



Medical Assistance BULLETIN

ISSUE DATE April 16, 2025	EFFECTIVE DATE May 1, 2025	NUMBER 99-25-02
SUBJECT Medical Assistance (MA) Program Fee Schedule Revisions		BY  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 updates to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of service on and after May 1, 2025, unless otherwise noted.

SCOPE:

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

BACKGROUND:

The Department of Human Services (Department) is adding new procedure codes and end-dating procedure codes based on clinical review and provider request. In addition, the Department is making updates to units and limits for procedure codes for compliance with National Correct Coding Initiative (NCCI) recommendations. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule as a result of clinical review and provider requests, which include updates to prior authorization requirements, fee adjustments, and updates to provider type (PT), provider specialty (Spec), place of service (POS), and modifiers.

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 to the MA Program Fee Schedule based upon clinical review or provider request. For procedure code 90740, providers should follow the Advisory Committee on Immunization Practices recommendations and the package insert to determine the correct population, dosage, and instructions for administration.

Procedure Codes					
55706	55880	90740	0037U	0239U	L2755
L3310	L3332	L3334	L5785	L5925	L5962
L5978	L5979	L5980	L5981	L5987	

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of clinical review.

Procedure Codes					
E0840	E0850	E0856	E0860	E0880	E1031
E1037	E1039	S4989			

Additionally, the Centers for Medicare & Medicaid Services added the Healthcare Common Procedure Coding System code M0224 on March 22, 2024, to allow billing for a monoclonal antibody product that had been recently approved for use by the U.S. Food and Drug Administration. Therefore, the Department added procedure code M0224 to the MA Program Fee Schedule, effective for dates of service on and after March 22, 2024.

Prior Authorization Requirement Updates

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

Procedure Codes					
L2755	L3310	L3332	L3334	L5785	L5925
L5962	L5978	L5979	L5980	L5981	L5987

The Department is removing the prior authorization requirement from procedure code V5160 as a result of clinical review.

Effective for dates of service on or after September 9, 2024, the Department removed the prior authorization requirement from procedure code A7017 with the NU (purchase) modifier as a result of clinical review.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is opening the PT/Spec/POS combination 01 (Inpatient Facility)/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital) for procedure code 36561 based upon clinical review. This procedure code must be billed with RT (right), LT (left), or 50 (bilateral) modifiers.

The Department is adding the 50 modifier to all PT/Spec/POS combinations for procedure code 67028 based upon clinical review.

The Department is end-dating the following PT/Spec/POS combinations for procedure code 67028 based upon clinical review.

Procedure Code	End-dated PT/Spec/POS
67028	01/ALL/23 (Emergency Room)
	31 (Physician)/ALL/22
	31/ALL/23

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

The Department is opening PT/Spec/POS combination 01/021 (SPU)/24 (ASC) and 02 (ASC)/020 (ASC)/24 for procedure code 67028 with the SG (ASC/SPU facility support component) modifier, as clinical review determined this procedure can be performed safely in an ASC or SPU.

Clinic Services

The Department is end-dating PT/Spec/POS combination 08 (Clinic)/ALL/49 (Independent Clinic) and opening PT/Spec/POS combination 08/082 (Independent Medical/Surgical Clinic)/49, with RT, LT, and 50 modifiers for procedure code 67028 based upon clinical review.

Laboratory Services

Effective for dates of service on and after June 27, 2024, the Department opened PT/Spec/POS combinations with and without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) and FP (family planning) modifiers for laboratory test procedure code 87521, which the Centers for Medicare & Medicaid Services identifies as a CLIA waived test. 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 Code	New PT/Spec	POS	Modifier(s)
87521	01/016 (Emergency Room Arrangement 1)	23	No Modifier; QW
	01/017 (Emergency Room Arrangement 2)		
	01/183	22	QW; FP; QW FP
	08/082	49	No Modifier; QW; FP; QW FP
	08/083 (Family Planning Clinic)	22, 49	FP; QW FP
	09 (Certified Registered Nurse Practitioner)/All	11 (Office), 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; FP; QW FP
	31/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

Durable Medical Equipment (DME) and Medical Supplies

The Department is opening POS 21 (Inpatient Hospital), 31 (Skilled Nursing Facility), and 32 (Nursing Facility) for all PT/Spec combinations for the following procedure codes based upon clinical review.

Procedure Codes				
L5706	L8615	L8616	L8617	L8618

The Department is opening PT/Spec combinations in the POS as indicated below for the following procedure codes based upon clinical review. These procedure codes must be billed with the RT and/or LT modifiers.

Procedure Codes	PT/Spec	POS
L8615 L8616 L8617	24 (Pharmacy)/244 (Long Term Care) 25 (DME/Medical Supplies)/251 (Prosthetist) 25/252 (Orthotist)	11, 12 (Patient's Home), 21, 31, 32
L8627 L8628 L8629	25/251 25/252	

The Department is opening the PT/Spec combinations in the POS as indicated below for procedure code L8618 based upon clinic review. This procedure code must be billed with the RT and/or LT modifiers.

Procedure Code	PT/Spec	POS
L8618	24/244	11, 12, 21, 31, 32
	25/251	21, 31, 32
	25/252	11, 12, 21, 31, 32

The Department is end-dating "All" specialty combinations for the following procedure codes and opening specified PT/Spec combinations as indicated below based upon clinical review.

Procedure Codes	End-dated PT/Spec	New PT/Spec
L0120 L1060 L2360 L3150 L4070 L4398 L5706	24/All	24/240 (Independent) 24/241 (Institutional Independent) 24/242 (Chain) 24/243 (Institutional Chain) 24/244 24/245 (Mail Order)
	25/All	25/250 (DME/Medical Supplies) 25/251 25/252

The Department is adding RT and LT modifiers for all PT/Spec/POS combinations for the following procedure codes based upon clinical review.

Procedure Codes					
L2360	L4070	L4398	L8615	L8616	L8617
L8618	L8627	L8628	L8629		

The Department is end-dating the following PT/Spec combinations for the procedure codes indicated below based upon clinical review.

Procedure Codes	End-dated PT/Spec
E1821 E2397	03 (Extended Care Facility)/030 (Nursing Facility) 03/031 (County Nursing Facility) 03/040 (Certified Rehab Agency) 03/382 (Inpatient Facility Based Long-Term Care Extended Care Facility)

The Department is removing the NU modifier from procedure codes L8619 and L8692 and adding the RT and LT modifiers based upon clinical review.

The Department is removing the 50 modifier from the following procedure codes based upon clinical review. These procedure codes must be billed with the RT and/or LT modifiers.

Procedure Codes				
L3000	L3002	L3020	L3050	L5706

Behavioral Health Services

The Department is opening PT/Spec/POS combination 08/184 (Outpatient Drug and Alcohol)/57 (Non-residential Substance Abuse Treatment Facility) for procedure code 99452, based upon clinical review and provider request. The limit for procedure code 99452 is 1 per 14 days, as outlined in MA Bulletin 08-24-01, entitled "Interprofessional Consultation Services" (<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023122701.pdf>).

The Department is adding POS 10 (Telehealth Provided in Patient's Home) with the UB (pricing) modifier and UB, FQ (audio-only communication technology) modifier combination to procedure code 90853 for PT/Spec combination 08/110 (Psychiatric Outpatient) based upon clinical review.

Unit and Limit Updates

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
67028	1:1	1:2
E0100	1:3	1:1
E0105	1:2	1:1
E0158	1:2	1:1
E0190	1:4	1:1
E0202	1:4	1:1
E0275	1:2	1:1
E0325	1:2	1:1
E0326	1:2	1:1
E0444	1:9999	1:1
E0776	1:2	1:1
E0910	1:2	1:1
E0940	1:2	1:1
E1821	1:2	1:1
E2366	1:2	1:1
E2367	1:2	1:1
E2397	1:2	1:1
K0604	1:9999	1:2
K0605	1:30	1:2
L0120	1:2	1:1
L1060	1:2	1:1
L2360	1:8	1:2
L3000	1:8	1:2
L3002	1:8	1:2
L3020	1:8	1:2
L3050	1:8	1:2
L3150	1:2	1:1
L3925	1:10	1:4
L3927	1:10	1:4
L3933	1:10	1:3
L3935	1:10	1:3
L4070	1:4	1:2
L4398	1:9999	1:2
L5706	1:9999	1:2
L7368	1:2	1:1
L8512	1:30	1:9
L8513	1:8	1:6
L8615	1:1	1:2

L8616	1:1	1:2
L8617	1:1	1:2
L8619	1:1	1:2
L8627	1:1	1:2
L8628	1:1	1:2
L8629	1:1	1:2
L8692	1:1	1:2

The Department is updating the limits for the following procedure codes based upon NCCI edits and clinical review. The procedure codes may include RT, LT, NU, or RR (rental) modifiers as indicated below.

Procedure Codes	Limit
A7017 (NU)	1 per three calendar years
E0100 (NU)	1 per three years
E0105 (NU)	1 per three years
E0158 (NU)	1 per three years
E0202 (RR)	1 per calendar month
E0275 (NU)	1 per calendar year
E0325 (NU)	1 per calendar year
E0326 (NU)	1 per calendar year
E0444	1 per 30 days
E0776 (NU)	1 per five calendar years
E0776 (RR)	1 per calendar month
E0910 (RR)	1 per calendar month
E0940 (RR)	1 per calendar month
E1821	1 per 90 days
E2366 (RR)	1 per calendar month
E2367 (RR)	1 per calendar month
L8512	12 per calendar month
L8615 (RT), L8615 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8616 (RT), L8616 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8617 (RT), L8617 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8618 (RT), L8618 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8619 (RT), L8619 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8627 (RT), L8627 (LT)	one per right side and one per left side, per 1825 days (5 years)

L8628 (RT), L8628 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8629 (RT), L8629 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8692 (RT), L8692 (LT)	one per right side and one per left side, per 1825 days (5 years)

Fee Adjustments

The Department is adjusting the MA Program fees for the following procedure codes.

Procedure Code	Description	Former Fee	New Fee
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	\$938.06	\$1,002.80
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	\$645.00	\$769.24
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	\$885.80	\$1,002.80
J7300	Intrauterine copper contraceptive	\$762.65	\$940.36
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	\$737.57	\$834.99
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	\$796.20	\$1,002.80
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	\$15.00	\$24.61
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, thoracic pad	\$75.00	\$105.94
L2360	Addition to lower extremity, extended steel shank	\$38.95	\$45.54
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	\$75.00	\$288.60
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	\$10.00	\$148.38
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	\$31.00	\$182.26
L3050	Foot, arch support, removable, premolded, metatarsal, each	\$31.00	\$43.23
L3150	Foot, abduction rotation bar, without shoes	\$29.00	\$74.78
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	\$31.72	\$43.28

L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	\$22.50	\$29.23
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	\$54.34	\$178.38
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	\$61.59	\$184.70
L4070	Replace proximal and distal upright for KAFO	\$124.00	\$247.70
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$52.55	\$70.98
L5706	Custom shaped protective cover, knee disarticulation	\$673.94	\$984.98
L7368	Lithium ion battery charger, replacement only	\$397.34	\$464.58
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	\$1.36	\$1.98
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	\$3.26	\$4.78
L8615	Headset/headpiece for use with cochlear implant device, replacement	\$284.06	\$415.17
L8616	Microphone for use with cochlear implant device, replacement	\$66.16	\$96.70
L8617	Transmitting coil for use with cochlear implant device, replacement	\$57.78	\$84.46
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	\$16.51	\$24.13
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	\$7,038.31	\$7,853.57
L8627	Cochlear implant, external speech processor, component, replacement	\$5,160.60	\$6,706.04
L8628	Cochlear implant, external controller component, replacement	\$879.97	\$1,143.49
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$126.84	\$164.82

Limits

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

established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at:

<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. A MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits. MA MCOs may, with advanced written approval from the Department, require prior authorization for services that are subject to limits on the MA Program Fee Schedule.

PROCEDURE:

Attached is the list of procedure codes being added, end-dated, and updated. Included in this document are procedure codes, code descriptions, provider types and specialties, place of service, 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 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 Bulletin 99-25-02 Fee Schedule Revisions, Effective May 1, 2025

**Medical Assistance Bulletin 99-25-02 Fee Schedule Revisions,
Effective May 1, 2025**

This chart is divided into two sections. The first section includes procedure codes being added to the MA Program Fee Schedule based upon clinical review and provider request. The second section includes updates to procedure codes currently on the fee schedule being updated based upon clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type, specialty, place of service, units, and limits. Included for each procedure code is a description of the service, 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
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	01	183	22			\$360.00	No	per infusion	once per day	N/A
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	08	082	49			\$360.00	No	per infusion	once per day	N/A
M0224	Intravenous infusion, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	31	All	11, 99			\$360.00	No	per infusion	once per day	N/A
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	31	All	21, 24			\$290.14	No, but AUR and PSR process applies	per procedure	once per day	10 days
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	31	All	21, 24	80		\$46.42	No, but AUR and PSR process applies	per procedure	once per day	10 days
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	31	All	21, 24			\$755.43	No, but AUR and PSR process applies	per procedure	once per day	90 days
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per day	N/A

90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per day	N/A
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	01	183	22			\$2,800.00	No	per test	once per day	N/A
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	28	280	81			\$2,800.00	No	per test	once per day	N/A
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	01	183	22			\$2,800.00	No	per test	once per day	N/A
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	28	280	81			\$2,800.00	No	per test	once per day	N/A
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$150.03	Yes	each	per medical necessity	N/A
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$150.03	Yes	each	per medical necessity	N/A
L3310	Lift, elevation, heel and sole, neoprene, per in	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$93.48	Yes	per inch	per medical necessity	N/A
L3310	Lift, elevation, heel and sole, neoprene, per in	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$93.48	Yes	per inch	per medical necessity	N/A

L3332	Lift, elevation, inside shoe, tapered, up to one-half in	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$84.69	Yes	each	per medical necessity	N/A
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$84.69	Yes	each	per medical necessity	N/A
L3334	Lift, elevation, heel, per in	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$43.83	Yes	per inch	per medical necessity	N/A
L3334	Lift, elevation, heel, per in	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$43.83	Yes	per inch	per medical necessity	N/A
L5785	Addition, exoskeletal system, below knee (BK), ultra- light material (titanium, carbon fiber or equal)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$608.98	Yes	each	per medical necessity	N/A
L5785	Addition, exoskeletal system, below knee (BK), ultra- light material (titanium, carbon fiber or equal)	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$608.98	Yes	each	per medical necessity	N/A
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$393.84	Yes	each	per medical necessity	N/A
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$393.84	Yes	each	per medical necessity	N/A
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$688.95	Yes	each	per medical necessity	N/A
L5962	Addition, endoskeletal system, below knee (BK), flexible protective outer surface covering system	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$688.95	Yes	each	per medical necessity	N/A
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$342.05	Yes	each	per medical necessity	N/A
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$342.05	Yes	each	per medical necessity	N/A
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$2,744.78	Yes	each	per medical necessity	N/A
L5979	All lower extremity prostheses, multiaxial ankle, dynamic response foot, one-piece system	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$2,744.78	Yes	each	per medical necessity	N/A
L5980	All lower extremity prostheses, flex-foot system	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$4,345.85	Yes	each	per medical necessity	N/A
L5980	All lower extremity prostheses, flex-foot system	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$4,345.85	Yes	each	per medical necessity	N/A

L5981	All lower extremity prostheses, flex-walk system or equal	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$3,756.41	Yes	each	per medical necessity	N/A
L5981	All lower extremity prostheses, flex-walk system or equal	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$3,756.41	Yes	each	per medical necessity	N/A
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$8,277.53	Yes	each	per medical necessity	N/A
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$8,277.53	Yes	each	per medical necessity	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF CLINICAL REVIEW											
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	01	183	22		RT-LT-50	\$319.32	No	per procedure	once per R side and once per L side per day	10 days
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	31	All	21, 24		RT-LT-50	\$319.32	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	10 days
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	01	183	22		RT-LT-50	\$105.88	No	per procedure	once per R side and once per L side per day	0 days
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	08	082	49		RT-LT-50	\$105.88	No	per procedure	once per R side and once per L side per day	0 days
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	31	All	11, 21, 24, 99		RT-LT-50	\$105.88	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	016, 017	23			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	016, 017	23		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	183	22			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	183	22		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	183	22		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01	183	22		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	082	49		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	083	22, 49		FP	\$38.21	No	per test	once per day	N/A

87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	08	083	22, 49		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	09	All	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	10	100	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	28	280	81			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	28	280	81		QW	\$38.21	No	per test	once per day	N/A

87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	28	280	81		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	28	280	81		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	31	All	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27			\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27		QW	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27		FP	\$38.21	No	per test	once per day	N/A
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	33	335	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	01	183	22			\$26.03	No	per procedure	once per day	N/A

99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	082	49			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	110	49			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	184	57			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	09	All	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	10	100	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	27	272	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	31	All	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	33	335	11			\$26.03	No	per procedure	once per day	N/A
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	24	240, 241, 242, 243, 245	11, 12	NU		\$102.28	No	each	one per three calendar years	N/A
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	25	250	11, 12	NU		\$102.28	No	each	one per three calendar years	N/A

E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	24	240, 241, 242, 243, 245	11, 12	NU		\$14.00	No	each	one per three years	N/A
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	25	250	11, 12	NU		\$14.00	No	each	one per three years	N/A
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	24	240, 241, 242, 243, 245	11, 12	NU		\$35.00	No	each	one per three years	N/A
E0105	Cane, quad or three-prong, includes canes of all materials, adjustable or fixed, with tips	25	250	11, 12	NU		\$35.00	No	each	one per three years	N/A
E0158	Leg extensions for walker, per set of four	24	240, 241, 242, 243, 245	11, 12	NU		\$29.09	No	each	one per three years	N/A
E0158	Leg extensions for walker, per set of four	25	250	11, 12	NU		\$29.09	No	each	one per three years	N/A
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	24	240, 241, 242, 243, 245	11, 12	NU		\$31.00	No	each	four per three years	N/A
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	25	250	11, 12	NU		\$31.00	No	each	four per three years	N/A
E0202	Phototherapy (bilirubin) light with photometer	24	240, 241, 242, 243, 245	11, 12	RR		\$62.61	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0202	Phototherapy (bilirubin) light with photometer	25	250	11, 12	RR		\$62.61	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0275	Bed pan, standard, metal or plastic	24	240, 241, 242, 243, 245	11, 12	NU		\$9.50	No	each	one per calendar year	N/A
E0275	Bed pan, standard, metal or plastic	25	250	11, 12	NU		\$9.50	No	each	one per calendar year	N/A
E0325	Urinal; male, jug-type, any material	24	240, 241, 242, 243, 245	11, 12	NU		\$6.00	No	each	one per calendar year	N/A
E0325	Urinal; male, jug-type, any material	25	250	11, 12	NU		\$6.00	No	each	one per calendar year	N/A
E0326	Urinal; female, jug-type, any material	24	240, 241, 242, 243, 245	11, 12	NU		\$6.00	No	each	one per calendar year	N/A
E0326	Urinal; female, jug-type, any material	25	250	11, 12	NU		\$6.00	No	each	one per calendar year	N/A
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	24	240, 241, 242, 243, 245	11, 12			\$21.34	No	one month supply	one per 30 days	N/A

E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	25	250	11, 12			\$21.34	No	one month supply	one per 30 days	N/A
E0776	IV pole	24	240, 241, 242, 243, 245	11, 12	RR		\$18.65	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0776	IV pole	24	240, 241, 242, 243, 245	11, 12	NU		\$98.86	Yes	each	one per five calendar years	N/A
E0776	IV pole	25	250	11, 12	RR		\$18.65	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0776	IV pole	25	250	11, 12	NU		\$98.86	Yes	each	one per five calendar years	N/A
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	24	240, 241, 242, 243, 245	11, 12	RR		\$18.08	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	24	240, 241, 242, 243, 245	11, 12	NU		\$275.00	Yes	each	one per five years	N/A
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	25	250	11, 12	RR		\$18.08	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	25	250	11, 12	NU		\$275.00	Yes	each	one per five years	N/A
E0940	Trapeze bar, freestanding, complete with grab bar	24	240, 241, 242, 243, 245	11, 12	RR		\$25.00	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0940	Trapeze bar, freestanding, complete with grab bar	24	240, 241, 242, 243, 245	11, 12	NU		\$242.00	Yes	each	one per five years	N/A

E0940	Trapeze bar, freestanding, complete with grab bar	25	250	11, 12	RR		\$25.00	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0940	Trapeze bar, freestanding, complete with grab bar	25	250	11, 12	NU		\$242.00	Yes	each	one per five years	N/A
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	24	240, 241, 242, 243, 245	11, 12	NU		\$84.20	No	each	one per 90 days	N/A
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	25	250	11, 12	NU		\$84.20	No	each	one per 90 days	N/A
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	24	240, 241, 242, 243, 245	11, 12	RR		\$17.98	No, but PA required after 3 months rental	each	one per calendar month	N/A
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	24	240, 241, 242, 243, 245	11, 12	NU		\$179.26	Yes	each	two per six years	N/A
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	25	250	11, 12	RR		\$17.98	No, but PA required after 3 months rental	each	one per calendar month	N/A
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	25	250	11, 12	NU		\$179.26	Yes	each	two per six years	N/A
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	24	240, 241, 242, 243, 245	11, 12	RR		\$33.53	No, but PA required after 3 months rental	each	one per calendar month	N/A
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	24	240, 241, 242, 243, 245	11, 12	NU		\$335.26	Yes	each	two per six years	N/A
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	25	250	11, 12	RR		\$33.53	No, but PA required after 3 months rental	each	one per calendar month	N/A

E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	25	250	11, 12	NU		\$335.26	Yes	each	two per six years	N/A
E2397	Power wheelchair accessory, lithium-based battery, each	24	240, 241, 242, 243, 245	11, 12	NU		\$347.87	Yes	each	two per 365 days	N/A
E2397	Power wheelchair accessory, lithium-based battery, each	25	250	11, 12	NU		\$347.87	Yes	each	two per 365 days	N/A
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	08	081	72, 99		FP	\$1,002.80	No	each	once per day	N/A
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	01	010	22		FP	\$769.24	No	each	once per day	N/A
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	08	080	50, 99		FP	\$769.24	No	each	once per day	N/A
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	08	081	72, 99		FP	\$769.24	No	each	once per day	N/A
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	08	081	72,99		FP	\$1,002.80	No	each	once per day	N/A
J7300	Intrauterine copper contraceptive	01	010	22		FP	\$940.36	No	each	once per day	N/A
J7300	Intrauterine copper contraceptive	08	080	50, 99		FP	\$940.36	No	each	once per day	N/A
J7300	Intrauterine copper contraceptive	08	081	72, 99		FP	\$940.36	No	each	once per day	N/A
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	01	010	22		FP	\$834.99	No	each	once per day	N/A
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	08	080	50, 99		FP	\$834.99	No	each	once per day	N/A
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	08	081	72, 99		FP	\$834.99	No	each	once per day	N/A
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	08	081	72, 99		FP	\$1,002.80	No	each	once per day	N/A
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	24	240, 241, 242, 243, 245	11, 12			\$4.87	No	each	30 per calendar month	N/A

K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	25	250	11, 12			\$4.87	No	each	30 per calendar month	N/A
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	24	240, 241, 242, 243, 245	11, 12			\$11.68	No	each	30 per calendar month	N/A
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	25	250	11, 12			\$11.68	No	each	30 per calendar month	N/A
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$24.61	Yes	each	two per six months	N/A
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	25	250, 251, 252	11, 12, 21, 31, 32			\$24.61	Yes	each	two per six months	N/A
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, thoracic pad	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$105.94	Yes	each	per medical necessity	N/A
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTL SO) or scoliosis orthosis, thoracic pad	25	250, 251, 252	11, 12, 21, 31, 32			\$105.94	Yes	each	per medical necessity	N/A
L2360	Addition to lower extremity, extended steel shank	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$45.54	Yes	each	per medical necessity	N/A
L2360	Addition to lower extremity, extended steel shank	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$45.54	Yes	each	per medical necessity	N/A
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$288.60	Yes	each	per medical necessity	N/A
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$288.60	Yes	each	per medical necessity	N/A
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$148.38	Yes	each	per medical necessity	N/A
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$148.38	Yes	each	per medical necessity	N/A
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$182.26	Yes	each	per medical necessity	N/A
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$182.26	Yes	each	per medical necessity	N/A
L3050	Foot, arch support, removable, premolded, metatarsal, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$43.23	Yes	each	per medical necessity	N/A
L3050	Foot, arch support, removable, premolded, metatarsal, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$43.23	Yes	each	per medical necessity	N/A
L3150	Foot, abduction rotation bar, without shoes	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$74.78	Yes	each	per medical necessity	N/A

L3150	Foot, abduction rotation bar, without shoes	25	250, 251, 252	11, 12, 21, 31, 32			\$74.78	Yes	each	per medical necessity	N/A
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$43.28	Yes	each	1 per finger per 365 days	N/A
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$43.28	Yes	each	1 per finger per 365 days	N/A
L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$29.23	Yes	each	1 per finger per 365 days	N/A
L3927	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$29.23	Yes	each	1 per finger per 365 days	N/A
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$178.38	Yes	each	1 per finger per 365 days	N/A
L3933	Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$178.38	Yes	each	1 per finger per 365 days	N/A
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$184.70	Yes	each	1 per finger per 365 days	N/A
L3935	Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$184.70	Yes	each	1 per finger per 365 days	N/A
L4070	Replace proximal and distal upright for KAFO	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$247.70	Yes	each	per medical necessity	N/A

L4070	Replace proximal and distal upright for KAFO	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$247.70	Yes	each	per medical necessity	N/A
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$70.98	Yes	each	per medical necessity	N/A
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$70.98	Yes	each	per medical necessity	N/A
L5706	Custom shaped protective cover, knee disarticulation	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$984.98	Yes	each	per medical necessity	N/A
L5706	Custom shaped protective cover, knee disarticulation	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$984.98	Yes	each	per medical necessity	N/A
L7368	Lithium ion battery charger, replacement only	24	240, 241, 242, 243, 245	11, 12	NU		\$464.58	Yes	each	per medical necessity	N/A
L7368	Lithium ion battery charger, replacement only	25	250	11, 12	NU		\$464.58	Yes	each	per medical necessity	N/A
L8512	Gelatin capsules or equivalent, for use with tracheo- esophageal voice prosthesis, replacement only, per 10	24	240, 241, 242, 243, 245	11, 12			\$1.98	Yes	per 10	12 per calendar month	N/A
L8512	Gelatin capsules or equivalent, for use with tracheo- esophageal voice prosthesis, replacement only, per 10	25	250, 251, 252	11, 12			\$1.98	Yes	per 10	12 per calendar month	N/A
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	24	240, 241, 242, 243, 245	11, 12			\$4.78	Yes	each	eight per month	N/A
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	25	250, 251, 252	11, 12			\$4.78	Yes	each	eight per month	N/A
L8615	Headset/headpiece for use with cochlear implant device, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$415.17	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8615	Headset/headpiece for use with cochlear implant device, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$415.17	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8616	Microphone for use with cochlear implant device, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$96.70	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8616	Microphone for use with cochlear implant device, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$96.70	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A

L8617	Transmitting coil for use with cochlear implant device, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$84.46	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8617	Transmitting coil for use with cochlear implant device, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$84.46	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$24.13	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8618	Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$24.13	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$7,853.57	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$7,853.57	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8627	Cochlear implant, external speech processor, component, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$6,706.04	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8627	Cochlear implant, external speech processor, component, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$6,706.04	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8628	Cochlear implant, external controller component, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$1,143.49	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8628	Cochlear implant, external controller component, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$1,143.49	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$164.82	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A

L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$164.82	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$3,953.96	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$3,953.96	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A