

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE

EFFECTIVE DATE

NUMBER

May 26, 2020

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99-20-02

SUBJECT

2020 Healthcare Common Procedure Coding System (HCPCS) Updates BY

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Office of Medical Assistance Programs

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

PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule as a result of the 2020 Healthcare Common Procedure Coding System (HCPCS) procedure code updates, effective for dates of services on and after May 26, 2020.

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 and end-dating procedure codes as a result of implementing the 2020 HCPCS updates published by the Centers for Medicare & Medicaid Services. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

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

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2020 HCPCS updates:

	Proced	ure Codes and Mo	odifiers		
15769	15769 (SG)	15771	15771 (SG)	15772	
15773	15773 (SG)	15774	20700	20701	
20702	20703	20704	20705	21601	
21601 (SG)	21601 (80)	21602	21602 (80)	21603	
21603 (80)	33016	33017	33018	33019	
33858	33858 (80)	33859	33859 (80)	33871	
33871 (80)	34717	34717 (80)	34718	34718 (80)	
35702 (RT)	35702 (LT)	35702 (50)	35702 (RT) (80)	35702 (LT) (80)	
35702 (50) (80)	35703 (RT)	35703 (LT)	35703 (50)	35703 (RT) (80)	
35703 (LT) (80)	35703 (50) (80)	46948	46948 (SG)	49013	
49014	62328	62328 (SG)	62329	62329 (SG)	
66987 (SG)	66987 (RT)	66987 (LT)	66987 (50)	66988 (SG)	
66988 (RT)	66988 (LT)	66988 (50)	74221	74221 (TC)	
74221 (26)	74248	74248 (TC)	74248 (26)	78429	
78429 (TC)	78429 (26)	78430	78430 (TC)	78430 (26)	
78431	78431 (TC)	78431 (26)	78432	78432 (TC)	
78432 (26)	78433	78433 (TC)	78433 (26)	78434	
78434 (TC)	78434 (26)	78459	78459 (TC)	78459 (26)	
78491	78491 (TC)	78491 (26)	78492	78492 (TC)	
78492 (26)	78830	78830 (TC)	78830 (26)	78831	
78831 (TC)	78831 (26)	78832	78832 (TC)	78832 (26)	
78835	78835 (TC)	78835 (26)	80187	80285	
81307	81308	92201	92202	93985	
93985 (TC)	93985 (26)	93986	93986 (TC)	93986 (26)	
95700	95705	95706	95707	95708	
95709	95710	95711	95712	95713	
95714	95715	95716	95717	95718	
95719	95720	95721	95722	95723	
95724	95725	95726	96156 (TJ)	96156 (U5) (TJ)	
96156 (U3) (TM)	96156 (U4) (TM)	96158 (U3) (TJ)	96159 (U3) (TJ)	96164 (TJ)	
96165 (TJ)	96167 (TJ)	96168 (TJ)	97129	97130	
99490	D1551	D1551 (SG)	D1552	D1552 (SG)	
D1553	D1553 (SG)	D1556	D1556 (SG)	D1557	
D1557 (SG) D1558		D1558 (SG)	D8703	D8704	
G2064	G2065	G2066			

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2020 HCPCS updates:

		Procedure Codes	;	
19260	19271	19272	19304	20926
33010	33011	33015	33860	33870
35721	35741	35761	43401	64402
64410	64413	74241	74245	74247
74249	74260	76930	78205	78206
78320	78607	78647	78710	78805
78806	78807	93299	95827	95831
95832	95833	95834	95950	95951
95953	95956	96150	96151	96152
96153	96154	97127	D1550	D1555
G0365				

No new authorizations will be issued for the procedure codes being end-dated on and after May 26, 2020. For any of the above procedure codes that had a prior authorization issued before May 26, 2020, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until May 26, 2021, for those services that were previously prior authorized.

For additional information regarding dental procedure codes, see MA Bulletin 27-20-01 titled, "Medical Assistance Program Dental Fee Schedule Update," effective May 26, 2020.

Prior Authorization Requirements

For the following procedure codes, and procedure code and modifier combinations being added to the MA Program Fee Schedule, which are advanced radiology services, the Department will require prior authorization, pursuant to 62 P.S. § 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code (Code). The process for obtaining process authorization is described in MA Bulletin 01-14-42, titled "Advanced Radiologic Imaging Services", which may be viewed online at:

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

	Procedure Codes and Modifiers											
78429	78429 (TC)	78429 (26)	78430	78430 (TC)								
78430 (26)	78431	78431 (TC)	78431 (26)	78432								
78432 (TC)	78432 (26)	78433	78433 (TC)	78433 (26)								
78434	78434 (TC)	78434 (26)	78459	78459 (TC)								
78459 (26)	78491	78491 (TC)	78491 (26)	78492								
78492 (TC)	78492 (26)	78830	78830 (TC)	78830 (26)								
78831	78831 (TC)	78831 (26)	78832	78832 (TC)								

70022 (26)	7000	70025 (TC)	70025 (26)	
	78835		1 (00.33) [20]	
10032 (20)	7 0000	70000 (10)	10000 (20)	

The following orthodontic procedure codes being added to the MA Program Fee Schedule will require prior authorization, pursuant to § 443.6(b)(5) of the Code:

Procedure Codes										
D8703	D8704									

Service Limits

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

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

Managed Care Delivery System

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

PROCEDURE:

Attached is the list of procedure code updates resulting from the implementation of the 2020 HCPCS updates, effective May 26, 2020. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

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

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

ATTACHMENTS:

2020 HCPCS Updates, Effective May 26, 2020

Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs 2020 HCPCS Updates, Effective May 26, 2020

This chart includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2020 HCPCS updates. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

Procedure	service, mounters, rees, prior authorization	Provider		Place of		Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
	Grafting of autologous soft tissue, other, harvested by direct							process			
15769	excision (eg, fat, dermis, fascia)	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
	Grafting of autologous soft tissue, other, harvested by direct							process			
15769	excision (eg, fat, dermis, fascia)	02	020	24	SG		\$776.00	applies		N/A	N/A
	Grafting of autologous soft tissue, other, harvested by direct									once per	
15769	excision (eg, fat, dermis, fascia)	01	183	22			\$387.86	No	per procedure	day	90 days
	Grafting of autologous soft tissue, other, harvested by direct									once per	
15769	excision (eg, fat, dermis, fascia)	08	082	49			\$387.86	No	per procedure	day	90 days
								No, but			
								AUR and			
				11, 21,				PSR			
	Grafting of autologous soft tissue, other, harvested by direct			24, 31,				process		once per	
15769	excision (eg, fat, dermis, fascia)	14	140	32, 99			\$387.86	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Grafting of autologous soft tissue, other, harvested by direct			11, 21,				process		once per	
15769	excision (eg, fat, dermis, fascia)	27	272	24, 99			\$387.86	applies	per procedure	day	90 days
								No, but			
								AUR and			
				11, 21,				PSR			
45560	Grafting of autologous soft tissue, other, harvested by direct			24, 31,				process		once per	
15769	excision (eg, fat, dermis, fascia)	31	All	32, 99			\$387.86	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Grafting of autologous fat harvested by liposuction technique to]]			process			
15771	trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	01	021	24	SG		\$776.00	applies		N/A	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
	Grafting of autologous fat harvested by liposuction technique to							process			
15771	trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
	Grafting of autologous fat harvested by liposuction technique to							process		once per	
15771	trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	31	All	21, 24			\$385.25	applies	per procedure	day	90 days
								No, but			
	Grafting of autologous fat harvested by liposuction technique to							AUR and			
	trunk, breasts, scalp, arms, and/or legs; each additional 50 cc							PSR			
	injectate, or part thereof (List separately in addition to code for							process		once per	
15772	primary procedure)	31	All	21, 24			\$114.94	applies	per procedure	day	0 days
								No, but			
								AUR and			
	Grafting of autologous fat harvested by liposuction technique to							PSR			
	face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet;							process			_
15773	25 cc or less injectate	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
	Grafting of autologous fat harvested by liposuction technique to							PSR			
15772	face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet;	02	020	24			ć77C 00	process		N1 / A	N1 / A
15773	25 cc or less injectate	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR and			
	Grafting of autologous fat harvested by liposuction technique to							PSR			
	face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet;							process		once per	
15773	25 cc or less injectate	31	All	21, 24			\$389.49	applies	per procedure	day	90 days
13773	25 CC Of less injectate	31	All	21, 24			3303.43	No, but	per procedure	uay	30 days
	Grafting of autologous fat harvested by liposuction technique to							AUR and			
	face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet;							PSR			
	each additional 25 cc injectate, or part thereof (List separately in							process		once per	
15774	addition to code for primary procedure)	31	All	21, 24			\$110.42	applies	per procedure	day	0 days
13//7	addition to code for printing procedure,	31	7111	21,27	1		7110.72	No, but	per procedure	uay	o days
								AUR and			
	Manual preparation and insertion of drug-delivery device(s), deep							PSR			
	(eg, subfascial) (List separately in addition to code for primary							process		once per	
20700	procedure)	31	All	21, 24			\$68.92	applies	per procedure	day	0 days

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
	Removal of drug-delivery device(s), deep (eg, subfascial) (List							process		once per	
20701	separately in addition to code for primary procedure)	31	All	21, 24			\$51.42	applies	per procedure	day	0 days
								No, but			
								AUR and			
	Manual preparation and insertion of drug-delivery device(s),							PSR			
	intramedullary (List separately in addition to code for primary							process		once per	
20702	procedure)	31	All	21, 24			\$114.69	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Removal of drug-delivery device(s), intramedullary (List separately							process		once per	
20703	in addition to code for primary procedure)	31	All	21, 24			\$82.20	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Manual preparation and insertion of drug-delivery device(s), intra-							process		once per	
20704	articular (List separately in addition to code for primary procedure)	31	All	21, 24			\$119.48	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Removal of drug-delivery device(s), intra-articular (List separately in							process		once per	
20705	addition to code for primary procedure)	31	All	21, 24			\$98.30	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
								process			
21601	Excision of chest wall tumor including rib(s)	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
24604							*****	process		once per	
21601	Excision of chest wall tumor including rib(s)	31	All	21, 24			\$959.49	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
24.004	Frontière of the skyroll known as to should a set 1.1.	24		24 2.	00		645252	process		once per	00.1
21601	Excision of chest wall tumor including rib(s)	31	All	21, 24	80		\$153.52	applies	per procedure	day	90 days

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
	Excision of chest wall tumor involving rib(s), with plastic							process		once per	
21602	reconstruction; without mediastinal lymphadenectomy	31	All	21			\$1,283.54	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Excision of chest wall tumor involving rib(s), with plastic							process		once per	
21602	reconstruction; without mediastinal lymphadenectomy	31	All	21	80		\$205.37	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Excision of chest wall tumor involving rib(s), with plastic			_				process		once per	
21603	reconstruction; with mediastinal lymphadenectomy	31	All	21			\$1,421.78	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	21	All	21	00		¢227.40	process	nor procedure	once per	00 days
21003	reconstruction, with mediastinal lymphadenectomy	31	All	21	80		\$227.48	applies	per procedure	day	90 days
33016	Pericardiocentesis, including imaging guidance, when performed	01	017	23			\$193.93	No	per procedure	once per day	0 days
33010	rencardiocentesis, including imaging guidance, when performed	01	017	23			\$133.33	INO	per procedure	once per	0 days
33016	Pericardiocentesis, including imaging guidance, when performed	01	183	22			\$193.93	No	per procedure	day	0 days
33010	r encardiocentesis, including imaging guidance, when performed	01	103	22			7133.33	No, but	per procedure	uay	0 uays
								AUR and			
								PSR			
				21, 23,				process		once per	
33016	Pericardiocentesis, including imaging guidance, when performed	31	All	99			\$193.93	applies	per procedure	day	0 days
								No, but		,	,
	Pericardial drainage with insertion of indwelling catheter,							AUR and			
	percutaneous, including fluoroscopy and/or ultrasound guidance,							PSR			
	when performed; 6 years and older without congenital cardiac							process		once per	
33017	anomaly	31	All	21			\$201.07	applies	per procedure	day	0 days
								No, but			
	Pericardial drainage with insertion of indwelling catheter,							AUR and			
	percutaneous, including fluoroscopy and/or ultrasound guidance,							PSR			
	when performed; birth through 5 years of age or any age with							process		once per	
33018	congenital cardiac anomaly	31	All	21			\$229.29	applies	per procedure	day	0 days

Procedure		Provider	1	Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
	Pericardial drainage with insertion of indwelling catheter,							process		once per	
33019	percutaneous, including CT guidance	31	All	21			\$186.08	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Ascending aorta graft, with cardiopulmonary bypass, includes valve							process		once per	
33858	suspension, when performed; for aortic dissection	31	All	21			\$2,790.71	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Ascending aorta graft, with cardiopulmonary bypass, includes valve							process		once per	
33858	suspension, when performed; for aortic dissection	31	All	21	80		\$446.51	applies	per procedure	day	90 days
								No, but			
								AUR and			
	Ascending aorta graft, with cardiopulmonary bypass, includes valve							PSR			
	suspension, when performed; for aortic disease other than							process	_	once per	
33859	dissection (eg, aneurysm)	31	All	21			\$2,002.62	applies	per procedure	day	90 days
								No, but			
								AUR and			
	Ascending aorta graft, with cardiopulmonary bypass, includes valve							PSR			
	suspension, when performed; for aortic disease other than							process		once per	
33859	dissection (eg, aneurysm)	31	All	21	80		\$320.42	applies	per procedure	day	90 days
								No, but			
	Transverse aortic arch graft, with cardiopulmonary bypass, with							AUR and			
	profound hypothermia, total circulatory arrest and isolated cerebral							PSR			
22274	perfusion with reimplantation of arch vessel(s) (eg, island pedicle or							process		once per	
33871	individual arch vessel reimplantation)	31	All	21			\$2,683.05	applies	per procedure	day	90 days
								No, but			
	Transverse aortic arch graft, with cardiopulmonary bypass, with							AUR and			
	profound hypothermia, total circulatory arrest and isolated cerebral							PSR			
22074	perfusion with reimplantation of arch vessel(s) (eg, island pedicle or			24	00		ć 420 20	process		once per	00.1
33871	individual arch vessel reimplantation)	31	All	21	80		\$429.29	applies	per procedure	day	90 days

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	31	All	21			\$367.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	31	All	21	80		\$58.85	No, but AUR and PSR process applies	per procedure	once per day	0 days
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral	31	All	21			\$1,023.42	No, but AUR and PSR process applies	per procedure	once per day	90 days

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone							No, but AUR and PSR			
	angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous							process		once per	1
34718	malformation, penetrating ulcer), unilateral	31	All	21	80		\$163.75	applies	per procedure	day	90 days
	Exploration not followed by surgical repair, artery; upper extremity	_						No, but AUR and PSR process		once per R side and once per L side per	·
35702	(eg, axillary, brachial, radial, ulnar)	31	All	21		RT-LT-50	\$335.90	applies	per procedure	day	90 days
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	31	All	21	80	RT-LT-50	\$53.74	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	31	All	21		RT-LT-50	\$341.57	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	31	All	21	80	RT-LT-50	\$54.65	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	01	021	24	SG	2. 30	\$776.00	No, but AUR and PSR process applies	por procedure	N/A	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
	Hemorrhoidectomy, internal, by transanal hemorrhoidal							PSR			
	dearterialization, 2 or more hemorrhoid columns/groups, including							process			
46948	ultrasound guidance, with mucopexy, when performed	02	020	24	SG		\$776.00	applies		N/A	N/A
	Hemorrhoidectomy, internal, by transanal hemorrhoidal										
	dearterialization, 2 or more hemorrhoid columns/groups, including									once per	
46948	ultrasound guidance, with mucopexy, when performed	01	183	22			\$354.70	No	per procedure	day	90 days
								No, but			
								AUR and			
	Hemorrhoidectomy, internal, by transanal hemorrhoidal							PSR			
	dearterialization, 2 or more hemorrhoid columns/groups, including			11, 21,				process		once per	
46948	ultrasound guidance, with mucopexy, when performed	31	All	24			\$354.70	applies	per procedure	day	90 days
								No, but			
								AUR and			
								PSR			
	Preperitoneal pelvic packing for hemorrhage associated with pelvic							process		once per	
49013	trauma, including local exploration	31	All	21			\$359.98	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Re-exploration of pelvic wound with removal of preperitoneal pelvic							process		once per	
49014	packing, including repacking, when performed	31	All	21			\$297.34	applies	per procedure	day	0 days
								No, but			
								AUR and			
								PSR			
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT							process			
62328	guidance	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT							process			
62328	guidance	02	020	24	SG		\$776.00	applies		N/A	N/A
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT									once per	
62328	guidance	01	183	22			\$73.38	No	per procedure	day	0 days
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT									once per	
62328	guidance	01	017	23			\$73.38	No	per procedure	day	0 days
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT									once per	
62328	guidance	09	All	11			\$73.38	No	per procedure	day	0 days

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	•							No, but			
								AUR and			ł
				11, 21,				PSR			ł
	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT			23, 24,				process		once per	•
62328	guidance	31	All	99			\$73.38	applies	per procedure	day	0 days
	Š							No, but		,	,
								AUR and			l
								PSR			l
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by							process			l
62329	needle or catheter); with fluoroscopic or CT guidance	01	021	24	SG		\$776.00	applies		N/A	N/A
	, , , ,						,	No, but		,	,
								AUR and			
								PSR			l
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by							process			l
62329	needle or catheter); with fluoroscopic or CT guidance	02	020	24	SG		\$776.00	applies		N/A	N/A
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by						·			once per	
62329	needle or catheter); with fluoroscopic or CT guidance	01	183	22			\$92.17	No	per procedure	day	0 days
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by									once per	,
62329	needle or catheter); with fluoroscopic or CT guidance	01	017	23			\$92.17	No	per procedure	day	0 days
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by									once per	
62329	needle or catheter); with fluoroscopic or CT guidance	09	All	11			\$92.17	No	per procedure	day	0 days
								No, but			
								AUR and			l
				11, 21,				PSR			l
	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by			23, 24,				process		once per	•
62329	needle or catheter); with fluoroscopic or CT guidance	31	All	99			\$92.17	applies	per procedure	day	0 days
	Extracapsular cataract removal with insertion of intraocular lens										
	prosthesis (1-stage procedure), manual or mechanical technique (eg,										l
	irrigation and aspiration or phacoemulsification), complex, requiring										ł
	devices or techniques not generally used in routine cataract surgery							No, but			l
	(eg, iris expansion device, suture support for intraocular lens, or							AUR and			ł
	primary posterior capsulorrhexis) or performed on patients in the							PSR			ł
	amblyogenic developmental stage; with endoscopic							process			ł
66987	cyclophotocoagulation	01	021	24	SG		\$1,654.00	applies		N/A	N/A
	Extracapsular cataract removal with insertion of intraocular lens										
	prosthesis (1-stage procedure), manual or mechanical technique (eg,										ĺ
	irrigation and aspiration or phacoemulsification), complex, requiring										ĺ
	devices or techniques not generally used in routine cataract surgery							No, but			ĺ
	(eg, iris expansion device, suture support for intraocular lens, or							AUR and			l
	primary posterior capsulorrhexis) or performed on patients in the							PSR			l
	amblyogenic developmental stage; with endoscopic							process			ĺ
66987	cyclophotocoagulation	02	020	24	SG		\$1,654.00	applies		N/A	N/A

prosthirrigation device (eg, prime 66987 Extraction prosthirrigation irrigation for the following for	tracapsular cataract removal with insertion of intraocular lens thesis (1-stage procedure), manual or mechanical technique (eg, ation and aspiration or phacoemulsification), complex, requiring ices or techniques not generally used in routine cataract surgery g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation etracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation etracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	31 01	All 021	21, 24 24	Modifier	RT-LT-50	\$697.42 \$1,654.00	No, but AUR and PSR process applies No, but AUR and PSR process applies	MA units	once per R side and once per L side per lifetime	90 days
prosthirrigation device (eg., prime 66987 Extraction prosthirrigation irrigation for the following for	thesis (1-stage procedure), manual or mechanical technique (eg, ation and aspiration or phacoemulsification), complex, requiring ices or techniques not generally used in routine cataract surgery g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		AUR and PSR process applies No, but AUR and PSR process	per procedure	R side and once per L side per lifetime	
prosthirrigation device (eg, prime 66987 Extraction prosthirrigation irrigation for the following for	thesis (1-stage procedure), manual or mechanical technique (eg, ation and aspiration or phacoemulsification), complex, requiring ices or techniques not generally used in routine cataract surgery g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		AUR and PSR process applies No, but AUR and PSR process	per procedure	R side and once per L side per lifetime	
irrigat device (eg, prim 66987 Extr prostr irriga 66988 Extr prostr irriga 66988 Extr prostr irriga 66988	ation and aspiration or phacoemulsification), complex, requiring ices or techniques not generally used in routine cataract surgery g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		AUR and PSR process applies No, but AUR and PSR process	per procedure	R side and once per L side per lifetime	
device (eg, prim 66987 Extr prosth irriga 66988 Extr prosth irriga 66988 Extr prosth irriga 66988	ices or techniques not generally used in routine cataract surgery g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		AUR and PSR process applies No, but AUR and PSR process	per procedure	R side and once per L side per lifetime	
66987 Extr prosth irrigation of the control of the	g, iris expansion device, suture support for intraocular lens, or mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation stracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation stracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		AUR and PSR process applies No, but AUR and PSR process	per procedure	R side and once per L side per lifetime	
66987 Extr prosth irrigation of the irrigation	mary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation stracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation stracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		PSR process applies No, but AUR and PSR process	per procedure	once per L side per lifetime	
66987 Extr prosth irrigation for the control of th	amblyogenic developmental stage; with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		process applies No, but AUR and PSR process	per procedure	side per lifetime	
Extr prosth irrig: 66988 Extr prosth irrig: 66988	cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	RT-LT-50		No, but AUR and PSR process	per procedure	lifetime	
Extr prosth irrig: 66988 Extr prosth irrig: 66988	ctracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation ctracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic				SG	KI EI 30		No, but AUR and PSR process	per procedure		
66988 Extr prosth irrigation for the prosther irrigation	thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic	01	021	24	SG		\$1,654.00	AUR and PSR process		N/A	N/A
66988 Extr prosth irrigation for the prosther irrigation	thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic	01	021	24	SG		\$1,654.00	PSR process		N/A	N/A
66988 Extr prosth irriga 66988 Extr prosth	gation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic	01	021	24	SG		\$1,654.00	process		N/A	N/A
66988 Extr prosth irriga 66988 Extr prosth	cyclophotocoagulation tracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic	01	021	24	SG		\$1,654.00	•		N/A	N/A
Extr prosth irriga 66988 Extr prosth	stracapsular cataract removal with insertion of intraocular lens thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic	01	021	24	SG		\$1,654.00	applies		NI/A	N/A
prosth irriga 66988 Extr prosth	thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic									111/7	IN/A
prosth irriga 66988 Extr prosth	thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic							No but			
prosth irriga 66988 Extr prosth	thesis (1 stage procedure), manual or mechanical technique (eg, gation and aspiration or phacoemulsification); with endoscopic							No, but AUR and			
irriga 66988 Extr	gation and aspiration or phacoemulsification); with endoscopic							PSR			
66988 Extr											
Extr prosth	cyclopnotocoagulation	00	000	24			64.654.00	process		21/2	21/2
prosth		02	020	24	SG		\$1,654.00	applies		N/A	N/A
prosth								No, but		once per	
prosth	tracapsular cataract removal with insertion of intraocular lens							AUR and		R side and	
l ·	thesis (1 stage procedure), manual or mechanical technique (eg,							PSR		once per L	
IIIIgo	gation and aspiration or phacoemulsification); with endoscopic							process		side per	
66988	cyclophotocoagulation	31	All	21 24		RT-LT-50	\$602.53	applies	per procedure	lifetime	90 days
	Radiologic examination, esophagus, including scout chest	31	All	21, 24		KI-LI-30	3002.33	applies	per procedure	metime	90 days
	adiograph(s) and delayed image(s), when performed; double-									once per	!
	ontrast (eg, high-density barium and effervescent agent) study	01	016, 017	23			\$84.08	No	per procedure	day	N/A
	Radiologic examination, esophagus, including scout chest	- 01	010, 017				φο 1.00	110	per procedure	uu,	14//
	adiograph(s) and delayed image(s), when performed; double-									once per	
	ontrast (eg, high-density barium and effervescent agent) study	01	016, 017	23	TC		\$56.01	No	per procedure	day	N/A
	Radiologic examination, esophagus, including scout chest	- 01	010, 017		10		γ30.01	110	per procedure	uu,	14//
	adiograph(s) and delayed image(s), when performed; double-									once per	
	ontrast (eg, high-density barium and effervescent agent) study	01	183	22			\$84.08	No	per procedure	day	N/A
	Radiologic examination, esophagus, including scout chest						φοσο		p. 2. p. 3000010	1	,,,
	adiograph(s) and delayed image(s), when performed; double-									once per	!
	ontrast (eg, high-density barium and effervescent agent) study	01	183	22	TC		\$56.01	No	per procedure	day	N/A
	Radiologic examination, esophagus, including scout chest						755.01		p. 2. p. 3000010	1	,,,
	adiograph(s) and delayed image(s), when performed; double-									once per	
	ontrast (eg, high-density barium and effervescent agent) study	08	082	49			\$84.08	No	per procedure	day	N/A
	1 (-6, denote) barrain and effect rescent agent / study	30	002	,,			Ç0 7.00	.,,	p.c. p. occurre		14/7
	Radiologic examination, esophagus, including scout chest									once per	
74221 con	Radiologic examination, esophagus, including scout chest adiograph(s) and delayed image(s), when performed; double-		082	49	TC		\$56.01	No	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Radiologic examination, esophagus, including scout chest										•
	radiograph(s) and delayed image(s), when performed; double-									once per	
74221	contrast (eg, high-density barium and effervescent agent) study	31	All	11			\$84.08	No	per procedure	day	N/A
	Radiologic examination, esophagus, including scout chest						,			,	,
	radiograph(s) and delayed image(s), when performed; double-									once per	
74221	contrast (eg, high-density barium and effervescent agent) study	31	All	11	TC		\$56.01	No	per procedure	day	N/A
							700.00	No, but		,	,
								AUR and			
	Radiologic examination, esophagus, including scout chest			11, 21,				PSR			
	radiograph(s) and delayed image(s), when performed; double-			22, 23,				process		once per	
74221	contrast (eg, high-density barium and effervescent agent) study	31	All	49	26		\$28.07	applies	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple						7-3.07	- 1-1-1-1-2	, - ,	,	,,,
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	01	016, 017	23			\$64.06	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple		,,				,	1		- '	,
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	01	016, 017	23	TC		\$35.99	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple						,			,	,
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	01	183	22			\$64.06	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple						·			,	
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	01	183	22	TC		\$35.99	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple										
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	08	082	49			\$64.06	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple										
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	08	082	49	TC		\$35.99	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple										
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	31	All	11			\$64.06	No	per procedure	day	N/A
	Radiologic small intestine follow-through study, including multiple										
	serial images (List separately in addition to code for primary									once per	
74248	procedure for upper GI radiologic examination)	31	All	11	TC		\$35.99	No	per procedure	day	N/A
								No, but			
								AUR and			
	Radiologic small intestine follow-through study, including multiple			11, 21,				PSR			
	serial images (List separately in addition to code for primary			22, 23,				process		once per	
74248	procedure for upper GI radiologic examination)	31	All	49	26		\$28.07	applies	per procedure	day	N/A

Procedure		Provider	1	Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Myocardial imaging, positron emission tomography (PET), metabolic	7.									
	evaluation study (including ventricular wall motion[s] and/or										1
	ejection fraction[s], when performed), single study; with									once per	1
78429	concurrently acquired computed tomography transmission scan	01	183	22			\$78.18	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic						•				
	evaluation study (including ventricular wall motion[s] and/or										
	ejection fraction[s], when performed), single study; with									once per	
78429	concurrently acquired computed tomography transmission scan	01	183	22	TC		\$10.82	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
	evaluation study (including ventricular wall motion[s] and/or										
	ejection fraction[s], when performed), single study; with									once per	
78429	concurrently acquired computed tomography transmission scan	31	All	11			\$78.18	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
	evaluation study (including ventricular wall motion[s] and/or										
	ejection fraction[s], when performed), single study; with									once per	
78429	concurrently acquired computed tomography transmission scan	31	All	11	TC		\$10.82	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
	evaluation study (including ventricular wall motion[s] and/or										
	ejection fraction[s], when performed), single study; with			11, 21,						once per	
78429	concurrently acquired computed tomography transmission scan	31	All	22	26		\$67.36	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise										
	or pharmacologic), with concurrently acquired computed									once per	
78430	tomography transmission scan	01	183	22			\$74.77	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise										
	or pharmacologic), with concurrently acquired computed									once per	
78430	tomography transmission scan	01	183	22	TC		\$10.83	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise										
	or pharmacologic), with concurrently acquired computed									once per	1
78430	tomography transmission scan	31	All	11			\$74.77	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										1
	study (including ventricular wall motion[s] and/or ejection										1
	fraction[s], when performed); single study, at rest or stress (exercise										1
	or pharmacologic), with concurrently acquired computed									once per	1
78430	tomography transmission scan	31	All	11	TC		\$10.83	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Myocardial imaging, positron emission tomography (PET), perfusion	71:-	.,								
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise										
	or pharmacologic), with concurrently acquired computed			11, 21,						once per	
78430	tomography transmission scan	31	All	22	26		\$63.94	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion		7				φσσισ .		per presenting	,	,
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress										
	(exercise or pharmacologic), with concurrently acquired computed									once per	
78431	tomography transmission scan	01	183	22			\$1,761.40	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion	01	100				ψ1,7 G1. 10	103	per presente		14//
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress										
	(exercise or pharmacologic), with concurrently acquired computed									once per	
78431	tomography transmission scan	01	183	22	TC		\$1,687.02	Yes	per procedure	day	N/A
70.01	Myocardial imaging, positron emission tomography (PET), perfusion	01	100				ψ1,007.0 <u>2</u>	103	per procedure	uu,	14/71
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress										
	(exercise or pharmacologic), with concurrently acquired computed									once per	
78431	tomography transmission scan	31	All	11			\$1,761.40	Yes	per procedure	day	N/A
70.01	Myocardial imaging, positron emission tomography (PET), perfusion	31	7111				ψ1,7 G1. 10	103	per procedure	uu,	14//
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress										
	(exercise or pharmacologic), with concurrently acquired computed									once per	
78431	tomography transmission scan	31	All	11	TC		\$1,687.02	Yes	per procedure	day	N/A
70.01	Myocardial imaging, positron emission tomography (PET), perfusion	31	7111				ψ1,007.0 <u>2</u>	103	per procedure	uu,	14/71
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress										
	(exercise or pharmacologic), with concurrently acquired computed			11, 21,						once per	
78431	tomography transmission scan	31	All	22	26		\$74.38	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined		7				φ,σσ		per presenting	,	,
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual									once per	
78432	radiotracer (eg, myocardial viability);	01	183	22			\$2,140.99	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined						, _,0.00	. 55	, - ,	,	,
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual									once per	
78432	radiotracer (eg, myocardial viability);	01	183	22	TC		\$2,061.69	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined						72,002.00		1. 2. p. 3000010	1	,,,
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual									once per	
78432	radiotracer (eg, myocardial viability);	31	All	11			\$2,140.99	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Myocardial imaging, positron emission tomography (PET), combined	,,									-
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual									once per	
78432	radiotracer (eg, myocardial viability);	31	All	11	TC		\$2,061.69	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual			11, 21,						once per	
78432	radiotracer (eg, myocardial viability);	31	All	22	26		\$79.30	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual										
	radiotracer (eg, myocardial viability); with concurrently acquired									once per	
78433	computed tomography transmission scan	01	183	22			\$2,148.38	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual										
	radiotracer (eg, myocardial viability); with concurrently acquired									once per	
78433	computed tomography transmission scan	01	183	22	TC		\$2,061.70	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual										
	radiotracer (eg, myocardial viability); with concurrently acquired									once per	
78433	computed tomography transmission scan	31	All	11			\$2,148.38	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual										
	radiotracer (eg, myocardial viability); with concurrently acquired									once per	
78433	computed tomography transmission scan	31	All	11	TC		\$2,061.70	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), combined										
	perfusion with metabolic evaluation study (including ventricular wall										
	motion[s] and/or ejection fraction[s], when performed), dual										
	radiotracer (eg, myocardial viability); with concurrently acquired			11, 21,						once per	
78433	computed tomography transmission scan	31	All	22	26		\$86.68	Yes	per procedure	day	N/A
	Absolute quantitation of myocardial blood flow (AQMBF), positron										
	emission tomography (PET), rest and pharmacologic stress (List									once per	
78434	separately in addition to code for primary procedure)	01	183	22			\$135.02	Yes	per procedure	day	N/A
	Absolute quantitation of myocardial blood flow (AQMBF), positron										
	emission tomography (PET), rest and pharmacologic stress (List								1 .	once per	
78434	separately in addition to code for primary procedure)	01	183	22	TC		\$110.05	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Absolute quantitation of myocardial blood flow (AQMBF), positron										
	emission tomography (PET), rest and pharmacologic stress (List									once per	
78434	separately in addition to code for primary procedure)	31	All	11			\$135.02	Yes	per procedure	day	N/A
	Absolute quantitation of myocardial blood flow (AQMBF), positron										
	emission tomography (PET), rest and pharmacologic stress (List									once per	
78434	separately in addition to code for primary procedure)	31	All	11	TC		\$110.05	Yes	per procedure	day	N/A
	Absolute quantitation of myocardial blood flow (AQMBF), positron										
	emission tomography (PET), rest and pharmacologic stress (List			11, 21,						once per	
78434	separately in addition to code for primary procedure)	31	All	22	26		\$24.97	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
	evaluation study (including ventricular wall motion[s] and/or									once per	
78459	ejection fraction[s], when performed), single study;	01	183	22			\$1,449.56	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
70450	evaluation study (including ventricular wall motion[s] and/or	0.4	400	22	T 0		44 200 42	.,		once per	21/2
78459	ejection fraction[s], when performed), single study;	01	183	22	TC		\$1,388.43	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic										
70450	evaluation study (including ventricular wall motion[s] and/or	24	A.I.	44			64 440 56	V		once per	N1 / A
78459	ejection fraction[s], when performed), single study;	31	All	11			\$1,449.56	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or									ance nor	
78459	, , ,	21	All	11	TC		ć1 200 A2	Voc	nor procedure	once per	NI/A
76439	ejection fraction[s], when performed), single study; Myocardial imaging, positron emission tomography (PET), metabolic	31	All	11	TC		\$1,388.43	Yes	per procedure	day	N/A
	evaluation study (including ventricular wall motion[s] and/or			11, 21,						once per	
78459	ejection fraction[s], when performed), single study;	31	All	22	26		\$61.13	Yes	per procedure	day	N/A
70433	Myocardial imaging, positron emission tomography (PET), perfusion	31	All	22	20		301.13	163	per procedure	uay	IN/A
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise									once per	
78491	or pharmacologic)	01	183	22			\$1,122.26	Yes	per procedure	day	N/A
70131	Myocardial imaging, positron emission tomography (PET), perfusion	01	103	22			71,122.20	103	per procedure	uuy	NA
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise									once per	
78491	or pharmacologic)	01	183	22	TC		\$1,062.85	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion									<i></i>	,
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise									once per	
78491	or pharmacologic)	31	All	11			\$1,122.26	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise									once per	
78491	or pharmacologic)	31	All	11	TC		\$1,062.85	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); single study, at rest or stress (exercise			11, 21,						once per	
78491	or pharmacologic)	31	All	22	26		\$59.41	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress									once per	
78492	(exercise or pharmacologic)	01	183	22			\$1,212.91	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress									once per	
78492	(exercise or pharmacologic)	01	183	22	TC		\$1,143.05	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress									once per	
78492	(exercise or pharmacologic)	31	All	11			\$1,212.91	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress									once per	
78492	(exercise or pharmacologic)	31	All	11	TC		\$1,143.05	Yes	per procedure	day	N/A
	Myocardial imaging, positron emission tomography (PET), perfusion										
	study (including ventricular wall motion[s] and/or ejection										
	fraction[s], when performed); multiple studies at rest and stress			11, 21,						once per	
78492	(exercise or pharmacologic)	31	All	22	26		\$69.86	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, single area (eg, head, neck,									once per	
78830	chest, pelvis), single day imaging	01	183	22			\$383.42	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										1
	distribution of radiopharmaceutical agent(s) (includes vascular flow										1
	and blood pool imaging, when performed); tomographic (SPECT)										1
	with concurrently acquired computed tomography (CT) transmission										1
	scan for anatomical review, localization and										1
70005	determination/detection of pathology, single area (eg, head, neck,			22			4005.45			once per	
78830	chest, pelvis), single day imaging	01	183	22	TC		\$325.48	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, single area (eg, head, neck,									once per	
78830	chest, pelvis), single day imaging	31	All	11			\$383.42	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, single area (eg, head, neck,									once per	
78830	chest, pelvis), single day imaging	31	All	11	TC		\$325.48	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, single area (eg, head, neck,			11, 21,						once per	
78830	chest, pelvis), single day imaging	31	All	22	26		\$57.94	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT),										
	minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single									once per	
78831	day imaging, or single area imaging over 2 or more days	01	183	22			\$553.94	Yes	per procedure	day	N/A
70031	ady magnig, or single area magnig over 2 or more days	- 01	103				7 333.34	103	per procedure	day	NYA
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT),										
	minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single									once per	
78831	day imaging, or single area imaging over 2 or more days	01	183	22	TC		\$483.21	Yes	per procedure	day	N/A
	· · · · · · · · · · · · · · · · · · ·										
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT),										
	minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single									once per	
78831	day imaging, or single area imaging over 2 or more days	31	All	11			\$553.94	Yes	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT),										
	minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single									once per	
78831	day imaging, or single area imaging over 2 or more days	31	All	11	TC		\$483.21	Yes	per procedure	day	N/A
70031	lady imaging, or single area imaging over 2 or more days	31	All	- 11	IC.		J403.21	163	per procedure	uay	IN/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT),										
	minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single			11, 21,						once per	
78831	day imaging, or single area imaging over 2 or more days	31	All	22	26		\$70.73	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, minimum 2 areas (eg, pelvis										
	and knees, abdomen and pelvis), single day imaging, or single area									once per	
78832	imaging over 2 or more days	01	183	22			\$720.34	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, minimum 2 areas (eg, pelvis										
70000	and knees, abdomen and pelvis), single day imaging, or single area	0.4	400	22	T C		6627.07	.,		once per	21/2
78832	imaging over 2 or more days	01	183	22	TC		\$637.97	Yes	per procedure	day	N/A
	Radiopharmaceutical localization of tumor, inflammatory process or										
	distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	, , , , , , , , , , , , , , , , , , , ,										
	,										
										once per	
78832	, , , , , , , , , , , , , , , , , , , ,	31	All	11			\$720.34	Yes	per procedure		N/A
78832	scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	31	All	11			\$720.34	Yes	per procedure	once per day	

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Radiopharmaceutical localization of tumor, inflammatory process or	71: -	,								
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, minimum 2 areas (eg, pelvis										
	and knees, abdomen and pelvis), single day imaging, or single area									once per	
78832	imaging over 2 or more days	31	All	11	TC		\$637.97	Yes	per procedure	day	N/A
70002	Radiopharmaceutical localization of tumor, inflammatory process or		7				φοστιστ		por processing		,,,
	distribution of radiopharmaceutical agent(s) (includes vascular flow										
	and blood pool imaging, when performed); tomographic (SPECT)										
	with concurrently acquired computed tomography (CT) transmission										
	scan for anatomical review, localization and										
	determination/detection of pathology, minimum 2 areas (eg, pelvis										
	and knees, abdomen and pelvis), single day imaging, or single area			11, 21,						once per	
78832	imaging over 2 or more days	31	All	22	26		\$82.37	Yes	per procedure	day	N/A
70032	Radiopharmaceutical quantification measurement(s) single area	31	7 111		20		ΨΟΣ. 37	163	per procedure	once per	14//1
78835	(List separately in addition to code for primary procedure)	01	183	22			\$80.68	Yes	per procedure	day	N/A
70000	Radiopharmaceutical quantification measurement(s) single area	- 01	100				Ç00.00	163	per procedure	once per	14//1
78835	(List separately in addition to code for primary procedure)	01	183	22	TC		\$62.50	Yes	per procedure	day	N/A
	Radiopharmaceutical quantification measurement(s) single area						7			once per	,
78835	(List separately in addition to code for primary procedure)	31	All	11			\$80.68	Yes	per procedure	day	N/A
	Radiopharmaceutical quantification measurement(s) single area						,			once per	,
78835	(List separately in addition to code for primary procedure)	31	All	11	TC		\$62.50	Yes	per procedure	day	N/A
	Radiopharmaceutical quantification measurement(s) single area			11, 21,			,			once per	,
78835	(List separately in addition to code for primary procedure)	31	All	22	26		\$18.18	Yes	per procedure	day	N/A
										once per	
80187	Posaconazole	01	016, 017	23			\$21.69	No	per test	day	N/A
							•		·	once per	
80187	Posaconazole	01	183	22			\$21.69	No	per test	day	N/A
									·	once per	
80187	Posaconazole	28	280	81			\$21.69	No	per test	day	N/A
									·	once per	
80285	Voriconazole	01	016, 017	23			\$21.69	No	per test	day	N/A
										once per	
80285	Voriconazole	01	183	22			\$21.69	No	per test	day	N/A
										once per	
80285	Voriconazole	28	280	81			\$21.69	No	per test	day	N/A
	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic									once per	
81307	cancer) gene analysis; full gene sequence	01	183	22			\$226.30	No	per test	lifetime	N/A
	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic									once per	
81307	cancer) gene analysis; full gene sequence	28	280	81			\$226.30	No	per test	lifetime	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic		,							once per	•
81308	cancer) gene analysis; known familial variant	01	183	22			\$241.08	No	per test	lifetime	N/A
	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic						·		'	once per	•
81308	cancer) gene analysis; known familial variant	28	280	81			\$241.08	No	per test	lifetime	N/A
	Ophthalmoscopy, extended; with retinal drawing and scleral						·		·		•
	depression of peripheral retinal disease (eg, for retinal tear, retinal										
	detachment, retinal tumor) with interpretation and report,									once per	
92201	unilateral or bilateral	01	183	22			\$18.33	No	per procedure	day	N/A
							,	No, but		,	,
	Ophthalmoscopy, extended; with retinal drawing and scleral							AUR and			
	depression of peripheral retinal disease (eg, for retinal tear, retinal							PSR			
	detachment, retinal tumor) with interpretation and report,							process		once per	
92201	unilateral or bilateral	31	All	11, 21			\$18.33	applies	per procedure	day	N/A
	Ophthalmoscopy, extended; with drawing of optic nerve or macula						7-0.00			,	,
	(eg, for glaucoma, macular pathology, tumor) with interpretation									once per	
92202	and report, unilateral or bilateral	01	183	22			\$11.84	No	per procedure	day	N/A
	, ,						,	No, but		,	,
								AUR and			
	Ophthalmoscopy, extended; with drawing of optic nerve or macula							PSR			
	(eg, for glaucoma, macular pathology, tumor) with interpretation							process		once per	
92202	and report, unilateral or bilateral	31	All	11, 21			\$11.84	applies	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative			,			,			,	•
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93985	bilateral study	01	183	22			\$205.24	No	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative						,			,	•
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93985	bilateral study	01	183	22	TC		\$173.97	No	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative						·				
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93985	bilateral study	31	All	11			\$205.24	No	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative						·				
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93985	bilateral study	31	All	11	TC		\$173.97	No	per procedure	day	N/A
								No, but			
								AUR and			
	Duplex scan of arterial inflow and venous outflow for preoperative							PSR			
	vessel assessment prior to creation of hemodialysis access; complete			11, 21,				process		once per	
93985	bilateral study	31	All	22, 24	26		\$31.27	applies	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative										·
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93986	unilateral study	01	183	22			\$119.20	No	per procedure	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Duplex scan of arterial inflow and venous outflow for preoperative										•
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93986	unilateral study	01	183	22	TC		\$99.03	No	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative										
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93986	unilateral study	31	All	11			\$119.20	No	per procedure	day	N/A
	Duplex scan of arterial inflow and venous outflow for preoperative										
	vessel assessment prior to creation of hemodialysis access; complete									once per	
93986	unilateral study	31	All	11	TC		\$99.03	No	per procedure	day	N/A
	·							No, but			
								AUR and			
	Duplex scan of arterial inflow and venous outflow for preoperative							PSR			
	vessel assessment prior to creation of hemodialysis access; complete			11, 21,				process		once per	
93986	unilateral study	31	All	22, 24	26		\$20.17	applies	per procedure	day	N/A
	Electroencephalogram (EEG) continuous recording, with video when										
	performed, setup, patient education, and takedown when										
	performed, administered in person by EEG technologist, minimum									once per	
95700	of 8 channels	01	183	22			\$200.00	No	per procedure	day	N/A
	Electroencephalogram (EEG) continuous recording, with video when										
	performed, setup, patient education, and takedown when										
	performed, administered in person by EEG technologist, minimum									once per	
95700	of 8 channels	08	082, 110	49			\$200.00	No	per procedure	day	N/A
	Electroencephalogram (EEG) continuous recording, with video when										
	performed, setup, patient education, and takedown when										
	performed, administered in person by EEG technologist, minimum									once per	
95700	of 8 channels	31	All	11			\$200.00	No	per procedure	day	N/A
									per procedure,		
	Electroencephalogram (EEG), without video, review of data,								minimum of 2-	once per	
95705	technical description by EEG technologist, 2-12 hours; unmonitored	01	183	22			\$80.00	No	12 hours	day	N/A
									per procedure,		
	Electroencephalogram (EEG), without video, review of data,								minimum of 2-	once per	
95705	technical description by EEG technologist, 2-12 hours; unmonitored	08	082, 110	49			\$80.00	No	12 hours	day	N/A
									per procedure,		
	Electroencephalogram (EEG), without video, review of data,								minimum of 2-	once per	
95705	technical description by EEG technologist, 2-12 hours; unmonitored	31	All	11			\$80.00	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95706	intermittent monitoring and maintenance	01	183	22			\$332.80	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95706	intermittent monitoring and maintenance	80	082, 110	49			\$332.80	No	12 hours	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95706	intermittent monitoring and maintenance	31	All	11			\$332.80	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95707	continuous, real-time monitoring and maintenance	01	183	22			\$416.00	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95707	continuous, real-time monitoring and maintenance	08	082, 110	49			\$416.00	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,		
	technical description by EEG technologist, 2-12 hours; with								minimum of 2-	once per	
95707	continuous, real-time monitoring and maintenance	31	All	11			\$416.00	No	12 hours	day	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95708	hours; unmonitored	01	183	22			\$120.00	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95708	hours; unmonitored	08	082, 110	49			\$120.00	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95708	hours; unmonitored	31	All	11			\$120.00	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95709	hours; with intermittent monitoring and maintenance	01	183	22			\$664.80	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,						7		per procedure,	1 per	,
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95709	hours; with intermittent monitoring and maintenance	08	082, 110	49			\$664.80	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,		, ,						per procedure,	1 per	,
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95709	hours; with intermittent monitoring and maintenance	31	All	11			\$664.80	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	,
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95710	hours; with continuous, real-time monitoring and maintenance	01	183	22			\$831.20	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95710	hours; with continuous, real-time monitoring and maintenance	08	082, 110	49			\$831.20	No	12-26 hours	days	N/A
	Electroencephalogram (EEG), without video, review of data,								per procedure,	1 per	,
	technical description by EEG technologist, each increment of 12-26								minimum of	rolling 7	
95710	hours; with continuous, real-time monitoring and maintenance	31	All	11			\$831.20	No	12-26 hours	days	N/A
									per procedure,		·
	Electroencephalogram with video (VEEG), review of data, technical								minimum of 2-	once per	
95711	description by EEG technologist, 2-12 hours; unmonitored	01	183	22			\$100.00	No	12 hours	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	·	,,	,						per procedure,		
	Electroencephalogram with video (VEEG), review of data, technical								minimum of 2-	once per	
95711	description by EEG technologist, 2-12 hours; unmonitored	08	082, 110	49			\$100.00	No	12 hours	day	N/A
									per procedure,		
	Electroencephalogram with video (VEEG), review of data, technical								minimum of 2-	once per	
95711	description by EEG technologist, 2-12 hours; unmonitored	31	All	11			\$100.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with intermittent								minimum of 2-	once per	
95712	monitoring and maintenance	01	183	22			\$400.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with intermittent								minimum of 2-	once per	
95712	monitoring and maintenance	08	082, 110	49			\$400.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with intermittent								minimum of 2-	once per	
95712	monitoring and maintenance	31	All	11			\$400.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with continuous, real-								minimum of 2-	once per	
95713	time monitoring and maintenance	01	183	22			\$500.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with continuous, real-								minimum of 2-	once per	
95713	time monitoring and maintenance	08	082, 110	49			\$500.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,		
	description by EEG technologist, 2-12 hours; with continuous, real-								minimum of 2-	once per	
95713	time monitoring and maintenance	31	All	11			\$500.00	No	12 hours	day	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95714	unmonitored	01	183	22			\$160.00	No	12-26 hours	days	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95714	unmonitored	08	082, 110	49			\$160.00	No	12-26 hours	days	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95714	unmonitored	31	All	11			\$160.00	No	12-26 hours	days	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95715	with intermittent monitoring and maintenance	01	183	22			\$800.00	No	12-26 hours	days	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95715	with intermittent monitoring and maintenance	08	082, 110	49			\$800.00	No	12-26 hours	days	N/A
	Electroencephalogram with video (VEEG), review of data, technical								per procedure,	1 per	
	description by EEG technologist, each increment of 12-26 hours;								minimum of	rolling 7	
95715	with intermittent monitoring and maintenance	31	All	11			\$800.00	No	12-26 hours	days	N/A

Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; 95716 with continuous, real-time monitoring and maintenance 01 183 22 \$ Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours;	MA Fee \$1,000.00 \$1,000.00	No No	mA units per procedure, minimum of 12-26 hours per procedure, minimum of 12-26 hours	Limits 1 per rolling 7 days 1 per rolling 7	days N/A
Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; 95716 with continuous, real-time monitoring and maintenance 01 183 22 \$\$ Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; 95716 with continuous, real-time monitoring and maintenance 08 082, 110 49 \$\$	\$1,000.00	-	minimum of 12-26 hours per procedure, minimum of	rolling 7 days 1 per	
description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance 08 082, 110 49 \$	\$1,000.00	-	12-26 hours per procedure, minimum of	days 1 per	N/A
Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; 95716 with continuous, real-time monitoring and maintenance 08 082, 110 49 \$	\$1,000.00	-	per procedure, minimum of	1 per	N/A
description by EEG technologist, each increment of 12-26 hours; 95716 with continuous, real-time monitoring and maintenance 08 082, 110 49 \$		No	minimum of		
95716 with continuous, real-time monitoring and maintenance 08 082, 110 49 \$		No		rolling 7	
		No	12-26 hours	_	I
	***			days	N/A
	44 000 00		per procedure,	1 per	
description by EEG technologist, each increment of 12-26 hours;	44 000 00		minimum of	rolling 7	
	\$1,000.00	No	12-26 hours	days	N/A
Electroencephalogram (EEG), continuous recording, physician or	. ,			,	,
other qualified health care professional review of recorded events,			per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-			minimum of 2	once per	
	\$82.17	No	12 hours	day	N/A
Electroencephalogram (EEG), continuous recording, physician or				, , , , , , , , , , , , , , , , , , ,	,
other qualified health care professional review of recorded events,			per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-			minimum of 2-	once per	
	\$82.17	No	12 hours	day	N/A
		No, but		,	,
Electroencephalogram (EEG), continuous recording, physician or		AUR and			
other qualified health care professional review of recorded events,		PSR	per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-		process	minimum of 2-	once per	
	\$82.17	applies	12 hours	day	N/A
Electroencephalogram (EEG), continuous recording, physician or	,			,	,
other qualified health care professional review of recorded events,			per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-			minimum of 2-	once per	
	\$107.74	No	12 hours	day	N/A
Electroencephalogram (EEG), continuous recording, physician or	4207117			,	,
other qualified health care professional review of recorded events,			per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-			minimum of 2-	once per	
	\$107.74	No	12 hours	day	N/A
50		No, but		,	,
Electroencephalogram (EEG), continuous recording, physician or		AUR and			
other qualified health care professional review of recorded events,		PSR	per procedure,		
analysis of spike and seizure detection, interpretation and report, 2-		process	minimum of 2-	once per	
	\$107.74	applies	12 hours	day	N/A
	, 20, ., 1	×FF60		,	,,,
Electroencephalogram (EEG), continuous recording, physician or					
other qualified health care professional review of recorded events,					
analysis of spike and seizure detection, each increment of greater			per procedure,	1 per	
than 12 hours, up to 26 hours of EEG recording, interpretation and			minimum of	rolling 7	
	\$127.34	No	12-26 hours	days	N/A

Code Description Type Specialty Service Modifier Modifier MA Fee Auth Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, Auth No No, but AUR and	MA units per procedure, minimum of 12-26 hours	1 per rolling 7 days	days N/A
other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video 08 082, 110 49 \$127.34 No Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, AUR and	minimum of	rolling 7	N/A
other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video 08 082, 110 49 \$127.34 No Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, AUR and	minimum of	rolling 7	N/A
analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video 08 082, 110 49 \$127.34 No Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events,	minimum of	rolling 7	N/A
than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video 08 082, 110 49 \$127.34 No Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, AUR and	minimum of	rolling 7	N/A
95719 report after each 24-hour period; without video 08 082, 110 49 \$127.34 No Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events,			N/A
Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, AUR and	12-26 hours	days	N/A
other qualified health care professional review of recorded events, AUR and			
other qualified health care professional review of recorded events, AUR and			
analysis of spike and seizure detection, each increment of greater	per procedure,	1 per	
than 12 hours, up to 26 hours of EEG recording, interpretation and	minimum of	rolling 7	
95719 report after each 24-hour period; without video 31 All 11, 21 \$127.34 applies	12-26 hours	days	N/A
35715 Teport arter each 24-hour period, without video 31 All 11, 21 \$127.54 applies	12-20 110013	uays	IN/A
Electroencephalogram (EEG), continuous recording, physician or			
other qualified health care professional review of recorded events,			
analysis of spike and seizure detection, each increment of greater	per procedure,	1 per	
than 12 hours, up to 26 hours of EEG recording, interpretation and	minimum of	rolling 7	
95720 report after each 24-hour period; with video (VEEG) 01 183 22 \$166.82 No	12-26 hours	days	N/A
Electroencephalogram (EEG), continuous recording, physician or			
other qualified health care professional review of recorded events,			
analysis of spike and seizure detection, each increment of greater	per procedure,	1 per	
than 12 hours, up to 26 hours of EEG recording, interpretation and	minimum of	rolling 7	
95720 report after each 24-hour period; with video (VEEG) 08 082, 110 49 \$166.82 No	12-26 hours	days	N/A
Electroencephalogram (EEG), continuous recording, physician or No, but			
other qualified health care professional review of recorded events, AUR and			
analysis of spike and seizure detection, each increment of greater	per procedure,	1 per	
than 12 hours, up to 26 hours of EEG recording, interpretation and process	minimum of	rolling 7	21/2
95720 report after each 24-hour period; with video (VEEG) 31 All 11, 21 \$166.82 applies	12-26 hours	days	N/A
Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events,			
analysis of spike and seizure detection, interpretation, and summary	per procedure,	1 per	
report, complete study; greater than 36 hours, up to 60 hours of	minimum of	rolling 7	
95721 EEG recording, without video 01 183 22 \$167.36 No	36-60 hours	days	N/A
Electroencephalogram (EEG), continuous recording, physician or	30 00 110013	aays	14/ 🗥
other qualified health care professional review of recorded events,			
analysis of spike and seizure detection, interpretation, and summary	per procedure,	1 per	
report, complete study; greater than 36 hours, up to 60 hours of	minimum of	rolling 7	
95721 EEG recording, without video 08 082, 110 49 \$167.36 No	36-60 hours	days	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Electroencephalogram (EEG), continuous recording, physician or		,					No, but			
	other qualified health care professional review of recorded events,							AUR and			
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	
	report, complete study; greater than 36 hours, up to 60 hours of							process	minimum of	rolling 7	
95721	EEG recording, without video	31	All	11, 21			\$167.36	applies	36-60 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or			,			,			,	
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 36 hours, up to 60 hours of								minimum of	rolling 7	
95722	EEG recording, with video (VEEG)	01	183	22			\$203.56	No	36-60 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or						•				
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 36 hours, up to 60 hours of								minimum of	rolling 7	
95722	EEG recording, with video (VEEG)	08	082, 110	49			\$203.56	No	36-60 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or							No, but			
	other qualified health care professional review of recorded events,							AUR and			
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	
	report, complete study; greater than 36 hours, up to 60 hours of							process	minimum of	rolling 7	
95722	EEG recording, with video (VEEG)	31	All	11, 21			\$203.56	applies	36-60 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 60 hours, up to 84 hours of								minimum of	rolling 7	
95723	EEG recording, without video	01	183	22			\$207.18	No	60-84 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 60 hours, up to 84 hours of								minimum of	rolling 7	
95723	EEG recording, without video	08	082, 110	49			\$207.18	No	60-84 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or							No, but			
	other qualified health care professional review of recorded events,							AUR and			1
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	1
	report, complete study; greater than 60 hours, up to 84 hours of							process	minimum of	rolling 7	1
95723	EEG recording, without video	31	All	11, 21			\$207.18	applies	60-84 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 60 hours, up to 84 hours of								minimum of	rolling 7	
95724	EEG recording, with video (VEEG)	01	183	22			\$259.55	No	60-84 hours	days	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Electroencephalogram (EEG), continuous recording, physician or										•
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 60 hours, up to 84 hours of								minimum of	rolling 7	
95724	EEG recording, with video (VEEG)	08	082, 110	49			\$259.55	No	60-84 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or		ĺ					No, but			·
	other qualified health care professional review of recorded events,							AUR and			
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	
	report, complete study; greater than 60 hours, up to 84 hours of							process	minimum of	rolling 7	
95724	EEG recording, with video (VEEG)	31	All	11, 21			\$259.55	applies	60-84 hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or			,							,
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,								minimum of 84	rolling 7	
95725	without video	01	183	22			\$235.72	No	hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,								minimum of 84	rolling 7	
95725	without video	08	082, 110	49			\$235.72	No	hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or							No, but			
	other qualified health care professional review of recorded events,							AUR and			
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,							process	minimum of 84	rolling 7	
95725	without video	31	All	11, 21			\$235.72	applies	hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,								minimum of 84	rolling 7	
95726	with video (VEEG)	01	183	22			\$327.97	No	hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or										
	other qualified health care professional review of recorded events,										
	analysis of spike and seizure detection, interpretation, and summary								per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,								minimum of 84	rolling 7	
95726	with video (VEEG)	08	082, 110	49			\$327.97	No	hours	days	N/A
	Electroencephalogram (EEG), continuous recording, physician or							No, but			
	other qualified health care professional review of recorded events,							AUR and			
	analysis of spike and seizure detection, interpretation, and summary							PSR	per procedure,	1 per	
	report, complete study; greater than 84 hours of EEG recording,							process	minimum of 84	rolling 7	
95726	with video (VEEG)	31	All	11, 21			\$327.97	applies	hours	days	N/A
	Health behavior assessment, or re-assessment (ie, health-focused									once per	
96156	clinical interview, behavioral observations, clinical decision making)	01	183	22	U5	TJ	\$61.14	No	per assessment	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	·										
	Health behavior assessment, or re-assessment (ie, health-focused								per	once per	
96156	clinical interview, behavioral observations, clinical decision making)	01	183	22		TJ	\$39.88	No	re assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused									once per	
96156	clinical interview, behavioral observations, clinical decision making)	08	082	49	U5	TJ	\$61.14	No	per assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused								per	once per	
96156	clinical interview, behavioral observations, clinical decision making)	08	082	49		TJ	\$39.88	No	re assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused			11, 12,						once per	
96156	clinical interview, behavioral observations, clinical decision making)	09	All	99	U5	TJ	\$61.14	No	per assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused			11, 12,					per	once per	
96156	clinical interview, behavioral observations, clinical decision making)	09	All	99		TJ	\$39.88	No	reassessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused			11, 12,						once per	
96156	clinical interview, behavioral observations, clinical decision making)	31	All	99	U5	TJ	\$61.14	No	per assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused			11, 12,					per	once per	
96156	clinical interview, behavioral observations, clinical decision making)	31	All	99		TJ	\$39.88	No	re assessment	day	N/A
	Health behavior assessment, or re-assessment (ie, health-focused									once per	
96156	clinical interview, behavioral observations, clinical decision making)	35	350	11	U4	TM	\$2,064.85	No	per assessment	180 days	N/A
	Health behavior assessment, or re-assessment (ie, health-focused								per	once per	
96156	clinical interview, behavioral observations, clinical decision making)	35	350	11	U3	TM	\$1,868.06	No	re assessment	30 days	N/A
	Health behavior intervention, individual, face-to-face; initial 30								initial 30	once per	
96158	minutes	01	183	22	U3	TJ	\$39.20	No	minutes	day	N/A
	Health behavior intervention, individual, face-to-face; initial 30								initial 30	once per	
96158	minutes	08	082	49	U3	TJ	\$39.20	No	minutes	day	N/A
	Health behavior intervention, individual, face-to-face; initial 30			11, 12,					initial 30	once per	
96158	minutes	09	All	99	U3	TJ	\$39.20	No	minutes	day	N/A
	Health behavior intervention, individual, face-to-face; initial 30			11, 12,					initial 30	once per	
96158	minutes	31	All	99	U3	TJ	\$39.20	No	minutes	day	N/A
	Health behavior intervention, individual, face-to-face; each										
	additional 15 minutes (List separately in addition to code for									four per	
96159	primary service)	01	183	22	U3	TJ	\$19.60	No	per 15 minutes	day	N/A
	Health behavior intervention, individual, face-to-face; each										
	additional 15 minutes (List separately in addition to code for									four per	
96159	primary service)	08	082	49	U3	TJ	\$19.60	No	per 15 minutes	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Health behavior intervention, individual, face-to-face; each	7.									,
	additional 15 minutes (List separately in addition to code for			11, 12,						four per	
96159	primary service)	09	All	99	U3	TJ	\$19.60	No	per 15 minutes	day	N/A
	Health behavior intervention, individual, face-to-face; each						•				
	additional 15 minutes (List separately in addition to code for			11, 12,						four per	
96159	primary service)	31	All	99	U3	TJ	\$19.60	No	per 15 minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-								initial 30	once per	
96164	face; initial 30 minutes	01	183	22		TJ	\$8.94	No	minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-								initial 30	once per	
96164	face; initial 30 minutes	08	082	49		TJ	\$8.94	No	minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-			11, 12,					initial 30	once per	
96164	face; initial 30 minutes	09	All	99		TJ	\$8.94	No	minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-			11, 12,					initial 30	once per	
96164	face; initial 30 minutes	31	All	99		TJ	\$8.94	No	minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-										
	face; each additional 15 minutes (List separately in addition to code									six per	
96165	for primary service)	01	183	22		TJ	\$3.95	No	per 15 minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-										
	face; each additional 15 minutes (List separately in addition to code									six per	
96165	for primary service)	08	082	49		TJ	\$3.95	No	per 15 minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-										
	face; each additional 15 minutes (List separately in addition to code			11, 12,						six per	
96165	for primary service)	09	All	99		TJ	\$3.95	No	per 15 minutes	day	N/A
	Health behavior intervention, group (2 or more patients), face-to-										
	face; each additional 15 minutes (List separately in addition to code			11, 12,						six per	
96165	for primary service)	31	All	99		TJ	\$3.95	No	per 15 minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-								initial 30	once per	
96167	to-face; initial 30 minutes	01	183	22		TJ	\$37.18	No	minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-								initial 30	once per	
96167	to-face; initial 30 minutes	08	082	49		TJ	\$37.18	No	minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-			11, 12,					initial 30	once per	
96167	to-face; initial 30 minutes	09	All	99		TJ	\$37.18	No	minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-			11, 12,			4		initial 30	once per	
96167	to-face; initial 30 minutes	31	All	99		TJ	\$37.18	No	minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-									l .	
001	to-face; each additional 15 minutes (List separately in addition to						4.4			six per	
96168	code for primary service)	01	183	22		TJ	\$18.59	No	per 15 minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-										
00450	to-face; each additional 15 minutes (List separately in addition to		000	4.0			640.50	.	45	six per	
96168	code for primary service)	08	082	49		TJ	\$18.59	No	per 15 minutes	day	N/A
	Health behavior intervention, family (with the patient present), face-			44 10							
00100	to-face; each additional 15 minutes (List separately in addition to			11, 12,			640.50	.	man 15	six per	N1 / A
96168	code for primary service)	09	All	99		TJ	\$18.59	No	per 15 minutes	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Health behavior intervention, family (with the patient present), face-	7.	,								,
	to-face; each additional 15 minutes (List separately in addition to			11, 12,						six per	
96168	code for primary service)	31	All	99		TJ	\$18.59	No	per 15 minutes	day	N/A
	Therapeutic interventions that focus on cognitive function (eg,						•				
	attention, memory, reasoning, executive function, problem solving,										
	and/or pragmatic functioning) and compensatory strategies to										
	manage the performance of an activity (eg, managing time or										
	schedules, initiating, organizing, and sequencing tasks), direct (one-		170, 171,	11, 12,					initial 15	once per	
97129	on-one) patient contact; initial 15 minutes	17	173	99			\$19.05	No	minutes	day	N/A
	Therapeutic interventions that focus on cognitive function (eg,										
	attention, memory, reasoning, executive function, problem solving,							No, but			
	and/or pragmatic functioning) and compensatory strategies to							AUR and			
	manage the performance of an activity (eg, managing time or			11, 12,				PSR			
	schedules, initiating, organizing, and sequencing tasks), direct (one-			21, 31,				process	initial 15	once per	
97129	on-one) patient contact; initial 15 minutes	31	All	32, 99			\$19.05	applies	minutes	day	N/A
	Therapeutic interventions that focus on cognitive function (eg,										
	attention, memory, reasoning, executive function, problem solving,										
	and/or pragmatic functioning) and compensatory strategies to										
	manage the performance of an activity (eg, managing time or										
	schedules, initiating, organizing, and sequencing tasks), direct (one-										
	on-one) patient contact; each additional 15 minutes (List separately		170, 171,	11, 12,						three per	
97130	in addition to code for primary procedure)	17	173	99			\$18.47	No	per 15 minutes	day	N/A
	Therapeutic interventions that focus on cognitive function (eg,										
	attention, memory, reasoning, executive function, problem solving,										
	and/or pragmatic functioning) and compensatory strategies to							No, but			
	manage the performance of an activity (eg, managing time or							AUR and			
	schedules, initiating, organizing, and sequencing tasks), direct (one-			11, 12,				PSR			
	on-one) patient contact; each additional 15 minutes (List separately			21, 31,				process		three per	
97130	in addition to code for primary procedure)	31	All	32, 99			\$18.47	applies	per 15 minutes	day	N/A
	Chronic care management services, at least 20 minutes of clinical										
	staff time directed by a physician or other qualified health care										
	professional, per calendar month, with the following required										
	elements: multiple (two or more) chronic conditions expected to										
	last at least 12 months, or until the death of the patient; chronic										
	conditions place the patient at significant risk of death, acute										
	exacerbation/decompensation, or functional decline;									once per	
	comprehensive care plan established, implemented, revised, or									calendar	
99490	monitored.	01	183	22			\$25.76	No	per procedure	month	N/A

Procedure		Provider		Place of	Pricing	Info		Prior	I		Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Chronic care management services, at least 20 minutes of clinical	,,									,
	staff time directed by a physician or other qualified health care										
	professional, per calendar month, with the following required										
	elements: multiple (two or more) chronic conditions expected to										
	last at least 12 months, or until the death of the patient; chronic										
	conditions place the patient at significant risk of death, acute										
	exacerbation/decompensation, or functional decline;									once per	
	comprehensive care plan established, implemented, revised, or									calendar	
99490	monitored.	08	082	49			\$25.76	No	per procedure	month	N/A
	Chronic care management services, at least 20 minutes of clinical		002				Ψ25170		por processions		,,,
	staff time directed by a physician or other qualified health care										
	professional, per calendar month, with the following required										
	elements: multiple (two or more) chronic conditions expected to										
	last at least 12 months, or until the death of the patient; chronic										
	conditions place the patient at significant risk of death, acute										
	exacerbation/decompensation, or functional decline;									once per	
	comprehensive care plan established, implemented, revised, or									calendar	
99490	monitored.	09	All	11, 12			\$25.76	No	per procedure	month	N/A
	Chronic care management services, at least 20 minutes of clinical						7-511-5	1			,
	staff time directed by a physician or other qualified health care										
	professional, per calendar month, with the following required										
	elements: multiple (two or more) chronic conditions expected to										
	last at least 12 months, or until the death of the patient; chronic										
	conditions place the patient at significant risk of death, acute										
	exacerbation/decompensation, or functional decline;									once per	
	comprehensive care plan established, implemented, revised, or									calendar	
99490	monitored.	31	All	11, 12			\$25.76	No	per procedure	month	N/A
								No, but			
								AUR and			
								PSR			
								process			
D1551	re-cement or re-bond bilateral space maintainer – maxillary	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
								process			
D1551	re-cement or re-bond bilateral space maintainer – maxillary	02	020	24	SG	<u> </u>	\$776.00	applies		N/A	N/A
								No, but		Under 21	
								AUR and		years of	
				11, 12,				PSR		age; one	
				21, 24,				process		unit per	
D1551	re-cement or re-bond bilateral space maintainer – maxillary	27	All	31, 32			\$30.00	applies	per appliance	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
								No, but			
								AUR and			
								PSR			
								process			
D1552	re-cement or re-bond bilateral space maintainer – mandibular	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
								process			
D1552	re-cement or re-bond bilateral space maintainer – mandibular	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but		Under 21	
								AUR and		years of	
				11, 12,				PSR		age; one	
				21, 24,				process		unit per	
D1552	re-cement or re-bond bilateral space maintainer – mandibular	27	All	31, 32			\$30.00	applies	per appliance	day	N/A
								No, but			
								AUR and			
								PSR			
							4	process			
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
D1FF3	we compare as so bound unitational angue majurtainas	02	020	24	SG		ć77C 00	process		N/A	NI/A
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	02	020	24	SG		\$776.00	applies		Under 21	N/A
								No, but			
				11, 12,				AUR and PSR		years of age; 4	
				21, 24,				process		units per	
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	27	All	31, 32			\$30.00	applies	per appliance	day	N/A
D1333	re-cement of re-bond dimateral space maintainer – per quadrant	27	All	31, 32			\$30.00	No, but	рет аррпапсе	uay	IN/A
								AUR and			
								PSR			
								process			
D1556	removal of fixed unilateral space maintainer – per quadrant	01	021	24	SG		\$776.00	applies		N/A	N/A
51330	per quadrant		721		- 30		Ç,,,0.00	No, but		14/7	11/7
								AUR and			
								PSR			
								process			
D1556	removal of fixed unilateral space maintainer – per quadrant	02	020	24	SG		\$776.00	applies		N/A	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	·							No, but		Under 21	,
								AUR and		years of	
				11, 12,				PSR		age; 4	
				21, 24,				process		units per	
D1556	removal of fixed unilateral space maintainer – per quadrant	27	All	31, 32			\$25.00	applies	per appliance	day	N/A
	· · · · · · · · · · · · · · · · · · ·							No, but			
								AUR and			
								PSR			
								process			
D1557	removal of fixed bilateral space maintainer – maxillary	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
								process			
D1557	removal of fixed bilateral space maintainer – maxillary	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but		Under 21	
								AUR and		years of	
				11, 12,				PSR		age; one	
				21, 24,				process		unit per	
D1557	removal of fixed bilateral space maintainer – maxillary	27	All	31, 32			\$25.00	applies	per appliance	day	N/A
								No, but			
								AUR and			
								PSR			
								process			
D1558	removal of fixed bilateral space maintainer – mandibular	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
54550	1.66						4=== 000	process			
D1558	removal of fixed bilateral space maintainer – mandibular	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but		Under 21	
				11 12				AUR and		years of	
				11, 12,				PSR		age; one	
D1550	name and of fixed bilatoral and a section of the se		A 11	21, 24,			ć2F 00	process	man ar :-!!-:-	unit per	N1/A
D1558	removal of fixed bilateral space maintainer – mandibular	27	All	31, 32			\$25.00	applies	per appliance	day	N/A
										Under 23	
										years of	
										age; one	
				11, 12,						unit per	
D8703	replacement of lost or broken retainer – maxillary	27	All	31, 32			\$142.50	Yes	per appliance	day	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
D8704	replacement of lost or broken retainer – mandibular	27	All	11, 12, 31, 32			\$142.50	Yes	per appliance	Under 23 years of age; one unit per day	N/A
G2064	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	01	183	22			\$61.69	No	per procedure	once per calendar month	N/A
G2064	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	08	082	49			\$61.69	No	per procedure	once per calendar month	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is									once per calendar	
G2064	unusually complex due to comorbidities	09	All	11, 12			\$61.69	No	per procedure	month	N/A
G2064	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	31	All	11, 12			\$61.69	No	per procedure	once per calendar month	N/a
G2004	Comprehensive care management for a single high-risk disease services, e.g. Principal Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	01	183	22			\$30.90	INO	per procedure	once per calendar month	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Type	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
	Comprehensive care management for a single high-risk disease										-
	services, e.g. Principal Care Management, at least 30 minutes of										
	clinical staff time directed by a physician or other qualified health										
	care professional, per calendar month with the following elements:										
	one complex chronic condition lasting at least 3 months, which is										
	the focus of the care plan, the condition is of sufficient severity to										
	place patient at risk of hospitalization or have been cause of a										
	recent hospitalization, the condition requires development or										
	revision of disease-specific care plan, the condition requires										
	frequent adjustments in the medication regimen, and/or the									once per	
	management of the condition is unusually complex due to									calendar	
G2065	comorbidities	08	082	49			\$30.90	No	per procedure	month	N/A
	Comprehensive care management for a single high-risk disease						700.00				,
	services, e.g. Principal Care Management, at least 30 minutes of										
	clinical staff time directed by a physician or other qualified health										
	care professional, per calendar month with the following elements:										
	one complex chronic condition lasting at least 3 months, which is										
	the focus of the care plan, the condition is of sufficient severity to										
	place patient at risk of hospitalization or have been cause of a										
	recent hospitalization, the condition requires development or										
	revision of disease-specific care plan, the condition requires										
	frequent adjustments in the medication regimen, and/or the									once per	
	management of the condition is unusually complex due to									calendar	
G2065	comorbidities	09	All	11, 12			\$30.90	No	per procedure	month	N/A
	Comprehensive care management for a single high-risk disease		7	,			400.50		por processions		,,,
	services, e.g. Principal Care Management, at least 30 minutes of										
	clinical staff time directed by a physician or other qualified health										
	care professional, per calendar month with the following elements:										
	one complex chronic condition lasting at least 3 months, which is										
	the focus of the care plan, the condition is of sufficient severity to										
	place patient at risk of hospitalization or have been cause of a										
	recent hospitalization, the condition requires development or										
	revision of disease-specific care plan, the condition requires										
	frequent adjustments in the medication regimen, and/or the									once per	
	management of the condition is unusually complex due to									calendar	
G2065	comorbidities	31	All	11, 12			\$30.90	No	per procedure	month	N/A
02003	33	31	All	11, 12			730.30	INO	per procedure	711011111	11/7
	Interrogation device evaluation(s), (remote) up to 30 days;										
	implantable cardiovascular physiologic monitor system, implantable										
	loop recorder system, or subcutaneous cardiac rhythm monitor										
	system, remote data acquisition(s), receipt of transmissions and									one per	
G2066	1 ' ' '	01	183	22			\$33.18	No	per procedure	•	N/A
G2066	technician review, technical support and distribution of results	01	183	22			\$33.18	No	per procedure	30 days	N/A

Procedure		Provider		Place of	Pricing	Info		Prior			Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Auth	MA units	Limits	days
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	08	082	49			\$33.18	No	per procedure	one per 30 days	N/A
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	31	All	11			\$33.18	No	per procedure	one per 30 days	N/A