

# Medical Assistance BULLETIN

**ISSUE DATE** 

**EFFECTIVE DATE** 

NUMBER

September 9, 2024

September 9, 2024

99-24-07

**SUBJECT** 

Medical Assistance (MA) Program Fee Schedule Revisions В

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Deputy Secretary

Office of Medical Assistance Programs

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**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-provider-enrollment-information/provider-enrollment-documents.html">https://www.pa.gov/en/agencies/dhs/resources/for-provider-enrollment-information/provider-enrollment-documents.html</a>

#### **PURPOSE:**

The purpose of this bulletin is to advise providers of additions and updates to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of service on and after September 9, 2024, unless otherwise noted.

# SCOPE:

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

### **BACKGROUND:**

The Department of Human Services (Department) is adding new procedure codes based on clinical review, provider request, and recommendations from the Advisory Committee on Immunization Practices (ACIP) and the U.S. Food and Drug Administration (FDA). The Department is making updates to the MA Program Fee Schedule in compliance with National Correct Coding Initiative (NCCI) recommendations. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule as a result of clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type (PT), specialty (Spec), place of service (POS), units, and limits.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at: https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

#### **DISCUSSION:**

# **Procedure Codes Being Added**

Effective for dates of service on and after June 17, 2024, the Department added the following procedure code to the MA Program Fee Schedule for vaccine administration based upon FDA approval, ACIP recommendation, and clinical review. Providers should follow the ACIP recommendations, and the package insert to determine the correct population, dosage, and instructions for administration of all vaccines.

Procedure Code
90684

Effective for dates of services on and after August 1, 2024, the Department added the following procedure codes to the MA Program Fee Schedule for vaccine administration based upon FDA approval, ACIP recommendation, clinical review, or provider request. Providers should follow the ACIP recommendations, and the package insert to determine the correct population, dosage, and instructions for administration of all vaccines.

Procedure Codes					
90653 90657 90658					
90660 90661 90673					

The Department is adding the following procedure codes to the MA Program Fee Schedule based upon clinical review and provider request. These procedure codes may include the modifiers RR (rental), UD (informational), RT (right), LT (left), or FP (family planning). The procedure code descriptions for procedure codes with the UD informational modifier indicates a post administration observation period of 2 hours. The procedure code S0199 is to be billed in accordance with MA Bulletin 99-06-15, entitled "Clarification on Payment Policy for Abortion Services."

Procedure Codes						
E0604 (RR) G2082 (UD) G2083 (UD) L8033 (RT) L8033 (LT) L8039 (RT						
L8039 (LT)	L8039 (LT) S0199 S0199 (FP) S8427 (RT) S8427 (LT)					

# **Prior Authorization Requirement Updates**

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as set forth in Section 443.6(b)(1) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code.

Procedure Codes					
L8033 (RT) L8033 (LT) L8039 (RT) L8039 (LT)					

The Department removed prior authorization requirements for the following procedure codes with or without the NU (purchase) or RR modifiers, based on clinical review.

Procedure Codes and Modifiers					
92065	92065 E0570 (NU) E0570 (RR)				
E0572 (NU) E0572 (RR) E0574 (RR)					

# **Updates to Procedure Codes Currently on the MA Program Fee Schedule**

Physician Services

The Department is end-dating the "All" specialty for PT 01 (Inpatient Facility) in POS 23 (Emergency Room) and opening PT/Spec 01/017 (Emergency Room Arrangement 2) in POS 23 based upon clinical review.

Procedure Code	End-dated PT/Spec/POS	Opening PT/Spec/POS
65426	01/AII/23	01/017/23

The Department is adding the RT, LT, and 50 modifiers to the following PT/Spec/POS combinations for surgical procedure code 65426 based on clinical review.

Procedure Code	PT/Spec	POS	Modifiers
	01/017	23	
	01/183 (Hospital Based Medical Clinic)	22 (Outpatient Hospital)	
65426	31 (Physician)/ALL	11 (Office), 21 (Inpatient Hospital), 23, 24 (Ambulatory Surgical Center (ASC)), 99 (Special Treatment Room)	RT; LT; 50

Effective for dates of services on or after March 1, 2024, the Department added POS 02 (Telehealth Provided Other than in a Patient's Home) and POS 10 (Telehealth Provided in a Patient's Home) for PT/Spec 10 (Mid-Level Practitioner)/247 (Pharmacist) for the following procedure codes based upon clinical review.

Procedure Codes				
99202 99203 99211 99212 99213				
G0108	G0109	G0312	G0315	

The Department is end-dating PT 08 (Clinic) for surgical procedure code 65426 based upon clinical review.

#### Behavioral Health Services

The Department is opening PT/Spec/POS combinations with the UB (pricing) modifier for the following procedure codes based upon clinical review and provider request.

Procedure Code	New PT/Spec/POS	New Modifier
	01/183/02	
00450	01/183/10	
96156 - 96158 - 96159 - 96167 - 96168 -	01/183/22	
	01/183/27 (Outreach Site/Street)	LID
	19 (Psychologist)/190 (General Psychologist)/02	UB
	19/190/10	
	19/190/11	
	19/190/27	7

The Department is end-dating POS 02 and/or POS 10 for the following PT/Spec combinations with or without the FQ (Audio-only communication technology) modifier for procedure code G2214 based upon clinical review.

Procedure Code	PT/Spec	End-dated POS	Modifier
	01/183	02	No modifier
	08/082 (Independent Medical/Surgical Clinic)	02	No modifier
	08/110 (Psychiatric Outpatient Clinic)	02, 10	No modifier; FQ
	08/184 (Outpatient Drug and Alcohol)	02, 10	No modifier; FQ
G2214	09/AII	02	No modifier
	10/100	02	No modifier
	31/AII	02	No modifier
	31/339 (Psychiatry)	10	No modifier
	31/339	02, 10	FQ

#### Interprofessional Consultation Services

The Department is opening PT/Spec/POS combination 08/110/49 (Independent Clinic) for procedure code 99452 based upon clinical review. The limit for procedure code 99452 is 1 per 14 days, as outlined in MA Bulletin 08-24-01, entitled "Interprofessional Consultation Services", which may be viewed online at: <a href="https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023122701.pdf">https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023122701.pdf</a>.

# Durable Medical Equipment (DME) and Medical Supplies

The Department is adding the RT and LT modifiers to the following procedure codes indicated below based upon clinical review.

Procedure Codes				
L8010	L8020	L8030	L8035	

The Department is removing the 50 modifier for procedure codes L8031 and L8032 based upon clinical review.

The Department is end-dating "All" specialties for PT 24 (Pharmacy) and PT 25 (DME/Medical Supplies) and opening the following individual PT/Spec/POS combinations with or without the RT and LT modifiers based upon clinical review.

Procedure Codes	End-dated PT/Spec	New PT/Spec	POS	New Modifiers
A4280	24/AII 	24/240 (Independent) 24/241 (Institutional Independent) 24/242 (Chain) 24/243 (Institutional Chain) 24/245 (Mail Order) 25/250 (DME/Medical Supplies) 25/251 (Prosthetist)	11, 12 (Home)	No Modifier
	20//	25/252 (Orthotist)		
L8000 L8001 L8002 L8015	24/AII 25/AII	24/240 24/241 24/242 24/243 24/244 (Long Term Care) 24/245 25/250 25/251 25/252	11, 12, 21, 31 (Skilled Nursing Facility), 32 (Nursing Facility)	No Modifier
L8010 L8020 L8030 L8035	24/AII 25/AII	24/240 24/241 24/242 24/243 24/244 24/245 25/250 25/251 25/252	11, 12, 21, 31, 32	RT; LT

The Department is end-dating the following PT/Spec/POS combinations for procedure codes L8001 and L8002 based upon clinical review.

Procedure Codes	End-dated PT/Spec/POS
	03 (Extended Care Facility)/All/31
L8001	03/AII/32
L8002	31/AII/11
	31/AII/12

# Unit and Limit Updates

The Department is updating the unit limit for the following procedure codes based upon NCCI recommendations and clinical review.

Procedure Codes	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit
L8001	1·1	1.4
L8002		
L8010	1:4	1:2
S8424	1:3	1.2
S8428	1.3	1.2

The Department is updating limits for the following procedure codes based upon clinical review.

Procedure Code	Former Limit	New Limit
L8000	4 per calendar month	4 per 365 days
L8001	N/A	4 per 365 days
L8002	N/A	4 per 365 days
L8010	4 per calendar month	3 per RT side and 3 per LT side, per 180 days
L8015	N/A	4 per 365 days

# Fee Adjustments

The Department is adjusting the MA Program fees for the following procedure codes when submitted with or without a modifier as indicated below.

Procedure Codes	Former Fee	New Fee
59840	\$81.50	\$765.00
59841	\$306.00	\$1,000.00
59850	\$246.00	\$340.00
59856	\$454.94	\$1,000.00
65426	\$224.00	\$454.08
90868	\$19.89	\$104.87
90869	\$83.89	\$168.89

A4280	\$3.66	\$7.07
L8000	\$28.00	\$42.79
L8001	\$78.99	\$144.35
L8002	\$103.90	\$189.82
L8010 (RT)	\$32.04	\$42.56
L8010 (LT)	\$32.04	\$42.56
L8015	\$35.66	\$68.98
L8020 (RT)	\$150.00	\$293.25
L8020 (LT)	\$150.00	\$293.25
L8030 (RT)	\$142.03	\$379.54
L8030 (LT)	\$142.03	\$379.54
L8031 (RT)	\$142.03	\$379.54
L8031 (LT)	\$142.03	\$379.54
L8032 (RT)	\$27.75	\$45.08
L8032 (LT)	\$27.75	\$45.08
L8035 (RT)	\$2,179.14	\$4215.60
L8035 (LT)	\$2,179.14	\$4215.60
S8424 (RT)	\$24.50	\$60.16
S8424 (LT)	\$24.50	\$60.16
S8428 (RT)	\$6.00	\$36.82
S8428 (LT)	\$6.00	\$36.82

#### Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-quides.html">https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-quides.html</a>.

MA MCOs are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. An MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits. MA MCOs may, with advanced written approval from the Department, require prior authorization for services that are subject to limits on the MA Program Fee Schedule.

#### PROCEDURE:

Attached is the list of procedure codes being added and updated. The attachment does not include procedure codes where the only change was the removal of the prior authorization requirement. Included in this document are procedure codes, procedure code descriptions,

procedure code modifiers, effective dates, 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.

Updates or revisions to procedure codes with the FP modifier have been added to the Family Planning Services Program: Covered Services Chart, which is attached to MA Bulletin 01-24-13, entitled "MA Program Fee Schedule Updates for Certain Family Planning Procedure Codes", issued September 9, 2024.

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: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html">https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html</a>.

#### **ATTACHMENT:**

Medical Assistance Fee Schedule Revisions

# Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs Medical Assistance (MA) Program Fee Schedule Revisions

This chart is divided into two sections. The first section includes procedure codes being added to the MA Program Fee Schedule based upon clinical review, provider request, and recommendations from the Advisory Committee on Immunization Practices and the U.S. Food and Drug Administration. The second section includes updates to procedure codes currently on the fee schedule being updated based upon clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type, specialty, place of service, units, and limits. Included for each procedure code is a description of the service, modifers, fees, prior authorization requirements, limitations, and post-operative days associated with that code.

	service, modifers, fees, prid	Provider	l	Place of	Pricing Pricing	Info	Sociated With	Prior	Ī	I	Post op
Procedure Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	2 333	.,,,,	орозину	00.1100		11100111101		7 10.0.1			
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	01	183	22			\$10.00	No	administration	once per day	N/A
										· ´	
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	08	082	49			\$10.00	No	administration	once per day	N/A
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	09	All	11, 12, 27			\$10.00	No	administration	once per day	N/A
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	10	100	11, 12, 27			\$10.00	No	administration	once per day	N/A
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	10	247	11, 12			\$10.00	No	administration	once per day	N/A
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	31	All	11, 12, 27			\$10.00	No	administration	once per day	N/A
	Pneumococcal conjugate vaccine, 21 valent (PCV21), for								per		
90684	intramuscular use	33	335	11, 12, 27			\$10.00	No	administration	once per day	N/A
										once per 270	
	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,						4	l	per	days per flu	
90653	for intramuscular use	01	183	22			\$10.00	No	administration	season	N/A
	Left and a second									once per 270	
00053	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,	00	000	40			640.00		per	days per flu	21/2
90653	for intramuscular use	08	082	49			\$10.00	No	administration	season	N/A
	Influenza vaccina inactivated (IIV) subunit adjuvanted								200	once per 270	
00653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,	09	All	11 12 27			\$10.00	No	per	days per flu	NI/A
90653	for intramuscular use	09	All	11, 12, 27			\$10.00	No	administration	season	N/A
	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,								nor	once per 270 days per flu	1
90653	for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration		N/A
30033	ioi iiiti ailiustulai use	10	100	11, 12, 27			310.00	INU	aummistration	season once per 270	IN/A
	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,								ner	days per flu	1
90653	for intramuscular use	10	247	11, 12			\$10.00	No	per administration	season	N/A
30033	ioi iiiti ailiustulai ust	10	24/	11,14			310.00	INU	aummstration	once per 270	IN/A
	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,								per	days per flu	1
90653	for intramuscular use	31	All	11 12 27			\$10.00	No	administration	season	NI/A
30033	ויטו ווונו מווועטכעומו עטכ	1 2T	All	11, 12, 27			0.00 ک	INU	aummistration	seasuii	N/A

				1	I				once per 270	
	Influenza vaccine, inactivated (IIV), subunit, adjuvanted,							nor	days per flu	
90653		22	225	11 12 27		\$10.00	No	per		NI/A
90053	for intramuscular use	33	335	11, 12, 27		\$10.00	No	administration	season	N/A
									once per 270	
00657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL	0.4	400			440.00		per	days per flu	
90657	dosage, for intramuscular use	01	183	22		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	_
90657	dosage, for intramuscular use	08	082	49		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	
90657	dosage, for intramuscular use	09	All	11, 12, 27		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	
90657	dosage, for intramuscular use	10	100	11, 12, 27		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	
90657	dosage, for intramuscular use	10	247	11, 12		\$10.00	No	administration	season	N/A
						7 = 0.00			once per 270	,
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	
90657	dosage, for intramuscular use	31	All	11, 12, 27		\$10.00	No	administration	season	N/A
30037	dosage, for intramascalar asc	- 31	All	11, 12, 27		710.00	140	dammistration	once per 270	IN/A
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL							per	days per flu	
90657		22	225	11 12 27		\$10.00	No	administration		NI/A
	dosage, for intramuscular use	33	335	11, 12, 27		\$10.00	INO	aummistration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL	•				440.00		per	days per flu	
90658	dosage, for intramuscular use	01	183	22		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	08	082	49		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	09	All	11, 12, 27		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	10	100	11, 12, 27		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	10	247	11, 12		\$10.00	No	administration	season	N/A
				1					once per 270	•
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	31	All	11, 12, 27		\$10.00	No	administration	season	N/A
23000			7 311	,, -,		, _0.50			once per 270	. •// (
	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL							per	days per flu	
90658	dosage, for intramuscular use	33	335	11, 12, 27		\$10.00	No	administration	season	N/A
30036	aosage, for intramascalar ase	JJ	333	11, 12, 27		710.00	140	daministration	once per 270	IN/A
	Influenza virus vaccino trivalent live (LAN/2) for							nor	•	
00000	Influenza virus vaccine, trivalent, live (LAIV3), for	04	102	] 33		¢10.00	Nic	per	days per flu	N1 / A
90660	intranasal use	01	183	22		\$10.00	No	administration	season	N/A
									once per 270	
	Influenza virus vaccine, trivalent, live (LAIV3), for							per	days per flu	
90660	intranasal use	08	082	49		\$10.00	No	administration	season	N/A

				Τ		1				once per 270	
	Influenza virus vaccine, trivalent, live (LAIV3), for								per	days per flu	
90660	intranasal use	09	All	11, 12, 27			\$10.00	No	administration	season	N/A
90000	iliti dilasai use	09	All	11, 12, 27			\$10.00	NO	aummistration		IN/A
	Influence visual variation for the (LADV2) for									once per 270	
00000	Influenza virus vaccine, trivalent, live (LAIV3), for	40	400	14 42 27			440.00		per	days per flu	
90660	intranasal use	10	100	11, 12, 27			\$10.00	No	administration	season	N/A
										once per 270	
	Influenza virus vaccine, trivalent, live (LAIV3), for								per	days per flu	
90660	intranasal use	10	247	11, 12			\$10.00	No	administration	season	N/A
										once per 270	
	Influenza virus vaccine, trivalent, live (LAIV3), for								per	days per flu	
90660	intranasal use	31	All	11, 12, 27			\$10.00	No	administration	season	N/A
										once per 270	
	Influenza virus vaccine, trivalent, live (LAIV3), for								per	days per flu	
90660	intranasal use	33	335	11, 12, 27			\$10.00	No	administration	season	N/A
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	01	183	22			\$10.00	No	administration	season	N/A
							7-2				,
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	08	082	49			\$10.00	No	administration	season	N/A
90001	dosage, for intramuscular use	00	062	49			\$10.00	NO	aummistration	3683011	IN/A
	Influence since a spiral and (selly/2), desired from sell									270	
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL			1			4		per	days per flu	
90661	dosage, for intramuscular use	09	All	11, 12, 27			\$10.00	No	administration	season	N/A
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	10	100	11, 12, 27			\$10.00	No	administration	season	N/A
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	10	247	11, 12			\$10.00	No	administration	season	N/A
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	31	All	11, 12, 27			\$10.00	No	administration	season	N/A
											-
	Influenza virus vaccine, trivalent (ccIIV3), derived from cell									once per 270	
	cultures, subunit, preservative and antibiotic free, 0.5 mL								per	days per flu	
90661	dosage, for intramuscular use	33	335	11, 12, 27			\$10.00	No	administration	season	N/A
	3-,			,,,			,				.,,,,
	Influenza virus vaccine, trivalent (RIV3), derived from									once per 270	
	recombinant DNA, hemagglutinin (HA) protein only,								per	days per flu	
90673	preservative and antibiotic free, for intramuscular use	01	183	22			\$10.00	No	administration	, ,	N/A
500/3	preservative and antibiotic free, for intraffuscular use	UΙ	103		<del>                                     </del>		λ10.00	INU	aummistration	season	IN/A
	Influence views received this least (DN/O). Let a d fine										
	Influenza virus vaccine, trivalent (RIV3), derived from									once per 270	
000==	recombinant DNA, hemagglutinin (HA) protein only,						445.5-		per	days per flu	
90673	preservative and antibiotic free, for intramuscular use	80	082	49			\$10.00	No	administration	season	N/A

			1	1	ı					1	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only,						·		per	once per 270 days per flu	
90673	preservative and antibiotic free, for intramuscular use	10	100	11, 12, 27			\$10.00	No	administration	season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	24	240, 241, 242, 243, 245	11, 12	RR		\$67.97	No, but PA required after 6 months rental	each	one per calendar month	N/A
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	25	250	11, 12	RR		\$67.97	No, but PA required after 6 months rental	each	one per calendar month	N/A
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	08	110	49		UD	\$34.10	No	per visit	once per day	N/A
	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation					UD	\$34.10	No	·		
G2082	מטווווווסנו מנוטוו טטטכו למנוטוו	09	103	11	<u> </u>	ם ט	γ34.1U	INU	per visit	once per day	N/A

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G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	31	339	11		UD	\$34.10	No	per visit	once per day	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	08	110	49		UD	\$34.10	No	per visit	once per day	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	09	103	11		UD	\$34.10	No	per visit	once per day	N/A
02000			100				7525		per viere	once per day	14/71
	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours										
G2083	post administration observation	31	339	11		UD	\$34.10	No	per visit	once per day	N/A
G2083	post administration observation	31	240, 241,	11		00	754.10	NO	per visit	Office per day	IN/A
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	24	242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$926.83	Yes	each	per medical necessity	N/A
	Nipple prosthesis, custom fabricated, reusable, any		1	11, 12, 21, 31,						per medical	
L8033	material, any type, each	25	252	32		RT-LT	\$926.83	Yes	each	necessity	N/A
L8039	Breast prosthesis, not otherwise specified	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$1,436.36	Yes	each	per medical necessity	N/A
			250, 251,	11, 12, 21, 31,			7-, 100100			per medical	
L8039	Breast prosthesis, not otherwise specified	25	252	32		RT-LT	\$1,436.36	Yes	each	necessity	N/A
	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion)										
S0199	except drugs	01	183	22			\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion)										
	except drugs	01	183	22	FP	I	\$690.00	No	each	per pregnancy	N/A

	Medically induced abortion by oral ingestion of			1	<u> </u>		1		I		
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
	pregnancy, ultrasound to confirm completion of abortion)										
S0199	i i	00	082	49			\$690.00	No	aaab	nor prognancy	NI/A
30199	except drugs  Medically induced abortion by oral ingestion of	80	082	49			\$690.00	No	each	per pregnancy	N/A
	medication including all associated services and supplies										
	-										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
50100	pregnancy, ultrasound to confirm completion of abortion)	00	082	40			\$600.00	No	aaab	nor prognancy	NI/A
S0199	except drugs	80	082	49	FP		\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of										
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
50400	pregnancy, ultrasound to confirm completion of abortion)	00	002	22.40			¢600.00	NI-			N1 / A
S0199	except drugs	08	083	22, 49	FP		\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of										
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
50400	pregnancy, ultrasound to confirm completion of abortion)	00		44			¢600.00		1.		N1 / A
S0199	except drugs	09	All	11		<u> </u>	\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of										
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion)										
S0199	r · · · · · · · · · · · · · · · · · · ·	09	All	11	FP		\$690.00	No	oach	nor prognancy	N/A
30199	except drugs  Medically induced abortion by oral ingestion of	09	All	11	rr		\$690.00	No	each	per pregnancy	IN/A
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
	pregnancy, ultrasound to confirm completion of abortion)										
S0199	except drugs	10	100	11			\$690.00	No	each	nor prognancy	N/A
30199	Medically induced abortion by oral ingestion of	10	100	11			3090.00	INO	eacii	per pregnancy	IV/A
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
	pregnancy, ultrasound to confirm completion of abortion)										
S0199	except drugs	10	100	11	FP		\$690.00	No	each	per pregnancy	N/A
30199	Medically induced abortion by oral ingestion of	10	100	11	- ''		7030.00	INU	Eacil	per pregnancy	111/71
	medication including all associated services and supplies										
	(e.g., patient counseling, office visits, confirmation of										
	pregnancy by HCG, ultrasound to confirm duration of										
	pregnancy, ultrasound to confirm completion of abortion)										
S0199	except drugs	31	All	11			\$690.00	No	each	per pregnancy	N/A
30133	1225hr al aDa	31	/ \( \( \) \( \)		<u> </u>	I	7050.00	110	L	I be bieginnie)	14//1

	I				1	1				1	
	Medically induced abortion by oral ingestion of								1		
	medication including all associated services and supplies								1		
	(e.g., patient counseling, office visits, confirmation of								1		
	pregnancy by HCG, ultrasound to confirm duration of								1		
	pregnancy, ultrasound to confirm completion of abortion)										
S0199	except drugs	31	All	11	FP		\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of								1		
	medication including all associated services and supplies								1		
	(e.g., patient counseling, office visits, confirmation of								1		
	pregnancy by HCG, ultrasound to confirm duration of								1		
	pregnancy, ultrasound to confirm completion of abortion)								1		
S0199	except drugs	33	335	11			\$690.00	No	each	per pregnancy	N/A
	Medically induced abortion by oral ingestion of										
	medication including all associated services and supplies								1		
	(e.g., patient counseling, office visits, confirmation of								1		
	pregnancy by HCG, ultrasound to confirm duration of								1		
	pregnancy, ultrasound to confirm completion of abortion)								1		
S0199	except drugs	33	335	11	FP		\$690.00	No	each	per pregnancy	N/A
							7000.00	'''		per pregnancy	,//
										three per R side	
			240, 241,						1	and three per L	
			242, 243,						1	side, per 180	
S8427	Gradient pressure aid (glove), ready made	24	245	11, 12		RT-LT	\$55.20	No	each	days	N/A
30-127	Gradient pressure and (grove), ready made	2-7	2.13	11, 12		21	<del>\$33.20</del>	110	Cucii	days	14/71
									1	three per R side	
									1	and three per L	
									1	side, per 180	
S8427	Gradient pressure aid (glove), ready made	25	250	11, 12		RT-LT	\$55.20	No	each	days	N/A
30427	PROCEDURE CODES C			-	UPDATED AS A		<u> </u>		caen	22,0	14/71
		Provider		Place of	Pricing	Info		Prior			Post op
Procedure Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
		71	,					No, but			,
								AUR and	1		
								PSR	1		
								process	1		
59840	Induced abortion, by dilation and curettage	01	021	24	SG		\$579.00	applies	1	N/A	N/A
33040	Induced abortion, by unation and carettage	01	021	24	30		\$373.00	No, but	<del></del>	14/74	IV/A
								AUR and	1		
								PSR	1		
							1	process			
59840	Induced abortion, by dilation and surettage	02	020	24	sc.		¢570.00	1 '	1	NI/A	NI/A
33040	Induced abortion, by dilation and curettage	UZ	020	24	SG		\$579.00	applies	<del>                                     </del>	N/A	N/A
59840	Induced abortion, by dilation and curettage	01	017	23			\$765.00	No	per procedure	per pregnancy	10 days
59840	Induced abortion, by dilation and curettage	01	183	22			\$765.00	No	per procedure	per pregnancy	10 days
330 10	and the state of t	<u> </u>	100				Ç. 03.00	110	pe. procedure	Per Pregnancy	10 day5
59840											
	Induced abortion, by dilation and curettage	80	082	49			\$765.00	No	per procedure	per pregnancy	10 days

Sp841   Induced abortion, by dilation and evacuation   O1   O21   24   SG   S776.00   No. but AUR and PSR process   N/A											1	1
Section   Figure									No, but			
System   Induced abortion, by dilation and curettage   31									AUR and			
1									PSR			
1									process			
59841 Induced abortion, by dilation and evacuation  O1 O21 24 SG S776.00 applies  No, but AUR and PSR process  N/A  59841 Induced abortion, by dilation and evacuation  O2 O20 24 SG S776.00 applies  N/A  59841 Induced abortion, by dilation and evacuation  O1 O17 23 S1,000.00 No per procedure  59841 Induced abortion, by dilation and evacuation  O1 O18 08 082 49 S1,000.00 No per procedure per pregnancy  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/	59840	Induced abortion, by dilation and curettage	31	ΔII	11 21 23 24			\$765.00		ner nrocedure	ner nregnancy	10 days
S9841 Induced abortion, by dilation and evacuation 01 021 24 5G \$775.00 applies N/A    No. but AUR and PSR process   N/A	33040	madeca abortion, by anation and carettage	31	7.11	11, 21, 23, 24		+	7703.00		per procedure	per pregnancy	10 days
S9841 Induced abortion, by dilation and evacuation  O1 O21 24 SG S776.00 applies  N/A  No. but AUR and PSR process applies  N/A  No. but AUR and PSR process applies  N/A  S9841 Induced abortion, by dilation and evacuation  O2 O20 24 SG S776.00 applies  N/A  S9841 Induced abortion, by dilation and evacuation  O1 O17 23 S1,000.00 No per procedure per pregnancy  S9841 Induced abortion, by dilation and evacuation  O1 D183 22 S1,000.00 No per procedure per pregnancy  No. but AUR and PSR process  S9841 Induced abortion, by dilation and evacuation  O8 O82 49 S1,000.00 No per procedure per pregnancy  No. but AUR and PSR process  S9841 Induced abortion, by dilation and evacuation  O8 O82 49 S1,000.00 No per procedure per pregnancy  No. but AUR and PSR No. but AUR and Secundines; of the substitution of fetus and secundines; of the substitution of fetus and secundines; with dilation and curettage and visits, delivery of refus and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses and secundines; with dilation and curettage and visits, delivery of refuses a												
S9841 Induced abortion, by dilation and evacuation 01 021 24 SG S776.00 applies PSR PSR Process S9841 Induced abortion, by dilation and evacuation 02 020 24 SG S776.00 applies PSR Process S9841 Induced abortion, by dilation and evacuation 01 017 23 SI,000.00 No per procedure Per pregnancy S9841 Induced abortion, by dilation and evacuation 01 183 22 SI,000.00 No per procedure Per pregnancy Per pregnancy Per pregnancy Per pregnancy Per process S9841 Induced abortion, by dilation and evacuation 08 082 49 SI,000.00 No per procedure Per pregnancy												
Systat   Induced abortion, by dilation and evacuation   O1   O21   24   SG   S776.00   Applies   N/A									PSR			
Section of transposition of pterrygium; with graft   Section of transposition of tr									process			
59841 Induced abortion, by dilation and evacuation  59841 Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission  59850 Induced abortion, by 1 or more evaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and wishts, delivery of fetus and secundines; with dilation and curettage and/or evacuation  59856 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and wishts, delivery of fetus and secundines; with dilation and curettage and/or evacuation  59856 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and wishts, delivery of fetus and secundines; with dilation and curettage and/or evacuation  59856 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and wishts, delivery of fetus and secundines; with dilation and curettage and/or evacuation  59856 Induced abortion, by dilation and evacuation  59857 Induced abortion, by dilation and evacuation  59858 Induced abortion, by dilation and evacuation  59858 Induced abortion, by dilation and evacuation  59858 Induced abortion, by dilat	59841	Induced abortion, by dilation and evacuation	01	021	24	SG		\$776.00	applies		N/A	N/A
S9841 Induced abortion, by dilation and evacuation  O2 O20 24 SG \$776.00 Applies process applies  S9841 Induced abortion, by dilation and evacuation  O1 O17 23 \$1,000.00 No per procedure per pregnancy  S9841 Induced abortion, by dilation and evacuation  O8 O82 49 \$1,000.00 No per procedure per pregnancy  No, but AUR and PSR process  S9841 Induced abortion, by dilation and evacuation  O8 O82 49 \$1,000.00 No per procedure per pregnancy  No, but AUR and PSR process  S9841 Induced abortion, by dilation and evacuation  O8 O82 49 \$1,000.00 No per procedure per pregnancy  No, but AUR and PSR process  No, but AUR and PSR process  S9850 and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and c									No, but			
Systat   Induced abortion, by dilation and evacuation   O2   O20   24   SG   Sy76.00   Systation   S									AUR and			
S9841   Induced abortion, by dilation and evacuation   O2   O20   24   SG   S76.00   S776.00   Applies   S776.00												
Sep841   Induced abortion, by dilation and evacuation   O2   O20   O24   SG   S776.00   Applies   N/A												
S9841   Induced abortion, by dilation and evacuation   O1   O17   23   S1,000.00   No   per procedure   per pregnancy   S9841   Induced abortion, by dilation and evacuation   O8   O82   49   S1,000.00   No   per procedure   per pregnancy   Per pregnancy   Per procedure   Per procedure   Per pregnancy   Per procedure   Per	50044	Indused chaption by dilating and accounting	02	020	24			6776.00			N1/A	21/2
Signature   Sign						SG	<del>                                     </del>					N/A
System							ļ					10 days
59841 Induced abortion, by dilation and evacuation  31 All 11, 21, 23, 24 S1,000.00 applies per procedure per pregnancy  Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  31 All 21 S340.00 process per procedure per pregnancy  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  31 All 21 S1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  59856 and/or evacuation  31 All 21 S1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  Forcess per procedure per pregnancy  S1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  Forcess per procedure per pregnancy  No, but AUR and PSR process  N/A  No, but AUR and PSR process  N/A  No, but AUR and PSR process											per pregnancy	10 days
Section or transposition of pterygium; with graft  Induced abortion, by dilation and evacuation  31 All 11, 21, 23, 24 \$56 \$776.00 applies per procedure per pregnancy  AUR and PSR process \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR per procedure per pregnancy  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;  31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process and/or evacuation  31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process and/or evacuation  No, but AUR and PSR process and/or evacuation of pterygium; with graft  O1 O21 24 56 \$776.00 applies N/A  No, but AUR and PSR	59841	Induced abortion, by dilation and evacuation	08	082	49			\$1,000.00	No	per procedure	per pregnancy	10 days
59841 Induced abortion, by dilation and evacuation  Induced abortion, by dilation and evacuation  Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission  AUR and PSR  59850 and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage  31 All 21 \$1,000.00 process per procedure per pregnancy  No, but AUR and PSR process  59856 and/or evacuation  31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  59856 process  59856 Excision or transposition of pterygium; with graft  O1 O21 24 56 \$776.00 applies  No, but AUR and PSR									No, but			
Induced abortion, by dilation and evacuation   31   All   11, 21, 23, 24   Sign   51,000.00   applies   per procedure   per pregnancy												
Induced abortion, by dilation and evacuation   31   All   11, 21, 23, 24   \$1,000.00   process applies per procedure per pregnancy												
Induced abortion, by dilation and evacuation   31   All   11, 21, 23, 24   \$1,000.00   applies   per procedure   per pregnancy												
Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  31 All 21 \$1,000.00 No, but AUR and PSR process and/or evacuation  31 All 21 \$1,000.00 per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  No, but AUR and PSR process process per procedure per pregnancy  No, but AUR and PSR process process per procedure per pregnancy  No, but AUR and PSR process process per procedure per pregnancy  No, but AUR and PSR process process per procedure per pregnancy  No, but AUR and PSR process p	50044		24					44 000 00	· .			40.1
Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  31 All 21 \$1,000.00 applies per procedure per pregnancy  81,000.00 applies per procedure per pregnancy  82,1,000.00 applies per procedure per pregnancy  83,1,000.00 applies per procedure per pregnancy  84,000.00 applies per procedure per pregnancy  85,1,000.00 applies process  86,1,000.00 applies process  86,1,000.00 applies process  86,1,000.00 applies process  87,76,00 applies N/A  87,000.00 All AUR and PSR  87,776,00 applies N/A  87,000.00 applies N/A	59841	Induced abortion, by dilation and evacuation	31	All	11, 21, 23, 24			\$1,000.00		per procedure	per pregnancy	10 days
(amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage  59856 and/or evacuation  31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  59856 and/or evacuation  40 PSR process  59856 Excision or transposition of pterygium; with graft  59856 Excision or transposition of pterygium; with graft  10 021 24 SG \$776.00 applies  No, but AUR and PSR process												
System and visits, delivery of fetus and secundines;  Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation  31 All 21 \$340.00 process per procedure per pregnancy  No, but AUR and PSR process and/or evacuation  31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  59856 Excision or transposition of pterygium; with graft  01 021 24 SG \$776.00 applies  No, but AUR and PSR process  ANA  No, but AUR and PSR process  ANA  No, but AUR and PSR process  No, but AUR and PSR process  No, but AUR and PSR process  AUR and PSR process  ANA  No, but AUR and PSR process		•										
Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy No, but AUR and PSR process  65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR process applies N/A  No, but AUR and PSR process AVA SG PTOS.00 applies N/A  No, but AUR and PSR No, but AUR AUR and PSR NO, but AUR		(amniocentesis-injections), including hospital admission							PSR			
prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  Security of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process applies N/A  Security of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR	59850	and visits, delivery of fetus and secundines;	31	All	21			\$340.00	process	per procedure	per pregnancy	90 days
prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  No, but AUR and PSR process per procedure per pregnancy  Security of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process applies N/A  Security of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR												
prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage  59856 and/or evacuation  31 All 21  \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  per procedure per pregnancy  865426 Excision or transposition of pterygium; with graft  01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR process  AUR and PSR process  No, but AUR and PSR No, b		Induced abortion, by 1 or more vaginal suppositories (eg.							No. but			
laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage  59856 and/or evacuation  31 All 21  Sq. process \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process  process per procedure per pregnancy  No, but AUR and PSR process  process per procedure per pregnancy  Sq. process process process  process per procedure per pregnancy  No, but AUR and PSR process  N/A  No, but AUR and PSR process  AUR and PSR process applies N/A  No, but AUR and PSR N												
of fetus and secundines; with dilation and curettage and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process process per procedure per pregnancy  Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR process Applies N/A  No, but AUR and PSR NO, but												
59856 and/or evacuation 31 All 21 \$1,000.00 applies per procedure per pregnancy  No, but AUR and PSR process process process N/A  65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR PSR process N/A  No, but AUR and PSR												
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR process AUR and PSR process AUR and PSR PR PR PROCESS AUR and PSR PR		-										
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR	59856	and/or evacuation	31	All	21			\$1,000.00		per procedure	per pregnancy	90 days
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR PSR POR POR POR POR POR POR POR POR POR PO									No, but			
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR									AUR and			
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR									PSR			
65426 Excision or transposition of pterygium; with graft 01 021 24 SG \$776.00 applies N/A  No, but AUR and PSR												
No, but AUR and PSR	65/26	Excision or transposition of ntervalum, with graft	Ω1	021	] 24	SG		\$776.00			N/A	N/A
AUR and PSR	05420	Excision of transposition of pierygium, with graft	01	021	+	30		٧٠/٥.٥٥			IN/A	IN/A
PSR PSR												
				1								
				1					PSR			
process				1					process			
65426 Excision or transposition of pterygium; with graft 02 020 24 SG \$776.00 applies N/A	65426	Excision or transposition of pterygium; with graft	02	020	24	SG		\$776.00	applies		N/A	N/A
					† †							
once per R side				1							once ner R side	
and once per L				1							· ·	
	CE 43C	Evolution or transposition of atomicions with seeft	04	047			DT 17 50	¢454.00		non nua ac -l	1	00 4
65426 Excision or transposition of pterygium; with graft 01 017 23 RT-LT-50 \$454.08 per procedure side, per day	65426	Excision or transposition of pteryglum; with graft	U1	01/	23		KI-LI-50	\$454.08		per procedure	side, per day	90 days
		I			1 1						once per R side	
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once per R side and once per L											and once per L	

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								No, but			
								AUR and			
								PSR		once per R side	
				11, 21, 23, 24,				process		and once per L	
65426	Excision or transposition of pterygium; with graft	31	All	99		RT-LT-50	\$454.08	applies	per procedure	side, per day	90 days
	The remoutie repetitive transgrapiel magnetic stimulation										
	Therapeutic repetitive transcranial magnetic stimulation										
00000	(TMS) treatment; subsequent delivery and management,	01	102	22			¢104.07	N.	nor procedure		O davia
90868	per session Therapeutic repetitive transcranial magnetic stimulation	01	183	22			\$104.87	No	per procedure	once per day	0 days
	·										
00000	(TMS) treatment; subsequent delivery and management,	00	002	40			¢104.07	N.	nor procedure		O davia
90868	per session Therapeutic repetitive transcranial magnetic stimulation	80	082	49			\$104.87	No	per procedure	once per day	0 days
	(TMS) treatment; subsequent delivery and management,										
90868	per session	08	110	49			\$104.87	No	per procedure	once per day	0 days
90808	Therapeutic repetitive transcranial magnetic stimulation	06	110	49			\$104.67	INO	per procedure	once per day	0 days
	(TMS) treatment; subsequent delivery and management,										
90868	per session	09	103	11			\$104.87	No	per procedure	once per day	0 days
30000	per session	03	103	11			γ10 <del>1</del> .07	No, but	per procedure	once per day	o days
								AUR and			
	Therapeutic repetitive transcranial magnetic stimulation							PSR			
	(TMS) treatment; subsequent delivery and management,							process			
90868	per session	31	All	11, 21, 24, 99			\$104.87	applies	per procedure	once per day	0 days
30000	per session	- 31	7.11	11, 21, 24, 33			7104.07	аррпсз	per procedure	once per day	o days
	Therapeutic repetitive transcranial magnetic stimulation										
	(TMS) treatment; subsequent motor threshold re-										
90869	determination with delivery and management	01	183	22			\$168.89	No	per procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation										
	(TMS) treatment; subsequent motor threshold re-										
90869	determination with delivery and management	08	082	49			\$168.89	No	per procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation										
	(TMS) treatment; subsequent motor threshold re-										
90869	determination with delivery and management	08	110	49			\$168.89	No	per procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation										
	(TMS) treatment; subsequent motor threshold re-						<b>.</b>			.	
90869	determination with delivery and management	09	103	11			\$168.89	No	per procedure	once per day	0 days
								No, but			
								AUR and			
	Therapeutic repetitive transcranial magnetic stimulation							PSR			
22222	(TMS) treatment; subsequent motor threshold re-	24					6450.00	process			0.1
90869	determination with delivery and management	31	All	11, 21, 24, 99			\$168.89	applies	per procedure	once per day	0 days
	Health behavior assessment, or re-assessment (ie, health-										
06156	focused clinical interview, behavioral observations, clinical	01	102	02 10 22	HE		¢61 14	No	nor accordant	once per des	N1 / A
96156	decision making)	01	183	02, 10, 22	U5	TJ	\$61.14	No	per assessment	once per day	N/A

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	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical								per		
96156	decision making)	01	183	02, 10, 22		TJ	\$39.88	No	reassessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical								per assessment		
96156	decision making)	01	183	02, 10, 22, 27	UB		\$86.50	No	or reassessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical										
96156	decision making)	08	082	02, 10, 49	U5	TJ	\$61.14	No	per assessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical								per		
96156	decision making)	08	082	02, 10, 49		TJ	\$39.88	No	<b>re</b> assessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-			- , -, -			, , , , ,			,	,
	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,							
96156	decision making)	09	All	27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
30130	Health behavior assessment, or re-assessment (ie, health-	03	All	27,33	- 03	13	701.14	140	per assessment	once per day	IN/A
	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,					per		
96156	decision making)	09	All	27, 99		TJ	\$39.88	No	reassessment	once per day	N/A
30120	Health behavior assessment, or re-assessment (ie, health-	09	All	21,33		11	00.500	INU	i cassessillellit	once per day	IN/A
	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,							
06156	·	10	100				661.14	Nia	nor accossment	anaa nar day	N1 / A
96156	decision making)	10	100	27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
221=2	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,			422.00		per .		
96156	decision making)	10	100	27, 99		TJ	\$39.88	No	reassessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical								per assessment		_
96156	decision making)	19	190	02, 10, 11, 27	UB		\$86.50	No	or reassessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,							
96156	decision making)	31	All	27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical			02, 10, 11, 12,					per		
96156	decision making)	31	All	27, 99		TJ	\$39.88	No	<b>re</b> assessment	once per day	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical									once per 180	
96156	decision making)	35	350	02, 10, 11,	U4	TM	\$2,064.86	No	per assessment	days	N/A
	Health behavior assessment, or re-assessment (ie, health-										
	focused clinical interview, behavioral observations, clinical								per	once per 30	
96156	decision making)	35	350	02, 10, 11,	U3	TM	\$1,868.06	No	<b>re</b> assessment	days	N/A
	Health behavior intervention, individual, face-to-face;								initial 30		
96158	initial 30 minutes	01	183	02, 10, 22	U3	TJ	\$39.20	No	minutes	once per day	N/A
	Health behavior intervention, individual, face-to-face;			' '					initial 30	. ,	,
96158	initial 30 minutes	01	183	02, 10, 22, 27	UB		\$58.00	No	minutes	once per day	N/A
	Health behavior intervention, individual, face-to-face;		1 -5-5	, -, -, -, -	<del></del>		1,22.30		initial 30	. [/	,
96158	initial 30 minutes	08	082	02, 10, 49	U3	TJ	\$39.20	No	minutes	once per day	N/A
30200	Health behavior intervention, individual, face-to-face;		"	02, 10, 11, 12,		<del>                                     </del>	,		initial 30	>	,
96158	initial 30 minutes	09	All	27, 99	U3	TJ	\$39.20	No	minutes	once per day	N/A
20120	Health behavior intervention, individual, face-to-face;	0.5	All	02, 10, 11, 12,	03	1,	733.20	INU	initial 30	once per day	111/71
96158	initial 30 minutes	10	100	27, 99	U3	TJ	\$39.20	No	minutes	once per day	N/A
30130	Health behavior intervention, individual, face-to-face;	10	100	21,33	03	1,	γ33.20	INU	initial 30	once per day	IN/A
06150		10	100	02 10 11 27	LID		\$50.00	No		once per day	NI/A
96158	initial 30 minutes	19	190	02, 10, 11, 27	UB	l	\$58.00	No	minutes	once per day	N/A

	Health behavior intervention, individual, face-to-face;		1	02, 10, 11, 12,		Ι	1	Ι	initial 30		
96158	initial 30 minutes	31	All	27, 99	U3	TJ	\$39.20	No	minutes	once per day	N/A
30136	Health behavior intervention, individual, face-to-face;	31	All	27, 99	03	11	\$39.20	INO	Illillutes	office per day	IN/A
	·										
06150	each additional 15 minutes (List separately in addition to	01	102	02 10 22	112	-,	¢10.60	No.	nor 15 minutes	four nor day	NI /A
96159	code for primary service)	01	183	02, 10, 22	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;										
	each additional 15 minutes (List separately in addition to						4	l	l		
96159	code for primary service)	01	183	02, 10, 22, 27	UB		\$19.47	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;										
	each additional 15 minutes (List separately in addition to										
96159	code for primary service)	08	082	02, 10, 49	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;										
	each additional 15 minutes (List separately in addition to			02, 10, 11, 12,							
96159	code for primary service)	09	All	27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;										
	each additional 15 minutes (List separately in addition to			02, 10, 11, 12,							
96159	code for primary service)	10	100	27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;										
	each additional 15 minutes (List separately in addition to										
96159	code for primary service)	19	190	02, 10, 11, 27	UB		\$19.47	No	per 15 minutes	four per day	N/A
	Health behavior intervention, individual, face-to-face;						<u> </u>		†	. ,	
	each additional 15 minutes (List separately in addition to			02, 10, 11, 12,							
96159	code for primary service)	31	All	27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
30133	Health behavior intervention, family (with the patient		7	= 1,55		- ''	7 23.33	110	initial 30	.ca. pc. aay	,,,
96167	present), face-to-face; initial 30 minutes	01	183	02, 10, 22		TJ	\$37.18	No	minutes	once per day	N/A
30107	Health behavior intervention, family (with the patient	- 01	103	02, 10, 22		1,	737.10	110	initial 30	once per day	14/74
96167	present), face-to-face; initial 30 minutes	01	183	02, 10, 22, 27	UB		\$61.33	No	minutes	once per day	N/A
30107	Health behavior intervention, family (with the patient	01	103	02, 10, 22, 27	ОВ		701.55	INO	initial 30	office per day	IN/A
96167	present), face-to-face; initial 30 minutes	08	082	02, 10, 49		TJ	\$37.18	No	minutes	once per day	N/A
30107	Health behavior intervention, family (with the patient	08	062	02, 10, 43		1,	\$37.16	INO	initial 30	office per day	IN/A
96167	present), face-to-face; initial 30 minutes	09	All			TJ	627.10	No.		onco por day	N/A
90107	Health behavior intervention, family (with the patient	09	All	27, 99		11	\$37.18	No	minutes initial 30	once per day	IN/A
06167	, , , , , ,	10	100	02, 10, 11, 12,			627.40	l Na			N1 / A
96167	present), face-to-face; initial 30 minutes	10	100	27, 99		TJ	\$37.18	No	minutes	once per day	N/A
06467	Health behavior intervention, family (with the patient	40	100	02 40 44 27	115		664.22	l	initial 30		21/2
96167	present), face-to-face; initial 30 minutes	19	190	02, 10, 11, 27	UB		\$61.33	No	minutes	once per day	N/A
06467	Health behavior intervention, family (with the patient	24		02, 10, 11, 12,			627.62	<b> </b>	initial 30		A: / A
96167	present), face-to-face; initial 30 minutes	31	All	27, 99		TJ	\$37.18	No	minutes	once per day	N/A
	Health behavior intervention, family (with the patient										
	present), face-to-face; each additional 15 minutes (List									_	_
96168	separately in addition to code for primary service)	01	183	02, 10, 22		TJ	\$18.59	No	per 15 minutes	six per day	N/A
	Health behavior intervention, family (with the patient										
	present), face-to-face; each additional 15 minutes (List										
96168	separately in addition to code for primary service)	01	183	02, 10, 22, 27	UB		\$21.77	No	per 15 minutes	six per day	N/A
	Health behavior intervention, family (with the patient										
	present), face-to-face; each additional 15 minutes (List										
96168	separately in addition to code for primary service)	08	082	02, 10, 49		TJ	\$18.59	No	per 15 minutes	six per day	N/A

		1	1	1 1		1			1	ı	
	Health habanian internantian family (with the matient										
	Health behavior intervention, family (with the patient			02 40 44 42							
06460	present), face-to-face; each additional 15 minutes (List			02, 10, 11, 12,			440.50	۱	45		
96168	separately in addition to code for primary service)	09	All	27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
	Harlikh kaharianintan matian family / with the matiant										
	Health behavior intervention, family (with the patient										
	present), face-to-face; each additional 15 minutes (List			02, 10, 11, 12,							
96168	separately in addition to code for primary service)	10	100	27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
	Health behavior intervention, family (with the patient										
	present), face-to-face; each additional 15 minutes (List						4	l	l		
96168	separately in addition to code for primary service)	19	190	02, 10, 11, 27	UB		\$21.77	No	per 15 minutes	six per day	N/A
	Harlikh kahasianintan matian family/vith tha matiant										
	Health behavior intervention, family (with the patient			02 40 44 42							
00100	present), face-to-face; each additional 15 minutes (List		l	02, 10, 11, 12,			440.50	l	45		
96168	separately in addition to code for primary service)	31	All	27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
	Interprofessional telephone/Internet/electronic health										
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health								l .	once per 14	_
99452	care professional, 30 minutes	01	183	22			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health										
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	08	082	49			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health										
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	08	110	49			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health										
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	09	All	11			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health										
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	10	100	11			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health									·	
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	27	272	11			\$26.03	No	per procedure	days	N/A
	Interprofessional telephone/Internet/electronic health		1				<u> </u>		<u> </u>	,	, ·
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	31	All	11			\$26.03	No	per procedure	days	N/A
JJ .JL	Interprofessional telephone/Internet/electronic health	"-	1	<del>   </del>			, _ 0.00	···	par processing		.,,,
	record referral service(s) provided by a										
	treating/requesting physician or other qualified health									once per 14	
99452	care professional, 30 minutes	33	335	11			\$26.03	No	per procedure	days	N/A
JJ <del>4</del> J2	care professional, so minutes	33	240, 241,	1			720.03	140	per procedure	uays	19/74
	Adhesive skin support attachment for use with external		240, 241, 242, 243,								
A4280	• •	24	242, 243,	11 12			\$7.07	No	oach	60 par manth	NI/A
A420U	breast prosthesis, each	24	243	11, 12			۱۰.۱۲	No	each	60 per month	N/A

	Adhesive skin support attachment for use with external		250, 251,							
A4280	breast prosthesis, each	25	252	11, 12		\$7.07	No	each	60 per month	N/A
71.200	a read presentation and in					ψ		33311	ос рег птопип	,
	Initial or subsequent psychiatric collaborative care									
	management, first 30 minutes in a month of behavioral									
	health care manager activities, in consultation with a									
	•							f:t 20 : t		
62244	psychiatric consultant, and directed by the treating	04	100	22		620.24		first 30 minutes	· '	N1 /A
G2214	physician or other qualified health care professional	01	183	22		\$30.34	No	in a month	calendar month	N/A
	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							first 30 minutes	once per	
G2214	physician or other qualified health care professional	08	082	49		\$30.34	No	in a month	calendar month	N/A
	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							first 30 minutes	once per	
G2214	physician or other qualified health care professional	08	110	49		\$30.34	No	in a month	calendar month	N/A
	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							first 30 minutes	once per	
G2214	physician or other qualified health care professional	08	184	12, 57		\$30.34	No	in a month	calendar month	N/A
02211	physician of other quantica nearth care professional	- 00	101	12, 37		<del>γ30.31</del>	110	in a monen	calcinaar monen	14,71
	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							first 30 minutes	onco nor	
G2214		09	All	11 12 27		\$30.34	No		once per	NI/A
G2214	physician or other qualified health care professional	09	All	11, 12, 27		\$30.34	No	in a month	calendar month	N/A
	Initial or subsequent psychiatric collaborative care									
	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							first 30 minutes	once per	
G2214	physician or other qualified health care professional	10	100	11, 12, 27		\$30.34	No	in a month	calendar month	N/A
	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							first 30 minutes	once per	
G2214	physician or other qualified health care professional	31	All	11, 12, 27		\$30.34	No	in a month	calendar month	N/A
			240, 241,							
	Breast prosthesis, mastectomy bra, without integrated		242, 243,	11, 12, 21, 31,					four per 365	
L8000	breast prosthesis form, any size, any type	24	244, 245	32		\$42.79	Yes	each	days	N/A
	Breast prosthesis, mastectomy bra, without integrated		250, 251,	11, 12, 21, 31,					four per 365	
L8000	breast prosthesis form, any size, any type	25	252	32		\$42.79	Yes	each	days	N/A

			240, 241,	1 1	- 1						
	Breast prosthesis, mastectomy bra, with integrated breast		242, 243,	11, 12, 21, 31,						four per 365	
L8001	prosthesis form, unilateral, any size, any type	24	244, 245	32			\$144.35	Yes	each	days	N/A
	Breast prosthesis, mastectomy bra, with integrated breast		250, 251,	11, 12, 21, 31,						four per 365	
L8001	prosthesis form, unilateral, any size, any type	25	252	32			\$144.35	Yes	each	days	N/A
			240, 241,								
	Breast prosthesis, mastectomy bra, with integrated breast		242, 243,	11, 12, 21, 31,						four per 365	
L8002	prosthesis form, bilateral, any size, any type	24	244, 245	32			\$189.82	Yes	each	days	N/A
	Breast prosthesis, mastectomy bra, with integrated breast		250, 251,	11, 12, 21, 31,						four per 365	
L8002	prosthesis form, bilateral, any size, any type	25	252	32			\$189.82	Yes	each	days	N/A
										1	
										three per R side	
			240, 241,							and three per L	
			242, 243,	11, 12, 21, 31,			4.0 - 6	.,		side, per 180	
L8010	Breast prosthesis, mastectomy sleeve	24	244, 245	32		RT-LT	\$42.56	Yes	each	days	N/A
										three per R side	
										and three per L	
			250 251	11, 12, 21, 31,						side, per 180	
L8010	Breast prosthesis, mastectomy sleeve	25	250, 251, 252	32		RT-LT	\$42.56	Yes	each	days	N/A
L0010	breast prostriesis, mastectomy sieeve	25	240, 241,	32		KI-LI	\$42.56	162	eacii	uays	N/A
	External breast prosthesis garment, with mastectomy		242, 243,	11, 12, 21, 31,						four per 365	
L8015	form, post mastectomy	24	244, 245	32			\$68.98	Yes	each	days	N/A
20013	External breast prosthesis garment, with mastectomy		250, 251,	11, 12, 21, 31,			700.30	103	Cucii	four per 365	14//
L8015	form, post mastectomy	25	252	32			\$68.98	Yes	each	days	N/A
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		240, 241,				,			1 1	•
			242, 243,	11, 12, 21, 31,						per medical	
L8020	Breast prosthesis, mastectomy form	24	244, 245	32		RT-LT	\$293.25	Yes	each	necessity	N/A
			250, 251,	11, 12, 21, 31,						per medical	
L8020	Breast prosthesis, mastectomy form	25	252	32		RT-LT	\$293.25	Yes	each	necessity	N/A
			240, 241,								
	Breast prosthesis, silicone or equal, without integral		242, 243,	11, 12, 21, 31,						per medical	
L8030	adhesive	24	244, 245	32		RT-LT	\$379.54	Yes	each	necessity	N/A
	Breast prosthesis, silicone or equal, without integral		250, 251,	11, 12, 21, 31,						per medical	
L8030	adhesive	25	252	32		RT-LT	\$379.54	Yes	each	necessity	N/A
			240, 241,								
			242, 243,	11, 12, 21, 31,						per medical	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	24	244, 245	32		RT-LT	\$379.54	Yes	each	necessity	N/A
			250, 251,	11, 12, 21, 31,						per medical	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	25	252	32		RT-LT	\$379.54	Yes	each	necessity	N/A
			240, 241,								
	<u>                                     </u>		242, 243,	11, 12, 21, 31,			1		_	per medical	
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	24	244, 245	32		RT-LT	\$45.08	Yes	each	necessity	N/A
			250, 251,	11, 12, 21, 31,			A			per medical	
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	25	252	32		RT-LT	\$45.08	Yes	each	necessity	N/A
			240, 241,								
10005	Custom breast prosthesis, post mastectomy, molded to	2.4	242, 243,	11, 12, 21, 31,		DT : T	64.245.53	,,		per medical	
L8035	patient model	24	244, 245	32		RT-LT	\$4,215.60	Yes	each	necessity	N/A

	Custom breast prosthesis, post mastectomy, molded to	]	250, 251,	11, 12, 21, 31,					per medical	
L8035	patient model	25	252	32	RT-LT	\$4,215.60	Yes	each	necessity	N/A
									three per R side	
			240, 241,						and three per L	
			242, 243,						side, per 180	
S8424	Gradient pressure aid (sleeve), ready made	24	245	11, 12	RT-LT	\$60.16	No	each	days	N/A
									three per R side	
									and three per L	
									side, per 180	
S8424	Gradient pressure aid (sleeve), ready made	25	250	11, 12	RT-LT	\$60.16	No	each	days	N/A
									three per R side	
			240, 241,						and three per L	
			242, 243,						side, per 180	
S8428	Gradient pressure aid (gauntlet), ready made	24	245	11, 12	RT-LT	\$36.82	No	each	days	N/A
									three per R side	
									and three per L	
									side, per 180	
S8428	Gradient pressure aid (gauntlet), ready made	25	250	11, 12	RT-LT	\$36.82	No	each	days	N/A