Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 13, 2025	November 13, 2025	99-25-07

SUBJECT

Medical Assistance (MA) Program
Fee Schedule Revisions

BY

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

PURPOSE:

The purpose of this bulletin is to advise providers of updates to the Medical Assistance (MA) Program Fee Schedule.

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 of Human Services (Department) is adding new procedure codes based upon clinical review or provider requests. The Department is also adding procedure codes with prior authorization requirements to the MA Program Fee Schedule as a result of clinical review. The Department is end-dating procedure codes based upon 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 limitations based upon the Centers for Medicare & Medicaid Services (CMS) and the National Correct Coding Initiative (NCCI) recommendations.

DISCUSSION:

Procedure Codes Being Added

Effective September 10, 2025, the Department added procedure code 90624 to the MA Program Fee Schedule based upon clinical review.

Effective October 1, 2025, the Department added procedure code 90382 to the MA Program Fee Schedule based upon clinical review.

Effective for dates of service on and after December 1, 2025, the Department will add the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon clinical review of coding changes. These procedure codes may include the modifiers FP (family planning), NU (purchase), TC (technical component), 26 (professional component), LT (left), RT (right) or RR (rental).

Procedure Codes and Modifiers				
87626	87626 (FP)	91323	A9154	E1022
E1023	E1032 (NU)	E1033 (NU)	E1034 (NU)	G0562
G0562 (TC)	G0562 (26)	G0563	L0720	L1933 (LT)
L1933 (RT)	L1952 (LT)	L1952 (RT)	L6028 (LT)	L6028 (RT)
L6029 (LT)	L6029 (RT)	L6030 (LT)	L6030 (RT)	L6032 (LT)
L6032 (RT)	L6033 (LT)	L6033 (RT)	L6037 (LT)	L6037 (RT)

Effective for dates of service on and after December 1, 2025, the Department will add procedure codes 99377 and E2398 to the MA Program Fee Schedule based upon clinical review of provider requests.

Effective for dates of service on and after January 1, 2026, the Department will add the following procedure codes to the MA Program Fee Schedule based upon clinical review.

Procedure Codes		
A4295	A4296	A4297

Procedure Codes Being End-Dated

Effective for dates of service on and after November 30, 2025, the Department will end-date the following procedure codes and procedure code and modifier combinations from the MA Program Fee Schedule based upon clinical review.

Procedure Codes and Modifiers			
A9155	E0575 (NU)	E0575 (RR)	M0248

Prior Authorization Requirements

Effective for dates of service on and after December 1, 2025, the following durable medical equipment procedure codes 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 Codes and Modifiers				
L0720	L1933 (LT)	L1933 (RT)	L1952 (LT)	L1952 (RT)
L6028 (LT)	L6028 (RT)	L6029 (LT)	L6029 (RT)	L6030 (LT)
L6030 (RT)	L6032 (LT)	L6032 (RT)	L6033 (LT)	L6033 (RT)
L6037 (LT)	L6037 (RT)			

Effective for dates of service on and after December 1, 2025, the following durable medical equipment procedure code and modifier combinations being added to the MA Program Fee Schedule require prior authorization. Procedure codes with the NU modifier require prior authorization for purchase under Section 443.6(b)(2) of the Code.

Procedure Codes and Modifiers		
E1032 (NU)	E1033 (NU)	E1034 (NU)

Effective for dates of service on and after December 1, 2025, the following procedure codes and procedure code and modifier combinations being added to the MA Program Fee Schedule require prior authorization, as authorized under Section 443.6(b)(7) of the Code.

Providers are to initiate the telephonic prior authorization request for these procedure codes as described in Provider Quick Tip #41, titled "Medical Assistance Desk Reference" (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/quick-tips/documents/provider-quick-tip-41.pdf). Providers will be notified about changes to this prior authorization process with the issuance of a future bulletin.

Procedure Codes and Modifiers			
G0562	G0562 (TC)	G0562 (26)	G0563

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Durable Medical Equipment (DME) and Medical Supplies

Effective for dates of service on and after November 30, 2025, the Department is removing the U8 (pricing) modifier for all the PT/Spec/POS combinations in the chart below for procedure code K0108 as a result of clinical review.

PT/Spec	POS
24 (Pharmacy)/240 (Independent)	11 (Office), 12 (Patient's Home)
24/241 (Institutional Independent)	
24/242 (Chain)	
24/243 (Institutional Chain)	
24/245 (Mail Order)	
25 (DME/Medical Supplies)/250 (DME/Medical Supplies)	

Laboratory Services

Effective for dates of service on and after December 1, 2025, the Department is opening PT/Spec/POS combinations as indicated below with and without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) and FP modifiers for the following laboratory test procedure codes, which CMS identifies as CLIA waived tests. For additional information, see MA Bulletin 01-12-67, entitled "Clinical Laboratory Improvement Amendments Requirements" (https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/p_033918.pdf).

Procedure Codes	New PT/Spec	POS	Modifier(s)
87491	01 (Inpatient Facility)/016 (Emergency Room Arrangement 1)	23 (Emergency Room)	No Modifier; QW
	01/017 (Emergency Room Arrangement 2)		
	01/183 (Hospital Based Medical Clinic)	22 (Outpatient Hospital)	QW; QW FP
	08 (Clinic)/082 (Independent Medical/Surgical Clinic)	49 (Independent Clinic)	No Modifier; QW; FP; QW FP
	08/083 (Family Planning Clinic)	22, 49	QW FP
	09 (Certified Registered Nurse Practitioner)/All	11, 27 (Outreach Site/Street)	No Modifier; QW; FP; QW FP
	10 (Mid-Level Practitioner)/100 (Physician Assistant)	11, 27	No Modifier; QW; FP; QW FP
	28 (Laboratory)/280 (Independent Laboratory)	81 (Independent Laboratory)	QW; QW FP
	31 (Physician)/All	11, 27	No Modifier; QW; FP; QW FP
	33 (Certified Nurse Midwife)/335 (Certified Nurse Midwife)	11, 27	No Modifier; QW; FP; QW FP
87563	01/016	23	QW
	01/017		
	01/183	22	QW; QW FP
	08/082	49	No Modifier; QW; FP; QW FP
	08/083	22, 49	QW FP
	09/All	11, 27	No Modifier; QW; FP; QW FP

	10/100	11, 27	No Modifier; QW; FP; QW FP
	28/280	81	QW; QW FP
	31/All	11, 27	No Modifier; QW; FP; QW FP
	33/335	11, 27	No Modifier; QW; FP; QW FP
87591	01/016	23	No Modifier; QW
	01/017		
	01/183	22	QW; QW FP
	08/082	49	No Modifier; QW; FP; QW FP
	08/083	22, 49	QW FP
	09/All	11, 27	No Modifier; QW; FP; QW FP
	10/100	11, 27	No Modifier; QW; FP; QW FP
	28/280	81	QW; QW FP
	31/All	11, 27	No Modifier; QW; FP; QW FP
	33/335	11, 27	No Modifier; QW; FP; QW FP

Pharmacist Services

Effective for dates of service on and after December 1, 2025, the Department is opening the PT/Spec/POS combination 10/247(Pharmacist)/11 for the following procedure codes based upon clinical review. These procedure codes may be billed with or without the QW modifier.

Procedure Codes and Modifiers			
87634	87634 (QW)	87807	87807 (QW)

Effective for dates of service on and after December 1, 2025, the Department is opening POS 11 and 12 for the PT/Spec combination 10/247 for procedure code 99473 based upon clinical review.

Effective for dates of service on and after December 1, 2025, the Department is adding POS 12 for PT/Spec combination 10/247 for the following procedure codes based upon clinical review.

Procedure Codes		
99605	99606	99607

Unit and Limit Updates

Effective for dates of service on and after December 1, 2025, the Department is updating the units for the following procedure codes based upon NCCI edits and clinical review.

Procedure Codes	Former Minimum/ Maximum Units	New Minimum/ Maximum Units
87490	1:2	1:1
87492	1:2	1:1

Effective for dates of service on and after December 1, 2025, the Department is adjusting the MA Program Fee Schedule for the following procedure codes to better align the existing guidance with new CMS post-op guidance.

Procedure Code	Code Description	Current Post Op Days	New Post Op Days
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	90	10
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	90	10
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	0	90
77761	Intracavitary radiation source application; simple	0	90
77762	Intracavitary radiation source application; intermediate	0	90
77763	Intracavitary radiation source application; complex	0	90

Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary needs a service or item in excess of the established

limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (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 the procedure code updates. Included in this document are procedure codes, code descriptions, procedure code modifiers, prior authorization requirements, provider type and specialties, place of service, 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 on the Department's website at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html.

ATTACHMENT:

Medical Assistance Program Fee Schedule Revisions, MA Bulletin 99-25-07

Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Medical Assistance Program Fee Schedule Revisions, MA Bulletin 99-25-07

This chart is divided into five (5) sections. The first section includes the procedure codes added effective September 10, 2025. The second section includes the procedure codes added effective October 1, 2025. The third section includes the procedure codes being added effective December 1, 2025. The fourth section includes procedure codes being updated effective December 1, 2025. The fifth section includes the procedure codes being added effective January 1, 2026. 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 CODES ADDED EFFECTIVE SEPTEMBER 10, 2025

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	01	183	22			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	08	082	49			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	09	All	11, 12, 27			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	10	100	11, 12, 27			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	10	247	11, 12			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	31	All	11, 12, 27			$10.00	No	per administration	once per day	N/A
90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	33	335	11, 12, 27			$10.00	No	per administration	once per day	N/A
PROCEDURE CODES ADDED EFFECTIVE OCTOBER 1, 2025											
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	01	183	22			$10.00	No	per administration	once per day	N/A

90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	08	082	49			$10.00	No	per administration	once per day	N/A
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	09	All	11, 12, 27			$10.00	No	per administration	once per day	N/A
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	10	100	11, 12, 27			$10.00	No	per administration	once per day	N/A
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	10	247	11, 12			$10.00	No	per administration	once per day	N/A
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	31	All	11, 12, 27			$10.00	No	per administration	once per day	N/A
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	33	335	11, 12, 27			$10.00	No	per administration	once per day	N/A
PROCEDURE CODES BEING ADDED EFFECTIVE DECEMBER 1, 2025											
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	01	016, 017	23			$56.16	No	per test	once per day	N/A
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	01	183	22			$56.16	No	per test	once per day	N/A
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	01	183	22		FP	$56.16	No	per test	once per day	N/A
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	08	083	22, 49		FP	$56.16	No	per test	once per day	N/A
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	28	280	81			$56.16	No	per test	once per day	N/A
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	28	280	81		FP	$56.16	No	per test	once per day	N/A

91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	01	183	12, 22			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	05	050, 051	12, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	08	080	12, 27, 31, 32, 50, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	08	081	12, 27, 31, 32, 72, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	08	082	12, 49			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	08	110	49			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	08	184	12, 57			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	09	All	11, 12, 27, 31, 32, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	10	100	11, 12, 27, 31, 32, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	10	247	11, 12			$40.00	No	per administration	once per day	N/A

91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	24	All	11, 31, 32, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	24	240	12			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	26	260, 261	12, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	30	300	12, 65			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	31	All	11, 12, 27, 31, 32, 99			$40.00	No	per administration	once per day	N/A
91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 10 mcg/0.2 mL dosage, for intramuscular use	33	335	11, 12, 27 99			$40.00	No	per administration	once per day	N/A
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	01	183	22			$41.14	No	per procedure	once per calendar month	N/A

99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	08	082	49			$41.14	No	per procedure	once per calendar month	N/A
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	09	All	11, 12			$41.14	No	per procedure	once per calendar month	N/A

99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	10	100	11, 12			$41.14	No	per procedure	once per calendar month	N/A
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes	31	All	11, 12			$41.14	No	per procedure	once per calendar month	N/A
A9154	Artificial saliva, 1 ml	24	240, 241, 242, 243, 245	11, 12			$0.10	No	per ml	20 ml per month	N/A
A9154	Artificial saliva, 1 ml	25	250	11, 12			$0.10	No	per ml	20 ml per month	N/A
E1022	Wheelchair transportation securement system, any type, includes all components and accessories	24	240, 241, 242, 243, 245	11, 12			$198.75	No	each	one per three calendar years	N/A
E1022	Wheelchair transportation securement system, any type, includes all components and accessories	25	250	11, 12			$198.75	No	each	one per three calendar years	N/A
E1023	Wheelchair transit securement system, includes all components and accessories	24	240, 241, 242, 243, 245	11, 12			$198.75	No	each	one per three calendar years	N/A

E1023	Wheelchair transit securement system, includes all components and accessories	25	250	11, 12			$198.75	No	each	one per three calendar years	N/A
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	24	240, 241, 242, 243, 245	11, 12	NU		$122.56	Yes	each	one per three calendar years	N/A
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	25	250	11, 12	NU		$122.56	Yes	each	one per three calendar years	N/A
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	24	240, 241, 242, 243, 245	11, 12	NU		$122.56	Yes	each	one per three calendar years	N/A
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	25	250	11, 12	NU		$122.56	Yes	each	one per three calendar years	N/A
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	24	240, 241, 242, 243, 245	11, 12	NU		$122.56	Yes	each	four per three years	N/A
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	25	250	11, 12	NU		$122.56	Yes	each	four per three years	N/A
E2398	Wheelchair accessory, dynamic positioning hardware for back	24	240, 241, 242, 243, 245	11, 12			$128.22	Yes	each	one per three calendar years	N/A
E2398	Wheelchair accessory, dynamic positioning hardware for back	25	250	11, 12			$128.22	Yes	each	one per three calendar years	N/A
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	01	183	22			$1,950.50	Yes	per procedure	once per day	N/A
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	01	183	22	TC		$1,365.25	Yes	per procedure	once per day	N/A
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	31	All	11			$1,950.50	Yes	per procedure	once per day	N/A

G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	31	All	11	TC		$1,365.25	Yes	per procedure	once per day	N/A
G0562	Therapeutic radiology simulation-aided field setting; complex, including acquisition of PET and CT imaging data required for radiopharmaceutical-directed radiation therapy treatment planning (i.e., modeling)	31	All	11	26		$585.25	Yes	per procedure	once per day	N/A
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	01	183	22			$3,750.50	Yes	per procedure	once per day	N/A
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions	31	All	11			$3,750.50	Yes	per procedure	once per day	N/A
L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral 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			$1,741.72	Yes	each	one per 365 days	N/A
L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral 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			$1,741.72	Yes	each	one per 365 days	N/A
L1933	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$839.52	Yes	each	one per R side and one per L side per 365 days	N/A
L1933	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$839.52	Yes	each	one per R side and one per L side per 365 days	N/A
L1952	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$790.02	Yes	each	one per R side and one per L side per 365 days	N/A

L1952	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$790.02	Yes	each	one per R side and one per L side per 365 days	N/A
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$1,434.02	Yes	each	per medical necessity	N/A
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by I6692	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$1,434.02	Yes	each	per medical necessity	N/A
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$176.86	Yes	each	per medical necessity	N/A
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$176.86	Yes	each	per medical necessity	N/A
L6030	Upper extremity addition, external frame, partial hand including fingers	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$329.77	Yes	each	per medical necessity	N/A
L6030	Upper extremity addition, external frame, partial hand including fingers	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$329.77	Yes	each	per medical necessity	N/A
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$177.18	Yes	each	per medical necessity	N/A
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$177.18	Yes	each	per medical necessity	N/A
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$212.90	Yes	each	per medical necessity	N/A
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$212.90	Yes	each	per medical necessity	N/A
L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	$750.52	Yes	each	per medical necessity	N/A
L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	$750.52	Yes	each	per medical necessity	N/A
PROCEDURE CODES BEING UPDATED EFFECTIVE DECEMBER 1, 2025											

87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	01	016, 017	23			$22.72	No	per test	once per day	N/A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	01	183	22			$22.72	No	per test	once per day	N/A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	01	183	22		FP	$22.72	No	per test	once per day	N/A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	28	280	81			$22.72	No	per test	once per day	N/A
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	28	280	81		FP	$22.72	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	016, 017	23			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	016, 017	23		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	183	22			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	183	22		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	183	22		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	01	183	22		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	082	49			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	082	49		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	082	49		FP	$23.19	No	per test	once per day	N/A

87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	082	49		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	083	22, 49		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	08	083	22, 49		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	09	All	11, 27			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	09	All	11, 27		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	09	All	11, 27		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	09	All	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	10	100	11, 27			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	10	100	11, 27		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	10	100	11, 27		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	10	100	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81		FP	$23.19	No	per test	once per day	N/A

87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	28	280	81		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	31	All	11, 27			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	31	All	11, 27		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	31	All	11, 27		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	31	All	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	33	335	11, 27			$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	33	335	11, 27		QW	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	33	335	11, 27		FP	$23.19	No	per test	once per day	N/A
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	33	335	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	01	016, 017	23			$39.61	No	per test	once per day	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	01	183	22			$39.61	No	per test	once per day	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	01	183	22		FP	$39.61	No	per test	once per day	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	28	280	81			$39.61	No	per test	once per day	N/A
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	28	280	81		FP	$39.61	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	016, 017	23			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	016, 017	23		QW	$28.07	No	per test	once per day	N/A

87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	082	49			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	082	49		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	082	49		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	082	49		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	083	22, 49		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	083	22, 49		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	09	All	11, 27			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	09	All	11, 27		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	09	All	11, 27		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	09	All	11, 27		QW, FP	$28.07	No	per test	once per day	N/A

87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	10	100	11, 27			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	10	100	11, 27		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	10	100	11, 27		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	10	100	11, 27		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	31	All	11, 27			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	31	All	11, 27		QW	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	31	All	11, 27		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	31	All	11, 27		QW, FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	33	335	11, 27			$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	33	335	11, 27		QW	$28.07	No	per test	once per day	N/A

87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	33	335	11, 27		FP	$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	33	335	11, 27		QW, FP	$28.07	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	016, 017	23			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	016, 017	23		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	183	22			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	183	22		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	183	22		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	01	183	22		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	082	49			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	082	49		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	082	49		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	082	49		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	083	22, 49		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	08	083	22, 49		QW, FP	$23.19	No	per test	once per day	N/A

87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	09	All	11, 27			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	09	All	11, 27		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	09	All	11, 27		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	09	All	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	10	100	11, 27			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	10	100	11, 27		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	10	100	11, 27		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	10	100	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	28	280	81		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	31	All	11, 27			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	31	All	11, 27		QW	$23.19	No	per test	once per day	N/A

87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	31	All	11, 27		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	31	All	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	33	335	11, 27			$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	33	335	11, 27		QW	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	33	335	11, 27		FP	$23.19	No	per test	once per day	N/A
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	33	335	11, 27		QW, FP	$23.19	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	016, 017	23			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	016, 017	23		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	183	22			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	01	183	22		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	08	082	49			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	08	082	49		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	09	All	11, 27			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	09	All	11, 27		QW	$69.33	No	per test	once per day	N/A

87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	10	100	11, 27			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	10	100	11, 27		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	10	247	11			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	10	247	11		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	28	280	81			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	28	280	81		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	31	All	11, 27			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	31	All	11, 27		QW	$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	33	335	11, 27			$69.33	No	per test	once per day	N/A
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	33	335	11, 27		QW	$69.33	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	01	016, 017	23			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	01	016, 017	23		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	01	183	22			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	01	183	22		QW	$12.31	No	per test	once per day	N/A

87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	08	082	49			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	08	082	49		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	09	All	11, 27			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	09	All	11, 27		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	10	100	11, 27			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	10	100	11, 27		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	10	247	11			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	10	247	11		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	28	280	81			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	28	280	81		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	31	All	11, 27			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	31	All	11, 27		QW	$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	33	335	11, 27			$12.31	No	per test	once per day	N/A
87807	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus	33	335	11, 27		QW	$12.31	No	per test	once per day	N/A

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	01	183	22			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	08	082	49			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	09	All	11, 12			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	10	100	11, 12			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	10	247	11, 12			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	31	All	11, 12			$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	33	335	11, 12			$9.61	No	per procedure	once per device	N/A
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	080	50	AT		$0.00	No	per procedure	once per three years	N/A
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	08	081	72	AT		$0.00	No	per procedure	once per three years	N/A
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	10	247	11, 12			$44.80	No	per procedure	once per three years	N/A
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	080	50	AT		$0.00	No	per procedure	once per month	N/A
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	08	081	72	AT		$0.00	No	per procedure	once per month	N/A

99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	10	247	11, 12			$29.18	No	per procedure	once per month	N/A
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes **(List separately in addition to code for primary service)**	08	080	50	AT		$0.00	No	per procedure	once per date of service	N/A
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes **(List separately in addition to code for primary service)**	08	081	72	AT		$0.00	No	per procedure	once per date of service	N/A
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes **(List separately in addition to code for primary service)**	10	247	11, 12			$27.96	No	per procedure	once per date of service	N/A
PROCEDURE CODES BEING ADDED EFFECTIVE JANUARY 1, 2026											
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	05	250	12			$2.41	No	each	200 intermittent urinary catheters per calendar month	N/A
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	24	240, 241, 242, 243, 245	11, 12			$2.41	No	each	200 intermittent urinary catheters per calendar month	N/A
A4295	Intermittent urinary catheter; straight tip, hydrophilic coating, each	25	250	11, 12			$2.41	No	each	200 intermittent urinary catheters per calendar month	N/A

A4296	Intermittent urinary catheter; coude (curved tip), hydrophilic coating) each	05	250	12			$8.97	No	each	200 intermittent urinary catheters per calendar month	N/A
A4296	Intermittent urinary catheter; coude (curved tip), hydrophilic coating) each	24	240, 241, 242, 243, 245	11, 12			$8.97	No	each	200 intermittent urinary catheters per calendar month	N/A
A4296	Intermittent urinary catheter; coude (curved tip), hydrophilic coating) each	25	250	11, 12			$8.97	No	each	200 intermittent urinary catheters per calendar month	N/A
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	05	250	12			$9.77	No	each	200 intermittent urinary catheters per calendar month	N/A
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	24	240, 241, 242, 243, 245	11, 12			$9.77	No	each	200 intermittent urinary catheters per calendar month	N/A
A4297	Intermittent urinary catheter; hydrophilic coating, with insertion supplies	25	250	11, 12			$9.77	No	each	200 intermittent urinary catheters per calendar month	N/A