes, see MA Bulletin 27-19-08 titled, "Medical Assistance Program Dental Fee Schedule Update," effective August 19, 2019.

Prior Authorization Requirements

The following procedure codes and modifiers being added to the MA Program Fee Schedule are considered advanced radiology services and will require prior authorization, pursuant to § 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code (Code) (62 P.S. § 443.6(b)(7)), and as described in MA Bulletin 01-14-42 titled, Advanced Radiologic Imaging Services, which may be viewed online at: <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=01-14-42>.

Procedure Codes and Modifiers				
77046	77046 (TC)	77046 (26)	77047	77047 (TC)
77047 (26)	77048	77048 (TC)	77048 (26)	77049
77049 (TC)	77049 (26)			

The following durable medical equipment (DME) procedure codes and modifier combinations being added to the MA Program Fee schedule will require prior authorization. Procedure codes with the NU modifier now require prior authorization for purchase, pursuant to § 443.6(b)(2) of the Code, and procedure codes with the RR modifier now require prior authorization after three months of rental pursuant to § 443.6(b)(3) of the Code:

Procedure Codes and Modifiers		
E0277 (NU)	E0277 (RR)	E0986 (NU)
E0986 (RR)	E1012 (NU)	E1012 (RR)

The following prosthetic procedure codes being added to the MA Program Fee Schedule will require prior authorization, pursuant to § 443.6(b)(1) of the Code:

Procedure Codes				
V5171	V5172	V5181	V5211	V5212
V5213	V5214	V5215	V5221	

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physicians' Services

The Department is adding modifiers RT (right side), LT (left side) and 50 (bilateral) to the following procedure codes and modifier combinations for Provider Type (PT)/Specialty (Spec)/ Place of Service (POS) combination 31 (Physician)/All/21 (Inpatient Hospital) as these services may be performed laterally or bilaterally by all physician specialties in this setting:

Procedure Codes				
23470	23470 (80)	23472	23472 (80)	27122
27122 (80)	27130	27130 (80)	27132	27132 (80)
27138	27138 (80)	27445	27445 (80)	27446
27446 (80)	27447	27447 (80)	27486	27486 (80)
27487	27487 (80)			

The Department is end-dating PT/Spec/POS combinations 01 (Inpatient Facility)/All/23 (Emergency Room), 01/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital), and 08 (Clinic)/All/49 (Independent Clinic) for the following procedure codes as the settings were determined to be clinically inappropriate:

Procedure Codes		
23470	27445	27446
27447	27486	27487

The Department is end-dating POS 23 and 99 (Special Treatment Room) for the following surgical procedure codes and modifiers for PT/Spec combination 31/All as the settings were determined to be clinically inappropriate:

Procedure Codes				
23470	23470 (80)	27445	27445 (80)	27446
27446 (80)	27486	27486 (80)	27487	27487 (80)

The Department is updating unit and/or service limits for the following surgical procedure codes to allow for bilateral services and to limit to once per lifetime, as a result of clinical review:

Procedure Code	Old Unit Limit	New Unit Limit	Present Limit	New Limit
23470	1:1	1:2	Once per day	Once per right side per lifetime and once per left side per lifetime
23472	1:1	1:2	Once per day	Once per right side per lifetime and once per left side per lifetime
27122	1:2	1:2	Twice per day	Once per right side per lifetime and once per left side per lifetime
27130	1:1	1:2	Once per day	Once per right side per lifetime and once per left side per lifetime
27132	1:1	1:2	Once per day	Once per right side per lifetime and once per left side per lifetime
27138	1:1	1:2	Once per day	Once per right side and/or once per left side per day
27446	1:1	1:2	Once per day	Once per right side and/or once per left side per day
27447	1:1	1:2	Once per day	Once per right side per lifetime and/or once per left side per lifetime
27487	1:1	1:2	Once per day	Once per right side and/or once per left side per day

The Department is opening the following PT/Spec combinations for surgical procedure code 49465, as determined by clinical review, in POS 11 (Office) 21, 22, 23 and/or 99:

Procedure Code	New PT/Spec	POS
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49465	01/017 (Emergency Room Arrangement 2)	23
	01/183	22
	31/All	11, 21, 23, 99

The Department is end-dating PT 31/Specialties 319 (Surgery), 322 (Internal Medicine) and 341 (Radiology) for surgical procedure code 49465, as clinical review determined it is appropriate for all physician specialties to perform this service.

The Department is opening PT/Spec 31/All in POS 21 and end-dating PT 31 specialties 318 (General Practitioner), 319, 322 and 328 (Obstetrics and Gynecology) for surgical procedure code 58294 with and without the pricing modifier 80 (Assistant Surgeon), as the Department determined it is appropriate for all physician specialties to perform this service.

The Department is opening PT/Spec combinations for procedure code 95971, as determined by clinical review, in POS 22 and 49:

Procedure Code	New PT/Spec	POS
95971	01/183	22
	08/082 (Independent Medical/Surgical Clinic)	49

Procedure codes 95970 and 95971 will have POS 99 added for the PT/Spec 31/All as the Department determined this setting is appropriate for the performance of these services.

The Department is end-dating the informational modifier 78 (unplanned return to the operating room) for medical procedure codes 95971 and 95972 as clinical review determined that modifier 78 does not apply to these procedure codes.

Note: For physicians providing services in an Ambulatory Surgical Center (ASC)/Short Procedure Unit (SPU), please refer to the section below.

Ambulatory Surgical Center/Short Procedure Unit Services

The Department is opening PT/Spec combinations 01/021 (SPU), 02 (ASC)/020 (ASC), or both for the procedure codes identified below in POS 24 (ASC) with the SG (ASC/SPU facility support component) modifier. The Department determined these procedure codes are appropriate for additional specialties, can be performed safely in a SPU, ASC, or both, and will be paid the facility support component fee of \$776.00:

Procedure Code	New PT/Spec	POS
10021 (SG)	01/021	24
	02/020	
22551 (SG)	01/021	24
	02/020	
23473 (SG)	01/021	24

58294 (SG)	01/021	24
58553 (SG)	02/020	24

The Department is adding POS 24 for PT/Spec 31/All for the following procedure codes and modifier combinations as the result of clinical review and the Department's determination that this setting is appropriate for the performance of these services:

Procedure Codes				
10021	22551	22551 (80)	22552	22552 (80)
23473 (RT)	23473 (LT)	23473 (50)	23473 (80) (RT)	23473 (80) (LT)
23473 (80) (50)	49465	58294	58294 (80)	95970
95971	95972			

The Department is adding modifiers RT, LT and 50 to the following procedure codes and modifier combinations for PT/Spec/POS combination 31/All/24 as these services may be performed laterally or bilaterally by these providers in this setting:

Procedure Codes			
23470	23470 (80)	27446	27446 (80)
27447	27447 (80)		

The Department is end-dating PT/Spec/POS combinations 01/021/24 and/or 02/020/24 for the following procedure codes with the SG modifier as the setting was determined to be clinically inappropriate for the PT/Spec combinations:

Procedure Code	End-dated PT/Spec/POS combinations
23470 (SG)	02/020/24
23472 (SG)	01/021/24; 02/020/24
27446 (SG)	02/020/24
27447 (SG)	02/020/24
27486 (SG)	01/021/24; 02/020/24
27487 (SG)	01/021/24; 02/020/24

The Department is end-dating POS 24 for the following surgical procedure codes and modifiers for PT/Spec combination 31/All as the setting was determined to be clinically inappropriate:

Procedure Codes			
23472	23472 (80)	27130	27130 (80)
27486	27486 (80)	27487	27487 (80)

Podiatrist Services

The Department is adding PT/Spec 14 (Podiatrist)/140 (Podiatrist) to procedure code 10021 in POS 11, 21, 23, and 24 as a result of clinical review because the Department determined it is appropriate for this provider to perform this service in these settings.

Laboratory Services

The Department is removing prior authorization requirements for the following laboratory procedure codes based on clinical review:

Procedure Codes				
81212	81215	81216	81217	81220
81240	81241	81370	81371	81372
81373	81374	81375	81376	81377
81378	81379	81380	81381	81382
81383	81420	81435	81436	81507

The Department is adding a limitation of “once per lifetime” to the following laboratory procedure codes based on clinical review:

Procedure Codes				
81370	81371	81372	81373	81374
81375	81376	81377	81378	81379
81380	81381	81382	81383	

The Department is changing the limitations for procedure codes 81420 and 81507 from “once per day” to “once per pregnancy” based on clinical review.

The Department is adjusting the MA Program fee for the laboratory procedure codes identified below as they are used more widely, and industry rates have been reduced for these services:

Procedure Code	Description	Current Fee	MA Fee Effective August 19, 2019
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	\$1482.35	\$148.10
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	\$1092.53	\$445.28

Neurobehavioral Status Exam

The Department is updating the procedure description (in bold below) and service limitation for procedure code 96116 due to the addition of new procedure 96121 for additional hours. The Department is adjusting the fee for procedure code 96116 to reflect the fee for the “first hour” of service:

Procedure Code	New Procedure Description	Present Limit	New Limit	Current Fee	MA Fee Effective August 19, 2019
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	Up to 12 per day	Once per day	\$52.50	\$68.72

The Department is opening the following PT/Spec combinations in POS 11, 12 (Patient’s Home), 15 (Mobile Unit), 21, or 57 (Non-Residential Substance Abuse Treatment Facility) for procedure code 96116 based on clinical review:

Procedure Code	New PT/Spec	POS
96116	08/074 (Mobile Mental Health Unit)	15
	08/184 (Outpatient Drug and Alcohol)	12, 57
	31/339 (Psychiatrist)	11, 21

The Department is end-dating the following PT/Spec combinations for procedure code 96116. Based on clinical review it is not appropriate for these specialties to bill for this service.

Procedure Code	End-dated PT/Spec
96116	11 (Mental Health/Substance Abuse)/548 (Therapeutic Staff Support)
	11/549 (Mobile Therapy)
	11/559 (Behavioral Specialist Consultant)

The Department is adding POS 49 or 52 (Psychiatric Facility/Partial Hospitalization) to, and end-dating POS 11 and 99 from, procedure code 96116. The Department determined the new POS are appropriate and the end-dated POS are not appropriate for the provision of this service.

Procedure Code	PT/Spec	New POS	End-dated POS
96116	08/110 (Psychiatric Outpatient Clinic)	49	11, 99
	11/113 (Child Partial Psychiatric Hospital)	52	11, 99
	11/114 (Adult Partial Psychiatric Hospital)	52	11, 99

Durable Medical Equipment (DME) and Medical Supplies

The Department is adding modifiers RT, LT, and 50 to the following DME procedure codes, as indicated below, as these items may be provided laterally or bilaterally. Procedure codes with the NU modifier now require prior authorization for purchase, pursuant to § 443.6(b)(2) of the Code. Prior authorization for procedure codes with the RR modifier is changing from “with first month’s rental” to “after three months of rental” pursuant to § 443.6(b)(3) of the Code:

Procedure Codes			
E0667 (NU)	E0667 (RR)	E0668 (NU)	E0668 (RR)

The Department is adding or changing limits to the following DME procedure codes:

Procedure Code	Present Limit	New Limit	Reason
E0651 (NU)	No limit	1 per 3 calendar years	This limit is based on clinical review.
E0667 (NU)	No limit	2 per 365 days	This limit is added to permit bilateral items every 365 days.
E0667 (RR)	1 per calendar month	2 per calendar month	This item may be provided for each leg, so the maximum limit has been increased to allow for bilateral items.
E0668 (NU)	No limit	2 per 365 days	This limit is added to permit bilateral items every 365 days.
E0668 (RR)	1 per calendar month	2 per calendar month	This item may be provided for each arm, so the maximum limit has been increased to allow for bilateral items.

The Department is updating unit limits for the following procedure codes:

Procedure Code	Old Unit Limit	New Unit Limit	Reason
E0667 (NU) E0667 (RR)	1:1	1:2	This item may be provided for each leg, so the maximum limit has been increased to allow for bilateral items.
E0668 (NU) E0668 (RR)	1:1	1:2	This item may be provided for each arm, so the maximum limit has been increased to allow for bilateral items.

The Department is end-dating the NU pricing modifier for DME procedure code K0108 pertaining to the hardware for head support system as this is included as part of companion code E0955 (wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each).

The Department is adjusting the fee for medical supply procedure code A4455 to reflect the rate per ounce, as indicated in the procedure code description, and not by cubic centimeter:

Procedure code	Description	Current Fee	MA Fee Effective August 19, 2019
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	\$0.04	\$1.26

Service Limits

The MA Program established service limits for some of these procedure codes. When a provider determines a MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver (Program Exception) process. For instructions on how to apply for a Program Exception, please refer to your provider handbook at:

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

Managed Care Delivery System

MA MCOs are not required to impose the service limits that apply in the MA FFS delivery system, although they are permitted to do so. MA MCOs may not impose service limits that are more restrictive than the service limits established in the MA FFS delivery system. An MA MCO that chooses to establish service limits must notify their network providers and members of the limits before implementing the limits.

PROCEDURE:

Attached is the list of 2019 HCPCS and Other Procedure Code Updates, effective

August 19, 2019. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

In addition to the information listed above, the attachment includes the number of post-operative days associated with newly added surgical services. MA regulations at 55 Pa. Code § 1150.54 (relating to surgical services), state that the fee for inpatient and outpatient surgical procedures includes post-operative inpatient, outpatient office and home visits provided by the practitioner who performed the procedure for the number of postoperative days specified in the MA Program Fee Schedule.

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the on-line version of the fee schedule at the Department's website at: <http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm>.

ATTACHMENTS:

2019 HCPCS and Other Procedure Code Updates, Effective August 19, 2019

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

2019 HCPCS and Other Procedure Code Updates, Effective August 19, 2019

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 2019 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 2019 HCPCS updates and by clinical review. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$35.52	No	per procedure	once per day	0 days
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$35.52	No	per procedure	once per day	0 days
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$35.52	No	per procedure	once per day	0 days
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	14	140	11, 21, 23, 24			\$35.52	No, but AUR and PSR process applies	per procedure	once per day	0 days
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24			\$35.52	No, but AUR and PSR process applies	per procedure	once per day	0 days
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	01	017	23			\$59.78	No	per procedure	once per day	0 days
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	01	183	22			\$59.78	No	per procedure	once per day	0 days
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	08	082	49			\$59.78	No	per procedure	once per day	0 days
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	14	140	11, 21, 23, 24			\$59.78	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	31	All	11, 21, 23, 24			\$59.78	No, but AUR and PSR process applies	per procedure	once per day	0 days
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$40.71	No	per procedure	once per day	0 days
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$40.71	No	per procedure	once per day	0 days
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$40.71	No	per procedure	once per day	0 days
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	14	140	11, 21, 23, 24			\$40.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24			\$40.71	No, but AUR and PSR process applies	per procedure	once per day	0 days
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	01	017	23			\$76.74	No	per procedure	once per day	0 days
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	01	183	22			\$76.74	No	per procedure	once per day	0 days
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	08	082	49			\$76.74	No	per procedure	once per day	0 days
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	14	140	11, 21, 23, 24			\$76.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	31	All	11, 21, 23, 24			\$76.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$50.01	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$50.01	No	per procedure	once per day	0 days
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$50.01	No	per procedure	once per day	0 days
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	14	140	11, 21, 23, 24			\$50.01	No, but AUR and PSR process applies	per procedure	once per day	0 days
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24			\$50.01	No, but AUR and PSR process applies	per procedure	once per day	0 days
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	01	017	23			\$93.03	No	per procedure	once per day	0 days
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	01	183	22			\$93.03	No	per procedure	once per day	0 days
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	08	082	49			\$93.03	No	per procedure	once per day	0 days
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	14	140	11, 21, 23, 24			\$93.03	No, but AUR and PSR process applies	per procedure	once per day	0 days
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	31	All	11, 21, 23, 24			\$93.03	No, but AUR and PSR process applies	per procedure	once per day	0 days
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$67.99	No	per procedure	once per day	0 days
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$67.99	No	per procedure	once per day	0 days
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$67.99	No	per procedure	once per day	0 days
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	14	140	11, 21, 23, 24			\$67.99	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 23, 24			\$67.99	No, but AUR and PSR process applies	per procedure	once per day	0 days
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	01	017	23			\$134.24	No	per procedure	once per day	0 days
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	01	183	22			\$134.24	No	per procedure	once per day	0 days
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	08	082	49			\$134.24	No	per procedure	once per day	0 days
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	14	140	11, 21, 23			\$134.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	31	All	11, 21, 23			\$134.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$131.31	No	per procedure	once per day	0 days
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$131.31	No	per procedure	once per day	0 days
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$131.31	No	per procedure	once per day	0 days
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	14	140	11, 21, 23			\$131.31	No, but AUR and PSR process applies	per procedure	once per day	0 days
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)	31	All	11, 21, 23			\$131.31	No, but AUR and PSR process applies	per procedure	once per day	0 days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	01	017	23			\$32.23	No	per procedure	once per day	0 days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	01	183	22			\$32.23	No	per procedure	once per day	0 days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	08	082	49			\$32.23	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$32.23	No, but AUR and PSR process applies	per procedure	once per day	0 days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$32.23	No, but AUR and PSR process applies	per procedure	once per day	0 days
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$32.23	No, but AUR and PSR process applies	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$18.65	No	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$18.65	No	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$18.65	No	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$18.65	No, but AUR and PSR process applies	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$18.65	No, but AUR and PSR process applies	per procedure	once per day	0 days
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$18.65	No, but AUR and PSR process applies	per procedure	once per day	0 days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	01	017	23			\$40.43	No	per procedure	once per day	0 days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	01	183	22			\$40.43	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	08	082	49			\$40.43	No	per procedure	once per day	0 days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$40.43	No, but AUR and PSR process applies	per procedure	once per day	0 days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$40.43	No, but AUR and PSR process applies	per procedure	once per day	0 days
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$40.43	No, but AUR and PSR process applies	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$22.05	No	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$22.05	No	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$22.05	No	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$22.05	No, but AUR and PSR process applies	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$22.05	No, but AUR and PSR process applies	per procedure	once per day	0 days
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$22.05	No, but AUR and PSR process applies	per procedure	once per day	0 days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	01	017	23			\$49.21	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	01	183	22			\$49.21	No	per procedure	once per day	0 days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	08	082	49			\$49.21	No	per procedure	once per day	0 days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$49.21	No, but AUR and PSR process applies	per procedure	once per day	0 days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$49.21	No, but AUR and PSR process applies	per procedure	once per day	0 days
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$49.21	No, but AUR and PSR process applies	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	01	017	23			\$26.29	No	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	01	183	22			\$26.29	No	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	08	082	49			\$26.29	No	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	14	140	11, 12, 21, 23, 24, 31, 32, 99			\$26.29	No, but AUR and PSR process applies	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	27	All	11, 12, 21, 23, 24, 31, 32, 99			\$26.29	No, but AUR and PSR process applies	per procedure	once per day	0 days
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	31	All	11, 12, 21, 23, 24, 31, 32, 99			\$26.29	No, but AUR and PSR process applies	per procedure	once per day	0 days
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	01	017	23		RT-LT-50	\$33.25	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	01	183	22		RT-LT-50	\$33.25	No	per procedure	once per R side and once per L side per day	0 days
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	08	082	49		RT-LT-50	\$33.25	No	per procedure	once per R side and once per L side per day	0 days
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	31	All	11, 21, 23, 24, 99		RT-LT-50	\$33.25	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	31	All	21, 24			\$73.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
33286	Removal, subcutaneous cardiac rhythm monitor	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
33286	Removal, subcutaneous cardiac rhythm monitor	31	All	21, 24			\$72.29	No, but AUR and PSR process applies	per procedure	once per day	0 days
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	01	017	23			\$75.32	No	per procedure	once per day	0 days
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	01	183	22			\$75.32	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	31	All	21, 23, 24			\$75.32	No, but AUR and PSR process applies	per procedure	once per day	0 days
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	01	017	23			\$69.76	No	per procedure	once per day	0 days
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	01	183	22			\$69.76	No	per procedure	once per day	0 days
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	31	All	21, 23, 24			\$69.76	No, but AUR and PSR process applies	per procedure	once per day	0 days
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38531	Biopsy or excision of lymph node(s); open, inguino-femoral node(s)	31	All	21, 24		RT-LT-50	\$355.98	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	01	017	23			\$31.10	No	per procedure	once per day	0 days
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	01	183	22			\$31.10	No	per procedure	once per day	0 days
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	08	082	49			\$31.10	No	per procedure	once per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	31	All	23, 24, 31, 32, 99			\$31.10	and PSR process applies	per procedure	once per day	0 days
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	01	017	23			\$68.20	No	per procedure	once per day	0 days
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	01	183	22			\$68.20	No	per procedure	once per day	0 days
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	08	082	49			\$68.20	No	per procedure	once per day	0 days
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	31	All	11, 21, 23, 24, 99			\$68.20	No, but AUR and PSR process applies	per procedure	once per day	0 days
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	01	183	22		RT-LT-50	\$123.82	No	per procedure	once per R side and once per L side per day	0 days
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	31	All	21, 24		RT-LT-50	\$123.82	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	01	183	22		RT-LT-50	\$206.94	No	per procedure	once per R side and once per L side per day	0 days
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	31	All	21, 24		RT-LT-50	\$206.94	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01	183	22			\$192.37	Yes	per procedure	once per day	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	01	183	22	TC		\$133.88	Yes	per procedure	once per day	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	31	All	11			\$192.37	Yes	per procedure	once per day	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	31	All	11	TC		\$133.88	Yes	per procedure	once per day	N/A
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	31	All	11, 21, 22	26		\$58.49	Yes	per procedure	once per day	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01	183	22			\$197.80	Yes	per procedure	once per day	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	01	183	22	TC		\$133.07	Yes	per procedure	once per day	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	31	All	11			\$197.80	Yes	per procedure	once per day	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	31	All	11	TC		\$133.07	Yes	per procedure	once per day	N/A
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	31	All	11, 21, 22	26		\$64.73	Yes	per procedure	once per day	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	01	183	22			\$305.16	Yes	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	01	183	22	TC		\$220.54	Yes	per procedure	once per day	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	31	All	11			\$305.16	Yes	per procedure	once per day	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	31	All	11	TC		\$220.54	Yes	per procedure	once per day	N/A
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	31	All	11, 21, 22	26		\$84.62	Yes	per procedure	once per day	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	01	183	22			\$312.03	Yes	per procedure	once per day	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	01	183	22	TC		\$219.46	Yes	per procedure	once per day	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	31	All	11			\$312.03	Yes	per procedure	once per day	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	31	All	11	TC		\$219.46	Yes	per procedure	once per day	N/A
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	31	All	11, 21, 22	26		\$92.57	Yes	per procedure	once per day	N/A
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01	183	22			\$374.40	No	per test	once per lifetime	N/A
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	28	280	81			\$374.40	No	per test	once per lifetime	N/A
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	01	183	22			\$467.38	No	per test	once per lifetime	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	28	280	81			\$467.38	No	per test	once per lifetime	N/A
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01	183	22			\$226.30	No	per test	once per lifetime	N/A
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	28	280	81			\$226.30	No	per test	once per lifetime	N/A
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	01	183	22			\$241.08	No	per test	once per lifetime	N/A
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	28	280	81			\$241.08	No	per test	once per lifetime	N/A
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	01	183	22			\$226.30	No	per test	once per lifetime	N/A
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	28	280	81			\$226.30	No	per test	once per lifetime	N/A
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	01	183	22			\$109.60	No	per test	once per lifetime	N/A
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	28	280	81			\$109.60	No	per test	once per lifetime	N/A
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	01	183	22			\$241.08	No	per test	once per lifetime	N/A
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	28	280	81			\$241.08	No	per test	once per lifetime	N/A
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	01	183	22			\$148.16	No	per test	once per lifetime	N/A
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	28	280	81			\$148.16	No	per test	once per lifetime	N/A
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	01	183	22			\$57.75	No	per test	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	28	280	81			\$57.75	No	per test	once per day	N/A
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	01	016, 017	23			\$28.05	No	per test	once per day	N/A
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	01	183	22			\$28.05	No	per test	once per day	N/A
83722	Lipoprotein, direct measurement; small dense LDL cholesterol	28	280	81			\$28.05	No	per test	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	01	183	22			\$103.34	No	per procedure	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	01	183	22	TC		\$73.43	No	per procedure	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	18	180	11	TC		\$73.43	No	per procedure	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	31	All	11			\$103.34	No	per procedure	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	31	All	11	TC		\$73.43	No	per procedure	once per day	N/A
92273	Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)	31	All	11, 21, 22	26		\$29.91	No, but AUR and PSR process applies	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	01	183	22			\$70.26	No	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	01	183	22	TC		\$43.74	No	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	18	180	11	TC		\$43.74	No	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	31	All	11			\$70.26	No	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	31	All	11	TC		\$43.74	No	per procedure	once per day	N/A
92274	Electroretinography (ERG), with interpretation and report; multifocal (mfERG)	31	All	11, 21, 22	26		\$26.52	No, but AUR and PSR process applies	per procedure	once per day	N/A
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	01	183	22			\$32.30	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	08	082	49			\$32.30	No	per procedure	once per day	N/A
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	31	All	11, 21, 24, 99			\$32.30	No, but AUR and PSR process applies	per procedure	once per day	N/A
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	01	183	22			\$43.06	No	per procedure	once per day	N/A
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	08	082	49			\$43.06	No	per procedure	once per day	N/A
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	31	All	11, 21, 24, 99			\$43.06	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	01	183	22			\$40.82	No	per 15 minutes	once per day	N/A
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	08	082	49			\$40.82	No	per 15 minutes	once per day	N/A
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	31	All	11, 21, 24, 99			\$40.82	No, but AUR and PSR process applies	per 15 minutes	once per day	N/A
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	01	183	22			\$35.70	No	per 15 minutes	seven per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	08	082	49			\$35.70	No	per 15 minutes	seven per day	N/A
95984	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)	31	All	11, 21, 24, 99			\$35.70	No, but AUR and PSR process applies	per 15 minutes	seven per day	N/A
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	01	183	22			\$102.54	No	per hour	once per day	N/A
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	08	082	49			\$102.54	No	per hour	once per day	N/A
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	17	170, 171, 173	11, 12			\$102.54	No	per hour	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	31	All	11, 12, 21			\$102.54	No, but AUR and PSR process applies	per hour	once per day	N/A
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	01	183	22			\$46.86	No	per 30 minutes	six per day	N/A
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	08	082	49			\$46.86	No	per 30 minutes	six per day	N/A
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	17	170, 171, 173	11, 12			\$46.86	No	per 30 minutes	six per day	N/A
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	31	All	11, 12, 21			\$46.86	No, but AUR and PSR process applies	per 30 minutes	six per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	08	074	15			\$63.02	No	per hour	five per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	08	110	12, 49			\$63.02	No	per hour	five per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	08	184	12, 57			\$63.02	No	per hour	five per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	11	113, 114	12, 52			\$63.02	No	per hour	five per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	11	115	12, 99			\$63.02	No	per hour	five per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	19	190	11, 12, 21, 99			\$63.02	No, but AUR and PSR process applies	per hour	five per day	N/A
96121	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)	31	339	11, 21			\$63.02	No, but AUR and PSR process applies	per hour	five per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	01	183	22			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	074	15			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	082	49			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	110	12, 49			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	184	12, 57			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	12, 52			\$88.66	No	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	115	12, 99			\$88.66	No	per hour	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	19	190	11, 12, 21, 99			\$88.66	No, but AUR and PSR process applies	per hour	once per day	N/A
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	31	All	11, 21			\$88.66	No, but AUR and PSR process applies	per hour	once per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	01	183	22			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	074	15			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	082	49			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	110	12, 49			\$67.50	No	per hour	five per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	184	12, 57			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	11	113, 114	12, 52			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	11	115	12, 99			\$67.50	No	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	19	190	11, 12, 21, 99			\$67.50	No, but AUR and PSR process applies	per hour	five per day	N/A
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	31	All	11, 21			\$67.50	No, but AUR and PSR process applies	per hour	five per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	01	183	22			\$87.02	No	per hour	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	074	15			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	082	49			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	110	12, 49			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	08	184	12, 57			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	113, 114	12, 52			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	11	115	12, 99			\$87.02	No	per hour	once per day	N/A
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	19	190	11, 12, 21, 99			\$87.02	No, but AUR and PSR process applies	per hour	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	31	All	11, 21			\$87.02	No, but AUR and PSR process applies	per hour	once per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	01	183	22			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	074	15			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	082	49			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	110	12, 49			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	08	184	12, 57			\$66.69	No	per hour	five per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	11	113, 114	12, 52			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	11	115	12, 99			\$66.69	No	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	19	190	11, 12, 21, 99			\$66.69	No, but AUR and PSR process applies	per hour	five per day	N/A
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	31	All	11, 21			\$66.69	No, but AUR and PSR process applies	per hour	five per day	N/A
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored	01	183	22			\$65.81	No	per procedure	once per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored	08	082	49			\$65.81	No	per procedure	once per calendar month	N/A
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored	09	All	11, 12			\$65.81	No	per procedure	once per calendar month	N/A
99491	Chronic care management services, provided personally by a physician or other qualified health care professional, at least 30 minutes of physician or other qualified health care professional time, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; comprehensive care plan established, implemented, revised, or monitored	31	All	11, 12			\$65.81	No	per procedure	once per calendar month	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	01	183	22			\$61.24	No	per procedure	once per day	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	01	183	22	TC		\$43.74	No	per procedure	once per day	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	18	180	11	TC		\$43.74	No	per procedure	once per day	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	31	All	11			\$61.24	No	per procedure	once per day	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	31	All	11	TC		\$43.74	No	per procedure	once per day	N/A
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	31	All	11, 21, 22	26		\$17.50	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			RT-LT-50 \$35.65	No	each	once per R side and once per L side per day	N/A
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	25	250, 251, 252	11, 12, 21, 31, 32			RT-LT-50 \$35.65	No	each	once per R side and once per L side per day	N/A
D1516	Space maintainer – fixed – bilateral, maxillary	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1516	Space maintainer – fixed – bilateral, maxillary	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1516	Space maintainer – fixed – bilateral, maxillary	27	All	11, 12, 21, 24, 31, 32			\$190.00	No, but AUR and PSR process applies	each	Under 21 years of age; one per lifetime	N/A
D1517	Space maintainer – fixed – bilateral, mandibular	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1517	Space maintainer – fixed – bilateral, mandibular	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1517	Space maintainer – fixed – bilateral, mandibular	27	All	11, 12, 21, 24, 31, 32			\$190.00	No, but AUR and PSR process applies	each	Under 21 years of age; one per lifetime	N/A
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	01	220	22			\$590.61	Yes	each	one per 365 days	N/A
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	20	220	11, 12, 21, 31, 32			\$590.61	Yes	each	one per 365 days	N/A
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	24	220	11, 12, 21, 31, 32			\$590.61	Yes	each	one per 365 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	25	220	11, 12, 21, 31, 32			\$590.61	Yes	each	one per 365 days	N/A
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	31	220	11, 12, 21, 31, 32			\$590.61	Yes	each	one per 365 days	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	01	220	22			\$400.00	Yes	each	one per 365 days	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	20	220	11, 12, 21, 31, 32			\$400.00	Yes	each	one per 365 days	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	24	220	11, 12, 21, 31, 32			\$400.00	Yes	each	one per 365 days	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	25	220	11, 12, 21, 31, 32			\$400.00	Yes	each	one per 365 days	N/A
V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	31	220	11, 12, 21, 31, 32			\$400.00	Yes	each	one per 365 days	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	01	220	22			\$471.83	Yes	each	one per 365 days	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	20	220	11, 12, 21, 31, 32			\$471.83	Yes	each	one per 365 days	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	24	220	11, 12, 21, 31, 32			\$471.83	Yes	each	one per 365 days	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	25	220	11, 12, 21, 31, 32			\$471.83	Yes	each	one per 365 days	N/A
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	31	220	11, 12, 21, 31, 32			\$471.83	Yes	each	one per 365 days	N/A
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	01	220	22			\$857.27	Yes	each	one per 365 days	N/A
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	20	220	11, 12, 21, 31, 32			\$857.27	Yes	each	one per 365 days	N/A
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	24	220	11, 12, 21, 31, 32			\$857.27	Yes	each	one per 365 days	N/A
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	25	220	11, 12, 21, 31, 32			\$857.27	Yes	each	one per 365 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	31	220	11, 12, 21, 31, 32			\$857.27	Yes	each	one per 365 days	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	01	220	22			\$718.89	Yes	each	one per 365 days	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	20	220	11, 12, 21, 31, 32			\$718.89	Yes	each	one per 365 days	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	24	220	11, 12, 21, 31, 32			\$718.89	Yes	each	one per 365 days	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	25	220	11, 12, 21, 31, 32			\$718.89	Yes	each	one per 365 days	N/A
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	31	220	11, 12, 21, 31, 32			\$718.89	Yes	each	one per 365 days	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	01	220	22			\$801.61	Yes	each	one per 365 days	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	20	220	11, 12, 21, 31, 32			\$801.61	Yes	each	one per 365 days	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	24	220	11, 12, 21, 31, 32			\$801.61	Yes	each	one per 365 days	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	25	220	11, 12, 21, 31, 32			\$801.61	Yes	each	one per 365 days	N/A
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	31	220	11, 12, 21, 31, 32			\$801.61	Yes	each	one per 365 days	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	01	220	22			\$603.60	Yes	each	one per 365 days	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	20	220	11, 12, 21, 31, 32			\$603.60	Yes	each	one per 365 days	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	24	220	11, 12, 21, 31, 32			\$603.60	Yes	each	one per 365 days	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	25	220	11, 12, 21, 31, 32			\$603.60	Yes	each	one per 365 days	N/A
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	31	220	11, 12, 21, 31, 32			\$603.60	Yes	each	one per 365 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	01	220	22			\$682.90	Yes	each	one per 365 days	N/A
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	20	220	11, 12, 21, 31, 32			\$682.90	Yes	each	one per 365 days	N/A
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	24	220	11, 12, 21, 31, 32			\$682.90	Yes	each	one per 365 days	N/A
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	25	220	11, 12, 21, 31, 32			\$682.90	Yes	each	one per 365 days	N/A
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	31	220	11, 12, 21, 31, 32			\$682.90	Yes	each	one per 365 days	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	01	220	22			\$739.18	Yes	each	one per 365 days	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	20	220	11, 12, 21, 31, 32			\$739.18	Yes	each	one per 365 days	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	24	220	11, 12, 21, 31, 32			\$739.18	Yes	each	one per 365 days	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	25	220	11, 12, 21, 31, 32			\$739.18	Yes	each	one per 365 days	N/A
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	31	220	11, 12, 21, 31, 32			\$739.18	Yes	each	one per 365 days	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUESTS OR CLINICAL REVIEW											
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	31	All	21, 24			\$215.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	31	All	21, 24	80		\$34.42	No, but AUR and PSR process applies	per procedure	once per day	0 days
81015	Urinalysis; microscopic only	01	016, 017	23			\$2.71	No	per test	once per day	N/A
81015	Urinalysis; microscopic only	01	183	22			\$2.71	No	per test	once per day	N/A
81015	Urinalysis; microscopic only	28	280	81			\$2.71	No	per test	once per day	N/A
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	01	183	22			\$1,622.11	No	per test	once per lifetime	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	28	280	81			\$1,622.11	No	per test	once per lifetime	N/A
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	01	183	22			\$407.10	No	per test	once per 365 days	N/A
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	28	280	81			\$407.10	No	per test	once per 365 days	N/A
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	01	016, 017	23			\$19.27	No	per test	once per day	N/A
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	01	183	22			\$19.27	No	per test	once per day	N/A
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	28	280	81			\$19.27	No	per test	once per day	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	01	183	22			\$30.24	No	per procedure	once per day	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	01	183	22	TC		\$18.92	No	per procedure	once per day	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	31	All	11			\$30.24	No	per procedure	once per day	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	31	All	11	TC		\$18.92	No	per procedure	once per day	N/A
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	31	All	11, 21, 22	26		\$11.32	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	01	183	22			\$25.79	No	per procedure	once per calendar month	N/A
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	08	082	49			\$25.79	No	per procedure	once per calendar month	N/A
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	09	All	11, 12			\$25.79	No	per procedure	once per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.	31	All	11, 12			\$25.79	No	per procedure	once per calendar month	N/A
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	01	183	22			\$71.18	No	per procedure	once per calendar month per new episode of care	N/A
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	08	082	49			\$71.18	No	per procedure	once per calendar month per new episode of care	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	09	All	11, 12			\$71.18	No	per procedure	once per calendar month per new episode of care	N/A
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	31	All	11, 12			\$71.18	No	per procedure	once per calendar month per new episode of care	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	01	183	22			\$64.36	No	per procedure	once per calendar month	N/A
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	08	082	49			\$64.36	No	per procedure	once per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	09	All	11, 12			\$64.36	No	per procedure	once per calendar month	N/A
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	31	All	11, 12			\$64.36	No	per procedure	once per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	01	183	22			\$34.58	No	per procedure	two per calendar month	N/A
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	08	082	49			\$34.58	No	per procedure	two per calendar month	N/A
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	09	All	11, 12			\$34.58	No	per procedure	two per calendar month	N/A
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)	31	All	11, 12			\$34.58	No	per procedure	two per calendar month	N/A
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	05	250	12			\$2.04	No	each	16 per calendar month	N/A
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	24	240, 241, 242, 243, 245	11, 12			\$2.04	No	each	16 per calendar month	N/A
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	25	250	11, 12			\$2.04	No	each	16 per calendar month	N/A
A4398	Ostomy irrigation supply; bag, each	05	250	12			\$12.74	No	each	one per 30 days	N/A
A4398	Ostomy irrigation supply; bag, each	24	240, 241, 242, 243, 245	11, 12			\$12.74	No	each	one per 30 days	N/A
A4398	Ostomy irrigation supply; bag, each	25	250	11, 12			\$12.74	No	each	one per 30 days	N/A
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	05	250	12			\$11.30	No	each	one per 30 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	24	240, 241, 242, 243, 245	11, 12			\$11.30	No	each	one per 30 days	N/A
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	25	250	11, 12			\$11.30	No	each	one per 30 days	N/A
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each	05	250	12			\$3.30	No	each	21 per calendar month	N/A
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each	24	240, 241, 242, 243, 245	11, 12			\$3.30	No	each	21 per calendar month	N/A
A4432	Ostomy pouch, urinary; for use on barrier with nonlocking flange, with faucet-type tap with valve (2 piece), each	25	250	11, 12			\$3.30	No	each	21 per calendar month	N/A
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	05	250	12			\$3.09	No	each	21 per calendar month	N/A
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	24	240, 241, 242, 243, 245	11, 12			\$3.09	No	each	21 per calendar month	N/A
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	25	250	11, 12			\$3.09	No	each	21 per calendar month	N/A
D0140	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 separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.	27	270, 272, 273, 275, 276, 277	11, 12, 21, 23, 31, 32, 99			\$55.22	No, but AUR and PSR process applies	per visit	four per calendar year	N/A
D1320	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	11, 12, 31, 32, 99			\$19.33	No	per visit	one per day, and 70 per calendar year	N/A
E0277	Powered pressure-reducing air mattress	24	240, 241, 242, 243, 245	11, 12	RR		\$137.35	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0277	Powered pressure-reducing air mattress	24	240, 241, 242, 243, 245	11, 12	NU		\$1,373.52	Yes	each	one per 1,825 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
E0277	Powered pressure-reducing air mattress	25	250	11, 12	RR		\$137.35	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0277	Powered pressure-reducing air mattress	25	250	11, 12	NU		\$1,373.52	Yes	each	one per 1,825 days	N/A
E0986	Manual wheelchair accessory, push-rim activated power assist system	24	240, 241, 242, 243, 245	11, 12	RR		\$448.06	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0986	Manual wheelchair accessory, push-rim activated power assist system	24	240, 241, 242, 243, 245	11, 12	NU		\$4,480.60	Yes	each	one per three calendar years	N/A
E0986	Manual wheelchair accessory, push-rim activated power assist system	25	250	11, 12	RR		\$448.06	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0986	Manual wheelchair accessory, push-rim activated power assist system	25	250	11, 12	NU		\$4,480.60	Yes	each	one per three calendar years	N/A
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	24	240, 241, 242, 243, 245	11, 12	RR		\$86.93	No, but PA required after 3 months rental	each	one per calendar month	N/A
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	24	240, 241, 242, 243, 245	11, 12	NU		\$888.72	Yes	each	one per three calendar years	N/A
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	25	250	11, 12	RR		\$86.93	No, but PA required after 3 months rental	each	one per calendar month	N/A
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	25	250	11, 12	NU		\$888.72	Yes	each	one per three calendar years	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2019 UPDATES OR BY CLINICAL REVIEW											
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	01	017	23			\$62.24	No	per procedure	once per day	0 days
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	01	183	22			\$62.24	No	per procedure	once per day	0 days
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	08	082	49			\$62.24	No	per procedure	once per day	0 days
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	14	140	11, 21, 23, 24			\$62.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	31	All	11, 21, 23, 24			\$62.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	31	All	21, 24			\$1,389.62	No, but AUR and PSR process applies	per procedure	once per day	90 days
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	31	All	21, 24	80		\$222.34	No, but AUR and PSR process applies	per procedure	once per day	90 days
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	31	All	21, 24			\$324.73	No, but AUR and PSR process applies	per procedure	once per day	0 days
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	31	All	21, 24	80		\$51.96	No, but AUR and PSR process applies	per procedure	once per day	0 days
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	31	All	21, 24		RT-LT-50	\$560.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	31	All	21, 24	80	RT-LT-50	\$112.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	31	All	21		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	31	All	21	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	31	All	21, 24		RT-LT-50	\$1,286.62	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	31	All	21, 24	80	RT-LT-50	\$205.86	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	31	All	21		RT-LT-50	\$764.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	31	All	21	80	RT-LT-50	\$153.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	31	All	21		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	31	All	21	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	31	All	21		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	31	All	21	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	31	All	21		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	31	All	21	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	31	All	21		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	31	All	21	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	31	All	21, 24		RT-LT-50	\$925.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	31	All	21, 24	80	RT-LT-50	\$185.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	31	All	21, 24		RT-LT-50	\$1,000.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	31	All	21, 24	80	RT-LT-50	\$200.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	31	All	21		RT-LT-50	\$710.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	31	All	21	80	RT-LT-50	\$142.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	31	All	21		RT-LT-50	\$870.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	31	All	21	80	RT-LT-50	\$174.00	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	01	017	23			\$23.74	No	per procedure	once per day	0 days
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	01	183	22			\$23.74	No	per procedure	once per day	0 days
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	31	All	11, 21, 23, 24, 99			\$23.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	31	All	21, 24			\$897.58	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	31	All	21, 24	80		\$179.52	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	31	All	21, 24			\$842.64	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	31	All	21, 24	80		\$168.53	No, but AUR and PSR process applies	per procedure	once per lifetime	90 days
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	01	183	22			\$141.36	No	per test	once per lifetime	N/A
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	28	280	81			\$141.36	No	per test	once per lifetime	N/A
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	01	183	22			\$74.59	No	per test	once per lifetime	N/A
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	28	280	81			\$74.59	No	per test	once per lifetime	N/A
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	01	183	22			\$148.10	No	per test	once per lifetime	N/A
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	28	280	81			\$148.10	No	per test	once per lifetime	N/A
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	01	183	22			\$74.59	No	per test	once per lifetime	N/A
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	28	280	81			\$74.59	No	per test	once per lifetime	N/A
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	01	183	22			\$445.28	No	per test	once per lifetime	N/A
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	28	280	81			\$445.28	No	per test	once per lifetime	N/A
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	01	183	22			\$53.70	No	per test	once per lifetime	N/A
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	28	280	81			\$53.70	No	per test	once per lifetime	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	01	183	22			\$66.70	No	per test	once per lifetime	N/A
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	28	280	81			\$66.70	No	per test	once per lifetime	N/A
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	01	183	22			\$438.88	No	per test	once per lifetime	N/A
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1	28	280	81			\$438.88	No	per test	once per lifetime	N/A
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	01	183	22			\$262.69	No	per test	once per lifetime	N/A
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)	28	280	81			\$262.69	No	per test	once per lifetime	N/A
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	01	183	22			\$241.09	No	per test	once per lifetime	N/A
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)	28	280	81			\$241.09	No	per test	once per lifetime	N/A
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	01	183	22			\$121.54	No	per test	once per lifetime	N/A
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each	28	280	81			\$121.54	No	per test	once per lifetime	N/A
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	01	183	22			\$79.40	No	per test	once per lifetime	N/A
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each	28	280	81			\$79.40	No	per test	once per lifetime	N/A
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	01	183	22			\$240.92	No	per test	once per lifetime	N/A
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1	28	280	81			\$240.92	No	per test	once per lifetime	N/A
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	01	183	22			\$133.39	No	per test	once per lifetime	N/A
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	28	280	81			\$133.39	No	per test	once per lifetime	N/A
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	01	183	22			\$100.20	No	per test	once per lifetime	N/A
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	28	280	81			\$100.20	No	per test	once per lifetime	N/A
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	01	183	22			\$377.15	No	per test	once per lifetime	N/A
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1	28	280	81			\$377.15	No	per test	once per lifetime	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	01	183	22			\$366.03	No	per test	once per lifetime	N/A
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)	28	280	81			\$366.03	No	per test	once per lifetime	N/A
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	01	183	22			\$193.45	No	per test	once per lifetime	N/A
81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each	28	280	81			\$193.45	No	per test	once per lifetime	N/A
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	01	183	22			\$103.22	No	per test	once per lifetime	N/A
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each	28	280	81			\$103.22	No	per test	once per lifetime	N/A
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	01	183	22			\$134.98	No	per test	once per lifetime	N/A
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each	28	280	81			\$134.98	No	per test	once per lifetime	N/A
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	01	183	22			\$119.10	No	per test	once per lifetime	N/A
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each	28	280	81			\$119.10	No	per test	once per lifetime	N/A
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	01	183	22			\$607.24	No	per test	once per pregnancy	N/A
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	28	280	81			\$607.24	No	per test	once per pregnancy	N/A
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	01	183	22			\$387.04	No	per test	once per lifetime	N/A
81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11	28	280	81			\$387.04	No	per test	once per lifetime	N/A
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	01	183	22			\$387.04	No	per test	once per lifetime	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
81436	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11	28	280	81			\$387.04	No	per test	once per lifetime	N/A
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	01	183	22			\$636.00	No	per test	once per pregnancy	N/A
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	28	280	81			\$636.00	No	per test	once per pregnancy	N/A
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	01	183	22			\$19.34	No	per procedure	once per day	N/A
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	08	082	49			\$19.34	No	per procedure	once per day	N/A
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	31	All	11, 21, 24, 99			\$19.34	No, but AUR and PSR process applies	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	01	183	22			\$35.57	No	per procedure	once per day	N/A
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	08	082	49			\$35.57	No	per procedure	once per day	N/A
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	31	All	11, 21, 24, 99			\$35.57	No, but AUR and PSR process applies	per procedure	once per day	N/A
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	01	183	22			\$64.76	No	per procedure	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	08	082	49			\$64.76	No	per procedure	once per day	N/A
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	31	All	11, 21, 24, 99			\$64.76	No, but AUR and PSR process applies	per procedure	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	08	074	15			\$68.72	No	per hour	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	08	110	12, 49			\$68.72	No	per hour	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	08	184	12, 57			\$68.72	No	per hour	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	11	113, 114	12, 52			\$68.72	No	per hour	once per day	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	11	115	12, 99			\$68.72	No	per hour	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	19	190	11, 12, 21, 99			\$68.72	No, but AUR and PSR process applies	per hour	once per day	N/A
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	31	339	11, 21			\$68.72	No, but AUR and PSR process applies	per hour	once per day	N/A
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	24	240, 241, 242, 243, 245	11, 12			\$1.26	No	per ounce	50 ounces per calendar month	N/A
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per oz	25	250	11, 12			\$1.26	No	per ounce	50 ounces per calendar month	N/A
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	24	240, 241, 242, 243, 245	11, 12	RR		\$70.69	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	24	240, 241, 242, 243, 245	11, 12	NU		\$706.82	Yes	each	one per three calendar years	N/A
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	25	250	11, 12	RR		\$70.69	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	25	250	11, 12	NU		\$706.82	Yes	each	one per three calendar years	N/A
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT-50	\$27.20	No, but PA required after 3 months rental	each	two per calendar month	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	24	240, 241, 242, 243, 245	11, 12	NU	RT-LT-50	\$271.97	Yes	each	two per 365 days	N/A
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	25	250	11, 12	RR	RT-LT-50	\$27.20	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	25	250	11, 12	NU	RT-LT-50	\$271.97	Yes	each	two per 365 days	N/A
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT-50	\$31.14	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	24	240, 241, 242, 243, 245	11, 12	NU	RT-LT-50	\$315.50	Yes	each	two per 365 days	N/A
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	25	250	11, 12	RR	RT-LT-50	\$31.14	No, but PA required after 3 months rental	each	two per calendar month	N/A
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	25	250	11, 12	NU	RT-LT-50	\$315.50	Yes	each	two per 365 days	N/A
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U7		\$160.00	No	each	one per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U8		\$167.00	No	each	two per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	U9		\$200.00	No	each	one per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	24	240, 241, 242, 243, 245	11, 12	UB		\$70.00	No	each	one per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	U7		\$160.00	No	each	one per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	U8		\$167.00	No	each	two per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	U9		\$200.00	No	each	one per three calendar years	N/A
K0108	Wheelchair component or accessory, not otherwise specified	25	250	11, 12	UB		\$70.00	No	each	one per three calendar years	N/A