


ISSUE DATE August 20, 2021	EFFECTIVE DATE August 23, 2021	NUMBER 99-21-04
SUBJECT 2021 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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule, including changes resulting from the implementation of the 2021 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include fee adjustments, as well as setting limitations and prior authorization requirements. These changes are effective for dates of service on and after August 23, 2021.

SCOPE:

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

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2021 updates published by the Centers for Medicare & Medicaid Services to the HCPCS. The Department is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include fee adjustments. As set forth

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

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

below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2021 HCPCS updates. These procedure codes may include the modifiers SG (ASC/SPU facility support component), 80 (assistant surgeon), 26 (professional component) or TC (technical component).

Procedure Codes and Modifiers				
30468	30468 (SG)	32408	32408 (SG)	33741
33741 (80)	33745	33745 (80)	33746	33746 (80)
71271	71271 (26)	71271 (TC)	80189	81168
81279	92650	92651	92652	92653
94619	94619 (26)	94619 (TC)	D1321	D3471
D3471 (SG)	D3472	D3472 (SG)	D3473	D3473 (SG)
D3501	D3501 (SG)	D3502	D3502 (SG)	D3503
D2503 (SG)	D7961	D7961 (SG)	D7962	D7962 (SG)
G2213	G2214	G2215	G2216	

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2021 HCPCS updates:

Procedure Codes				
19324	19366	32405	49220	57112
58293	61870	62163	63180	63182
69605	76970	78135	92585	92586
92992	92993	94250	94400	94750
94770	95071	99201	D7960	G0297

No new authorizations will be issued for the procedure codes being end-dated on and after August 23, 2021. For any of the above procedure codes that had a prior authorization issued before August 23, 2021, 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 23, 2022, for those services that were previously prior authorized.

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon clinical review. These procedure codes may include modifiers 26, TC and FP (Family Planning).

Procedure Codes and Modifiers				
87510	87510 (FP)	90471	90472	93351
93351 (26)	93351 (TC)	A9274		

Prior Authorization Requirements

For the following procedure codes, and procedure code and modifier combinations being added to the MA Program Fee Schedule, which are advanced radiology services, the Department will require prior authorization, pursuant to 62 P.S. § 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). The process for obtaining prior authorization is described in MA Bulletin 01-14-42, titled “Advanced Radiologic Imaging Services”, which may be viewed online at:

<https://www.dhs.pa.gov/providers/FAQs/Documents/MA%20Bulletin%2001-14-42.pdf>.

Procedure Codes and Modifiers		
71271	71271 (26)	71271 (TC)

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as authorized under § 443.6(b)(7) of the Code:

Procedure Codes and Modifiers	
81168	81279

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

Procedure Codes and Modifiers				
D3471	D3471 (SG)	D3472	D3472 (SG)	D3473
D3473 (SG)	D3501	D3501 (SG)	D3502	D3502 (SG)
D3503	D3503 (SG)			

Procedure Codes for Take-Home Supplies of Naloxone

The Department is adding G2215 and G2216 as add-on procedures to the MA Program Fee Schedule to track the dispensing of take-home supplies of Naloxone. In order to identify when take-home supplies of Naloxone are dispensed, providers should use G2215 or G2216 in addition to one of the following procedure codes that are currently open on the MA Program Fee Schedule:

Procedure Codes				
99202	99203	99204	99205	99211
99212	99213	99214	99215	99281
99282	99283	99284	99285	T1015

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physicians' Services

The GT (telemedicine) modifier is being removed for the following procedure codes and POS 02 (telemedicine) is being added for providers to identify when these services are provided via telemedicine.

Procedure Codes				
99221	99222	99223	99231	99232
99233	99241			

The Department is adjusting the MA Program fee for the evaluation and management procedure codes as identified below, effective August 23, 2021.

Procedure Codes	Code Description	Current Fee	New Fee
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$29.50	\$79.00
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$29.50	\$106.37
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$42.00	\$156.63
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused	\$17.00	\$30.06

	examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.		
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$17.00	\$56.22
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$17.00	\$80.79

Ambulatory Surgical Center (ASC)/Short Procedure Unit (SPU) Services

The Department is opening Provider Type (PT)/Specialty (Spec) combinations 01/021 (SPU), 02/020 (ASC), or both for the procedure codes identified below in Place of Service (POS) 24 (ASC) with the SG modifier as clinical review determined these procedure codes can be performed safely in a SPU, ASC, or both, depending on the procedure, and will be paid the facility support component fee of \$776.00:

Procedure Code	New PT/Spec	POS
19307 (SG)	01/021	24
27486 (SG)	01/021	24
63055 (SG)	01/021	24
	02/020	

The Department is adding POS 24 for PT/Spec 31 (Physician)/All for the following procedure code and modifier combinations as a result of clinical review and the Department's determination that this setting is appropriate for the performance of these services. These procedure codes include modifiers 80, RT (right), LT (left), and/or 50 (bilateral).

Procedure Code

19307 (RT)	19307 (LT)	19307 (50)	19307 (80) (RT)	19307 (80) (LT)
19307 (80) (50)	27486 (RT)	27486 (LT)	27486 (50)	27486 (80) (RT)
27486 (80) (LT)	27486 (80) (50)	63055	63055 (80)	

Laboratory Services

The Department is adding the FP modifier for the following laboratory procedure code, as determined by clinical review, in the PT/Spec/POS combinations as indicated below:

Procedure Code	New Modifier	PT/Spec	POS
87480	FP	01/183 (Hospital Based Medical Clinic)	22 (Outpatient Hospital)
		08/083 (Family Planning Clinic)	22, 49 (Independent Clinic)
		28/280 (Independent Laboratory)	81 (Independent Laboratory)

The Department is opening the following laboratory procedure codes with the FP modifier for PT/Spec combination 08/083 in POS 22 and 49, as determined by clinical review, as indicated below:

Procedure Code and Modifier	
87660 (FP)	87661 (FP)

The following laboratory procedure code has unit and service limitation updates with and without the FP modifier as a result of clinical review and National Correct Coding Initiative edits as indicated below:

Procedure Code	Old Unit Limit	New Unit Limit	Present Limit	New Limit
87480	1:2	1:1	Twice per day	Once per day

Healthy Beginnings Plus (HBP) Program

The Department is opening the following PT/Spec/POS combinations for procedure code 99241 with U9 (pricing) and HD (pregnant/parenting women's program) modifiers, as indicated below, to allow for the billing of services provided in the HBP Program that were previously billed with the end-dated procedure code 99201.

Procedure Code	New PT/Spec	POS
99241 (U9) (HD)	01/183	02, 22
	05/050 (Home Health Agency)	02, 12 (Home)
	08/080 (FQHC)	02, 12, 50 (FQHC)
	08/081(RHC)	02, 12, 72 (RHC)
	08/082 (Independent Medical/Surgical Clinic)	02, 49

	08/083	02, 22, 49
	31/All	02, 11 (Office), 12, 99 (Special Treatment Room)
	33/335 (Certified Nurse Midwives)	02, 11, 99
	47/470 (Birth Center)	02, 11, 25 (Birth Center)

Psychiatric Outpatient and Drug and Alcohol Clinic Services

The Department is opening the following PT/Spec/POS combinations for procedure code 99241 with U7 (pricing) or UB (pricing) modifiers, as indicated below, to allow for the billing of services that were previously billed with the end-dated procedure code 99201.

Procedure Code	Code Description	New PT/Spec	POS
99241 (U7)	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Chemotherapy clinic visit for administration and evaluation of drugs other than methadone or drugs for opiate detox.)	08/184 (Outpatient Drug and Alcohol)	57 (Non-Residential Substance Abuse Treatment Facility)
99241 (UB)	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. (Psychiatric clinic medication visit for drug administration and evaluation.)	08/110 (Psychiatric Outpatient Clinic)	49
		08/074 (Mobile Mental Health)	15 (Mobile Unit)

Durable Medical Equipment and Medical Supplies

The Department is changing the limitations for medical supply procedure code E0603 (NU) from “once per lifetime” to “once per calendar year” based on clinical review. This procedure code with the NU modifier still requires prior authorization for purchase, pursuant to § 443.6(b)(2) of the Code. Additionally, the Department is updating the fee for the medical

supply procedure code as indicated below. The updated fee reflects changes to industry rates and increased accessibility to affordable, quality breast pumps.

Procedure Code	Description	Current Fee	New Fee
E0603 (NU)	Breast pump, electric (AC and/or DC), any type	\$267.53	\$180.00

Service Limits

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

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

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

PROCEDURE:

Attached is the list of procedure code updates resulting from the implementation of the 2021 HCPCS updates, effective August 23, 2021. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a “Yes” under the “Prior Authorization Required” heading.

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

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the on-line version of the fee schedule at the Department’s website at: <https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>.

ATTACHMENT:

2021 HCPCS and Other Procedure Code Updates, Effective August 23, 2021

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2021 HCPCS and Other Procedure Code Updates, Effective August 23, 2021**

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 2021 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 2021 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
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	31	All	21, 24, 99			\$131.88	No, but AUR and PSR process applies	per procedure	once per day	0 days
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	01	183	22			\$121.42	No	per procedure	once per day	0 days

32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	08	082	49			\$121.42	No	per procedure	once per day	0 days
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	31	All	21, 24			\$121.42	No, but AUR and PSR process applies	per procedure	once per day	0 days
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	31	All	21			\$598.67	No, but AUR and PSR process applies	per procedure	once per day	0 days
33741	Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)	31	All	21	80		\$95.79	No, but AUR and PSR process applies	per procedure	once per day	0 days
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	31	All	21			\$846.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
33745	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt	31	All	21	80		\$135.40	No, but AUR and PSR process applies	per procedure	once per day	0 days

33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	31	All	21			\$334.75	No, but AUR and PSR process applies	per procedure	once per day	0 days
33746	Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)	31	All	21	80		\$53.56	No, but AUR and PSR process applies	per procedure	once per day	0 days
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	01	183	22			\$114.99	Yes	per procedure	once per day	N/A
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	01	183	22	TC		\$73.38	Yes	per procedure	once per day	N/A
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	31	All	11			\$114.99	Yes	per procedure	once per day	N/A
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	31	All	11	TC		\$73.38	Yes	per procedure	once per day	N/A
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	31	All	11, 22	26		\$41.61	Yes	per procedure	once per day	N/A
80189	Itraconazole	01	016, 017	23			\$21.69	No	per test	once per day	N/A
80189	Itraconazole	01	183	22			\$21.69	No	per test	once per day	N/A
80189	Itraconazole	28	280	81			\$21.69	No	per test	once per day	N/A
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	01	183	22			\$165.85	Yes	per test	once per day	N/A
81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	28	280	81			\$165.85	Yes	per test	once per day	N/A
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	01	183	22			\$148.16	Yes	per test	once per day	N/A
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	28	280	81			\$148.16	Yes	per test	once per day	N/A
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	01	017	23			\$22.15	No	per procedure	once per day	N/A

92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	01	183	22			\$22.15	No	per procedure	once per day	N/A
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	08	082	49			\$22.15	No	per procedure	once per day	N/A
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	20	200	11			\$22.15	No	per procedure	once per day	N/A
92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	31	All	11, 21, 23, 31, 32			\$22.15	No, but AUR and PSR process applies	per procedure	once per day	N/A
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	01	017	23			\$70.30	No	per procedure	once per day	N/A
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	01	183	22			\$70.30	No	per procedure	once per day	N/A
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	08	082	49			\$70.30	No	per procedure	once per day	N/A
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	20	200	11			\$70.30	No	per procedure	once per day	N/A
92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	31	All	11, 21, 23, 31, 32			\$70.30	No, but AUR and PSR process applies	per procedure	once per day	N/A
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	01	017	23			\$92.34	No	per procedure	once per day	N/A
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	01	183	22			\$92.34	No	per procedure	once per day	N/A
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	08	082	49			\$92.34	No	per procedure	once per day	N/A
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	20	200	11			\$92.34	No	per procedure	once per day	N/A
92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	31	All	11, 21, 23, 31, 32			\$92.34	No, but AUR and PSR process applies	per procedure	once per day	N/A
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	01	017	23			\$67.51	No	per procedure	once per day	N/A
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	01	183	22			\$67.51	No	per procedure	once per day	N/A
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	08	082	49			\$67.51	No	per procedure	once per day	N/A
92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	20	200	11			\$67.51	No	per procedure	once per day	N/A

92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	31	All	11, 21, 23, 31, 32			\$67.51	No, but AUR and PSR process applies	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	01	016, 017	23			\$56.61	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	01	016, 017	23	TC		\$37.98	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	01	183	22			\$56.61	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	01	183	22	TC		\$37.98	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	08	082	49			\$56.61	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	08	082	49	TC		\$37.98	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	31	All	11			\$56.61	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	31	All	11	TC		\$37.98	No	per procedure	once per day	N/A
94619	Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s)	31	All	11, 21, 22, 23, 49	26		\$18.63	No, but AUR and PSR process applies	per procedure	once per day	N/A
D1321	counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use; Counseling services may include patient education about adverse oral, behavioral, and systemic effects associated with high-risk substance use and administration routes. This includes ingesting, injecting, inhaling and vaping. Substances used in a high-risk manner may include but are not limited to alcohol, opioids, nicotine, cannabis, methamphetamine and other pharmaceuticals or chemicals.	27	All	11, 12, 31, 32, 99			\$13.10	No	per visit	one per day, and 70 per calendar year	N/A
D3471	surgical repair of root resorption - anterior; For surgery on root of anterior tooth. Does not include placement of restoration	01	021	24	SG		\$776.00	Yes		N/A	N/A
D3471	surgical repair of root resorption - anterior; For surgery on root of anterior tooth. Does not include placement of restoration	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3471	surgical repair of root resorption - anterior; For surgery on root of anterior tooth. Does not include placement of restoration	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days

D3472	surgical repair of root resorption - premolar; For surgery on root of premolar tooth. Does not include placement of restoration.	01	021	24	SG		\$776.00	Yes		N/A	N/A
D3472	surgical repair of root resorption - premolar; For surgery on root of premolar tooth. Does not include placement of restoration.	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3472	surgical repair of root resorption - premolar; For surgery on root of premolar tooth. Does not include placement of restoration.	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days
D3473	surgical repair of root resorption - molar; For surgery on root of molar tooth. Does not include placement of restoration.	01	021	24	SG		\$776.00	Yes		N/A	N/A
D3473	surgical repair of root resorption - molar; For surgery on root of molar tooth. Does not include placement of restoration.	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3473	surgical repair of root resorption - molar; For surgery on root of molar tooth. Does not include placement of restoration.	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	021	24	SG		\$776.00	Yes		N/A	N/A
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3501	surgical exposure of root surface without apicoectomy or repair of root resorption - anterior; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	021	24	SG		\$776.00	Yes		N/A	N/A

D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3502	surgical exposure of root surface without apicoectomy or repair of root resorption - premolar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	021	24	SG		\$776.00	Yes		N/A	N/A
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	01	020	24	SG		\$776.00	Yes		N/A	N/A
D3503	surgical exposure of root surface without apicoectomy or repair of root resorption - molar; Exposure of root surface followed by observation and surgical closure of the exposed area. Not to be used for or in conjunction with apicoectomy or repair of root resorption.	27	270, 272	11, 21, 24			\$208.00	Yes	per tooth	one per tooth per day	0 days
D7961	buccal/labial frenectomy (frenulectomy)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D7961	buccal/labial frenectomy (frenulectomy)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D7961	buccal/labial frenectomy (frenulectomy)	27	All	11, 21, 24			\$156.42	No, but AUR and PSR process applies	per procedure	twice per lifetime	0 days

D7961	buccal/labial frenectomy (frenulectomy)	31	All	11, 21, 24			\$156.42	No, but AUR and PSR process applies	per procedure	twice per lifetime	0 days
D7962	lingual frenectomy (frenulectomy)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies			N/A
D7962	lingual frenectomy (frenulectomy)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies			N/A
D7962	lingual frenectomy (frenulectomy)	27	All	11, 21, 24			\$156.42	No, but AUR and PSR process applies	per procedure	once per lifetime	0 days
D7962	lingual frenectomy (frenulectomy)	31	All	11, 21, 24			\$156.42	No, but AUR and PSR process applies	per procedure	once per lifetime	0 days
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	01	017	23			\$1.00	No	per initiation of medication	1 per rolling 7 days	N/A
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	31	All	23			\$1.00	No	per initiation of medication	1 per rolling 7 days	N/A
G2213	Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (list separately in addition to code for primary procedure)	33	335	23			\$1.00	No	per initiation of medication	1 per rolling 7 days	N/A

G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	01	183	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	01	183	22			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	082	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	082	49			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	110	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	110	49			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	184	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	08	184	12, 57			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A

G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	09	All	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	09	All	11, 12			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	31	All	02			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a 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	31	All	11, 12			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	01	016, 017	23			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	01	183	22			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	08	082	49			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	09	All	11			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A

G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	31	All	11			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	33	335	11			\$0.00	No	per supply of nasal naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	01	016, 017	23			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	01	183	22			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	08	080	12, 31, 32, 50			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	08	081	12, 31, 32, 72			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	08	082	49			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	09	All	11			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	31	All	11			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A

G2216	Take home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	33	335	11			\$0.00	No	per supply of injectable naloxone	once per 30 days	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUESTS OR CLINICAL REVIEW											
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	01	016, 017	23			\$16.04	No	per test	once per day	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	01	183	22			\$16.04	No	per test	once per day	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	01	183	22		FP	\$16.04	No	per test	once per day	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	08	083	22, 49		FP	\$16.04	No	per test	once per day	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	28	280	81			\$16.04	No	per test	once per day	N/A
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	28	280	81		FP	\$16.04	No	per test	once per day	N/A
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	24	247	11			\$10.00	No		once per day	N/A
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)(list seperately in addition to code for primary procedure)	24	247	11			\$10.00	No		three per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	01	016, 017	23			\$185.54	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	01	016, 017	23		TC	\$119.21	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	01	183	22			\$185.54	No	per procedure	once per day	N/A

93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	01	183	22	TC		\$119.21	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	08	082	49			\$185.54	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	08	082	49	TC		\$119.21	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	31	All	11			\$185.54	No	per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	31	All	11	TC		\$119.21		per procedure	once per day	N/A
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	31	All	11, 21, 22, 23, 49	26		\$66.33	No, but AUR and PSR process applies	per procedure	once per day	N/A
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	24	240, 241, 242, 243, 245	11, 12			\$26.74	No	each	21 per calendar month	N/A
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	25	250	11, 12			\$26.74	No	each	21 per calendar month	N/A

PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF IMPLEMENTING THE 2021 UPDATES OR BY CLINICAL REVIEW

19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	31	All	21, 24		RT-LT-50	\$769.12	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	31	All	21, 24	80	RT-LT-50	\$123.06	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	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	31	All	21, 24		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, 24	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
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	31	All	21, 24			\$1,000.00	No, but AUR and PSR process applies	per procedure	once per day	90 days
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	31	All	21, 24	80		\$200.00	No, but AUR and PSR process applies	per procedure	once per day	90 days
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	01	016, 017	23			\$22.72	No	per test	once per day	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	01	183	22			\$22.72	No	per test	once per day	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	01	183	22		FP	\$22.72	No	per test	once per day	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	08	083	22, 49		FP	\$22.72	No	per test	once per day	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	28	280	81			\$22.72	No	per test	once per day	N/A
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	28	280	81		FP	\$22.72	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	01	016, 017	23			\$22.42	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	01	183	22			\$22.42	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	01	183	22		FP	\$22.42	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	08	083	22, 49		FP	\$22.42	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	28	280	81			\$22.42	No	per test	once per day	N/A
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	28	280	81		FP	\$22.42	No	per test	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	016, 017	23			\$38.30	No	per test	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	183	22			\$38.30	No	per test	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	01	183	22		FP	\$38.30	No	per test	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	08	083	22, 49		FP	\$38.30	No	per test	once per day	N/A

87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	28	280	81			\$38.30	No	per test	once per day	N/A
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	28	280	81		FP	\$38.30	No	per test	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$79.00	No	per visit	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$79.00	No	per visit	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$79.00	No	per visit	once per day	N/A

99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$79.00	No	per visit	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$79.00	No	per visit	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$79.00	No	per visit	once per day	N/A

99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$79.00	No	per visit	once per day	N/A
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$79.00	No	per visit	once per day	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$106.37	No	per visit	once per day	N/A

99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$106.37	No	per visit	once per day	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$106.37	No	per visit	once per day	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$106.37	No	per visit	once per day	N/A

99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$106.37	No	per visit	once per day	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$106.37	No	per visit	once per day	N/A
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$106.37	No	per visit	once per day	N/A

99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$106.37	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$156.63	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$156.63	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$156.63	No	per visit	once per day	N/A

99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$156.63	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$156.63	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$156.63	No	per visit	once per day	N/A
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$156.63	No	per visit	once per day	N/A

99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$156.63	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$30.06	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$30.06	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$30.06	No	per visit	once per day	N/A

99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$30.06	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$30.06	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$30.06	No	per visit	once per day	N/A
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$30.06	No	per visit	once per day	N/A

99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$30.06	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$56.22	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$56.22	No	per visit	once per day	N/A

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$56.22	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$56.22	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$56.22	No	per visit	once per day	N/A

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$56.22	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$56.22	No	per visit	once per day	N/A
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$56.22	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	02			\$80.79	No	per visit	once per day	N/A

99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	14	140	21			\$80.79	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	02			\$80.79	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	27	All	21			\$80.79	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02			\$80.79	No	per visit	once per day	N/A

99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21			\$80.79	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	02	TH		\$80.79	No	per visit	once per day	N/A
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	31	All	21	TH		\$80.79	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	01	183	02	U9	HD	\$40.00	No	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	01	183	22	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	05	050	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	05	050	12	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	08	074	15	UB		\$15.00	No	visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	080	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	080	12, 50	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	081	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	081	12, 72	U9	HD	\$40.00	No	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	082	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	082	49	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	083	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	08	083	22, 49	U9	HD	\$40.00	No	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	08	110	49	UB		\$15.00	No	visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	08	184	57	U7		\$6.00	No	visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	09	All	02			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	09	All	11, 12, 23, 24, 31, 32, 54, 99			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	14	140	02			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	14	140	11, 12, 22, 23, 24, 31, 32, 54			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	18	180	02			\$30.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	18	180	11, 12, 31, 32			\$30.00	No	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	27	All	02			\$30.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	27	All	11, 12, 22, 23, 31, 32, 49			\$30.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	31	All	02			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 22, 23, 24, 31, 32, 54, 65, 99			\$30.00	No, but AUR and PSR process applies	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	31	All	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	31	All	11, 12, 99	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	33	335	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, 15 minutes are spent face-to-face with the patient and/or family.	33	335	11, 99	U9	HD	\$40.00	No	per visit	once per day	N/A

99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	47	470	02	U9	HD	\$40.00	No	per visit	once per day	N/A
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	47	470	11, 25	U9	HD	\$40.00	No	per visit	once per day	N/A
E0603	Breast pump, electric (AC and/or DC), any type	24	240, 241, 242, 243, 245	11, 12	NU		\$180.00	Yes	per pump	one per calendar year	N/A
E0603	Breast pump, electric (AC and/or DC), any type	25	250	11, 12	NU		\$180.00	Yes	per pump	one per calendar year	N/A