




Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
June 23, 2025	June 23, 2025	99-25-06
SUBJECT		BY
2025 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes		 Sally 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.pa.gov/en/agencies/dhs/resources/providers/provider-enrollment-information/provider-enrollment-documents.html>

PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule based upon the 2025 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule based on clinical review or provider request. These changes are effective for dates of service on and after June 16, 2025.

SCOPE:

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

BACKGROUND:

The Department is adding new procedure codes and end-dating procedure codes as a result of the 2025 updates published by the Centers for Medicare & Medicaid Services to the HCPCS and as a result of clinical review. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule to include updates to provider type (PT), provider specialty (Spec), place of service (POS), modifiers, units, and making fee adjustments. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

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 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 2025 HCPCS updates. These procedure codes may include the modifiers SG (Ambulatory Surgical Center (ASC)/Short Procedure Unit facility support component), 50 (bilateral), 80 (assistant surgeon), LT (left), RT (right), TC (technical component), 26 (professional component), RR (rental), and NU (purchase).

Procedure Codes and Modifiers				
25448 (SG)	25448 (LT)	25448 (RT)	25448 (50)	25448 (80)(LT)
25448 (80)(RT)	25448 (80)(50)	38225	38225 (SG)	38228
38228 (SG)	49186	49186 (80)	49187	49187 (80)
49188	49188 (80)	49189	49189 (80)	49190
49190 (80)	90593	93896	93896 (TC)	93896 (26)
93897	93897 (TC)	93897 (26)	93898	93898 (TC)
93898 (26)	96041	A4271	E1803 (RR)(LT)	E1803 (RR)(RT)
E1804 (RR)(LT)	E1804 (RR)(RT)	E1813 (RR)(LT)	E1813 (RR)(RT)	E1814 (RR)(LT)
E1814 (RR)(RT)	E2104 (NU)	L1653	L1821 (LT)	L1821 (RT)

The Department is adding procedure code 81518 to the MA Program Fee Schedule based upon provider request and clinical review.

The Department is end-dating the following procedure codes from the MA Program Fee Schedule based on the 2025 HCPCS updates or as a result of clinical review.

Procedure Codes				
21632	33471	33737	33813	47802
49203	49204	49205	50135	51030
54438	58957	81436	86327	86490
88388	90630	93890	96040	E0941
L2040	L2050	L2060	L2070	L2080
L2090	M0220	M0221	M0222	M0223
M0240	M0241	M0243	M0244	M0245
M0246	M0247			

The Department will not approve any prior authorization requests for procedure codes being end-dated after June 16, 2025. For any of the above procedure codes that had a prior authorization issued before June 16, 2025, providers should submit claims using the end-dated procedure code, as set forth in the prior authorization notice issued by the Department. The Department will accept claims with the end-dated procedure codes until June 16, 2026, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure code, and procedure code and modifier combinations, 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 (Code).

Procedure Code and Modifiers		
L1653	L1821 (LT)	L1821 (RT)

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

Procedure Code and Modifiers			
E1803 (RR)(LT)	E1803 (RR)(RT)	E1804 (RR)(LT)	E1804 (RR)(RT)
E1813 (RR)(LT)	E1813 (RR)(RT)	E1814 (RR)(LT)	E1814 (RR)(RT)
E2104 (NU)			

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

Procedure Codes	
81518	A4271

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is adding the RT, LT, and 50 modifiers for the following PT/Spec/POS combinations to procedure codes with or without the 80 modifier as indicated below.

Procedure Codes	PT/Spec	POS	New Modifiers
25447	31 (Physician)/All	21(Inpatient Hospital), 24 (ASC)	RT; LT; 50
25447 (80)			

The Department is end-dating the following PT/Spec/POS combinations for the below procedure codes.

Procedure Codes and Modifiers	End-dated PT/Spec/POS
25447	01 (Inpatient Hospital)/All/23 (Emergency Room)
	01/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital)
	08 (Clinic)/All/49 (Independent Clinic)
	31/All/11 (Office)
	31/All/23
	31/All/99 (Special Treatment Room)
93886	31/All/27 (Street Medicine)
93886 (TC)	29 (X-Ray Clinic) /291 (Mobile X-Ray Clinic) /12 (Home)
	29/291/31 (Skilled Nursing Facility)
	29/291/32 (Nursing Facility)
	31/All/27
93886 (26)	31/All/12
	31/All/27
	31/All/31
	31/All/32

Durable Medical Equipment

The Department is removing NU and 50 modifiers for all PT/Spec/POS combinations for the following procedure codes based on clinical review, as modifiers NU and 50 are no longer available. These procedure codes must be billed with the RR modifier in addition to the LT or RT modifiers.

Procedure Code	End-Dated Modifier Combinations			
E1800	(NU)(LT)	(NU)(RT)	(NU)(50)	(RR)(50)
E1810				

The Department is removing the 50 modifier for all PT/Spec/POS combinations for L1820 based on clinical review, as the 50 modifier is no longer available for this procedure code. This procedure code must be billed with the LT or RT modifier.

The Department is end-dating the PT/Spec combinations for the following procedure code as a result of clinical review.

Procedure Code	End-Dated PT/Spec
E1810	25 (Durable Medical Equipment (DME))/251 (Prosthetist)
	25/252 (Orthotist)

Unit Update

The Department is updating the units for the following procedure code based upon the 2025 HCPCS updates and clinical review.

Procedure Code	Former Minimum/ Maximum Unit	New Minimum/ Maximum Unit
25447	1:1	1:2

Fee Adjustments

The Department is adjusting the MA Program fee for the following procedure codes as identified below, effective June 16, 2025.

Procedure Codes	Code Description	Current Fee	New Fee
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	\$440.00	\$609.36
25447 (80)	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	\$88.00	\$97.50
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	\$387.04	\$1,043.16
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	\$510.29	\$2,391.88
E1800 (RR)(LT) E1800 (RR)(RT)	Dynamic adjustable elbow extension and flexion device, includes soft interface material	\$69.50	\$116.39
E1810 (RR)(LT) E1810 (RR)(RT)	Dynamic adjustable knee extension and flexion device, includes soft interface material	\$105.74	\$128.32
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$280.10	\$335.34
L1820 (LT) L1820 (RT)	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$50.00	\$137.50

Limits

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

<https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html>.

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 code updates, effective June 16, 2025. 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.

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the online version of the fee schedule at the Department’s website at:

<https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.

ATTACHMENT:

2025 HCPCS and Other Procedure Code Updates, Effective June 16, 2025

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2025 HCPCS and Other Procedure Code Updates, Effective June 16, 2025

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 2025 HCPCS updates. The second section includes the procedure codes being added based on provider requests. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2025 HCPCS updates. 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
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	31	All	21, 24		RT-LT-50	\$673.31	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	31	All	21, 24	80	RT-LT-50	\$107.73	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	01	183	22			\$73.22	No	per procedure	once per day	0 days
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	31	All	21, 24			\$73.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	01	183	22			\$132.07	No	per procedure	once per day	0 days
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	31	All	21, 24			\$132.07	No, but AUR and PSR process applies	per procedure	once per day	0 days
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	31	All	21			\$988.86	No, but AUR and PSR process applies	per procedure	once per day	90 days
49186	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	31	All	21	80		\$158.22	No, but AUR and PSR process applies	per procedure	once per day	90 days
49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	31	All	21			\$1,264.72	No, but AUR and PSR process applies	per procedure	once per day	90 days

49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	31	All	21	80		\$202.36	No, but AUR and PSR process applies	per procedure	once per day	90 days
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	31	All	21			\$1,510.81	No, but AUR and PSR process applies	per procedure	once per day	90 days
49188	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	31	All	21	80		\$241.73	No, but AUR and PSR process applies	per procedure	once per day	90 days
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	31	All	21			\$1,758.35	No, but AUR and PSR process applies	per procedure	once per day	90 days
49189	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	31	All	21	80		\$281.34	No, but AUR and PSR process applies	per procedure	once per day	90 days
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	31	All	21			\$2,168.87	No, but AUR and PSR process applies	per procedure	once per day	90 days
49190	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm	31	All	21	80		\$347.02	No, but AUR and PSR process applies	per procedure	once per day	90 days
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per day	N/A

90593	Chikungunya virus vaccine, recombinant, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per day	N/A
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90593	Chikungunya virus vaccine, recombinant, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23			\$129.86	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23	TC		\$99.31	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22			\$129.86	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22	TC		\$99.31	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49			\$129.86	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49	TC		\$99.31	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11			\$129.86	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	ALL	11	TC		\$99.31	No	per procedure	once per day	N/A
93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11, 21, 22, 23, 49	26		\$30.55	No, but AUR and PSR process applies	per procedure	once per day	N/A

93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23			\$162.82	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23	TC		\$135.06	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22			\$162.82	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22	TC		\$135.06	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49			\$162.82	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49	TC		\$135.06	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11			\$162.82	No	per procedure	once per day	N/A
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	ALL	11	TC		\$135.06	No	per procedure	once per day	N/A

93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11, 21, 22, 23, 49	26		\$27.76	No, but AUR and PSR process applies	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23			\$170.72	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	016, 017	23	TC		\$138.18	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22			\$170.72	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	01	183	22	TC		\$138.18	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49			\$170.72	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	08	082	49	TC		\$138.18	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11			\$170.72	No	per procedure	once per day	N/A

93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	ALL	11	TC		\$138.18	No	per procedure	once per day	N/A
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	31	All	11, 21, 22, 23, 49	26		\$32.54	No, but AUR and PSR process applies	per procedure	once per day	N/A
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	01	183	02, 10, 22			\$37.17	No	per 30 minutes	twice per day	N/A
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	08	082	02, 10, 49			\$37.17	No	per 30 minutes	twice per day	N/A
96041	Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter	31	All	02, 10, 11, 12, 21, 27			\$37.17	No, but AUR and PSR process applies	per 30 minutes	twice per day	N/A
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	24	240, 241, 242, 243, 245	11, 12			\$26.74	Yes	per 50 tests	two per calendar month	N/A
A4271	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests	25	250	11, 12			\$26.74	Yes	per 50 tests	two per calendar month	N/A
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1803	Dynamic adjustable elbow extension only device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A

E1804	Dynamic adjustable elbow flexion only device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1813	Dynamic adjustable knee extension only device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1813	Dynamic adjustable knee extension only device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1814	Dynamic adjustable knee flexion only device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	24	240, 241, 242, 243, 245	11, 12	NU		\$42.76	Yes	each	one per three calendar years	N/A
E2104	Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	25	250	11, 12	NU		\$42.76	Yes	each	one per three calendar years	N/A
L1653	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$335.34	Yes	each	per medical necessity	N/A
L1653	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf	25	250, 251, 252	11, 12, 21, 31, 32			\$335.34	Yes	each	per medical necessity	N/A
L1821	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$137.50	Yes	each	one per R side and one per L side per 180 days	N/A

L1821	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$137.50	Yes	each	one per R side and one per L side per 180 days	N/A
PROCEDURE CODE BEING ADDED BASED UPON PROVIDER REQUEST AND CLINICAL REVIEW											
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	01	183	22			\$3,098.40	Yes	per test	once per lifetime	N/A
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	28	280	81			\$3,098.40	Yes	per test	once per lifetime	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2025 HCPCS UPDATES											
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	31	All	21, 24		RT-LT-50	\$609.36	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	31	All	21, 24	80	RT-LT-50	\$97.50	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	01	183	22			\$1043.16	No	per test	once per lifetime	N/A
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants	28	280	81			\$1043.16	No	per test	once per lifetime	N/A
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	01	183	22			\$2391.88	No	per test	once per day	N/A
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	28	280	81			\$2391.88	No	per test	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	01	016, 017	23			\$164.24	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	01	016, 017	23	TC		\$119.34	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	01	183	22			\$164.24	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	01	183	22	TC		\$119.34	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	08	082	49			\$164.24	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	08	082	49	TC		\$119.34	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	31	All	11			\$164.24	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	31	All	11	TC		\$119.34	No	per procedure	once per day	N/A
93886	Transcranial Doppler study of the intracranial arteries; complete study	31	All	11, 21, 22, 23, 49	26		\$44.90	No, but AUR and PSR process applies	per procedure	once per day	N/A

E1800	Dynamic adjustable elbow extension and flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1800	Dynamic adjustable elbow extension and flexion device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$116.39	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
E1810	Dynamic adjustable knee extension and flexion device, includes soft interface material	25	250	11, 12	RR	RT-LT	\$128.32	No, but PA required after 3 months rental	each	one per R side and one per L side per calendar month	N/A
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$335.34	Yes	each	per medical necessity	N/A
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	25	250, 251, 252	11, 12, 21, 31, 32			\$335.34	Yes	each	per medical necessity	N/A
L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$137.50	Yes	each	one per R side and one per L side per 180 days	N/A

L1820	Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$137.50	Yes	each	one per R side and one per L side per 180 days	N/A
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