

Commonwealth of Pennsylvania
 Department of Public Welfare
 Office of Medical Assistance Programs
 2013 HCPCS and Other Procedure Code Updates, effective June 24, 2013

This chart is divided into two (2) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2013 HCPCS updates. The second section includes the procedure codes being added as a result of significant program exception (PE) requests. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	31	All	21			\$1,229.70	No, but AUR and PSR process applies	per procedure	once per day	90 days
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	31	All	21	80		\$196.75	No, but AUR and PSR process applies	per procedure	once per day	90 days
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	31	All	21		RT-LT-50	\$1,286.62	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	90 days
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	31	All	21	80	RT-LT-50	\$205.86	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	90 days
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	31	All	21		RT-LT-50	\$1,391.02	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	90 days
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	31	All	21	80	RT-LT-50	\$222.56	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	90 days
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	31	All	21, 24		RT-LT-50	\$1,214.48	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	31	All	21, 24	80	RT-LT-50	\$194.32	No, but AUR and PSR process applies	per procedure	once per RT side and once per LT side per day	90 days
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	31	All	21, 24		RT-LT-50	\$1,400.46	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	31	All	21, 24	80	RT-LT-50	\$224.07	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	90 days
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	01	183	22		RT-LT-50	\$70.89	No	per procedure	once per R side and once per L side per day	0 days
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	01	017	23		RT-LT-50	\$70.89	No	per procedure	once per R side and once per L side per day	0 days
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	08	082	49		RT-LT-50	\$70.89	No	per procedure	once per R side and once per L side per day	0 days
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	31	All	21, 23, 24		RT-LT-50	\$70.89	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	01	183	22		RT-LT-50	\$88.70	No	per procedure	once per R side and once per L side per day	0 days
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	01	017	23		RT-LT-50	\$88.70	No	per procedure	once per R side and once per L side per day	0 days
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	08	082	49		RT-LT-50		No	per procedure	once per R side and once per L side per day	0 days
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	31	All	21, 23, 24		RT-LT-50	\$88.70	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	01	183	22		RT-LT-50	\$97.30	No	per procedure	once per R side and once per L side per day	0 days
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	01	017	23		RT-LT-50	\$97.30	No	per procedure	once per R side and once per L side per day	0 days
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	08	082	49		RT-LT-50	\$97.30	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	31	All	21, 23, 24		RT-LT-50	\$97.30	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	01	183	22		RT-LT-50	\$132.60	No	per procedure	once per R side and once per L side per day	0 days
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	01	017	23		RT-LT-50	\$132.60	No	per procedure	once per R side and once per L side per day	0 days
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	08	082	49		RT-LT-50	\$132.60	No	per procedure	once per R side and once per L side per day	0 days
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	31	All	21, 23, 24		RT-LT-50	\$132.60	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	01	183	22			\$178.67	No	per procedure	once per day	0 days
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	31	All	11, 21, 24			\$178.67	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	01	183	22			\$173.42	No	per procedure	once per day	0 days
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	31	All	21, 24			\$173.42	No, but AUR and PSR process applies	per procedure	once per day	0 days
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	01	183	22		RT-LT-50	\$233.41	No	per procedure	once per R side and once per L side per day	0 days
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	31	All	21, 24		RT-LT-50	\$233.41	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	01	183	22		RT-LT-50	\$252.37	No	per procedure	once per R side and once per L side per day	0 days
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	31	All	21, 24		RT-LT-50	\$252.37	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	01	183	22		RT-LT-50	\$274.41	No	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	31	All	21, 24		RT-LT-50	\$274.41	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	01	183	22		RT-LT-50	\$251.32	No	per procedure	once per R side and once per L side per day	0 days
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	31	All	21, 24		RT-LT-50	\$251.32	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	01	183	22		RT-LT-50	\$274.90	No	per procedure	once per R side and once per L side per day	0 days
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when	31	All	21, 24		RT-LT-50	\$274.90	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary	01	183	22			\$86.86	No	per procedure	once per day	0 days
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary	31	All	21, 24			\$86.86	No, but AUR and PSR process applies	per procedure	once per day	0 days
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	01	183	22			\$176.91	No	per procedure	once per day	0 days
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	31	All	21, 24			\$176.91	No, but AUR and PSR process applies	per procedure	once per day	0 days
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	01	183	22			\$242.30	No	per procedure	once per day	0 days
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	31	All	21, 24			\$242.30	No, but AUR and PSR process applies	per procedure	once per day	0 days
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	01	017	23			\$323.85	No	per procedure	once per day	0 days
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	01	183	22			\$323.85	No	per procedure	once per day	0 days
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, initial treatment day	31	All	21, 23, 24			\$323.85	No, but AUR and PSR process applies	per procedure	once per day	0 days
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	01	017	23			\$285.92	No	per procedure	once per day	0 days
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	01	183	22			\$285.92	No	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	31	All	21, 23, 24			\$285.92	No, but AUR and PSR process applies	per procedure	once per day	0 days
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	31	All	21			\$199.96	No, but AUR and PSR process applies	per procedure	once per day	0 days
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	31	All	21			\$116.83	No, but AUR and PSR process applies	per procedure	once per day	0 days
38243	Hematopoietic progenitor cell (HPC); HPC boost	01	183	22			\$90.72	No	per procedure	once per day	0 days
38243	Hematopoietic progenitor cell (HPC); HPC boost	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38243	Hematopoietic progenitor cell (HPC); HPC boost	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
38243	Hematopoietic progenitor cell (HPC); HPC boost	31	All	11, 21, 24			\$90.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	01	183	22			\$130.74	No	per procedure	once per day	0 days
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	08	082	49			\$130.74	No	per procedure	once per day	0 days
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	31	All	11, 21, 24			\$130.74	No, but AUR and PSR process applies	per procedure	once per day	0 days
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	01	183	22			\$102.49	No	per procedure	once per day	10 days
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	08	082	49			\$102.49	No	per procedure	once per day	10 days
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	31	All	11, 21, 24			\$102.49	No, but AUR and PSR process applies	per procedure	once per day	10 days
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01	183	22			\$61.20	No	per procedure	once per day	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01	183	22	TC		\$53.98	No	per procedure	once per day	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	08	082	49			\$61.20	No	per procedure	once per day	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	08	082	49	TC		\$53.98	No	per procedure	once per day	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11			\$61.20	No	per procedure	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11	TC		\$53.98	No	per procedure	once per day	N/A
78012	Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11, 21, 22, 49	26		\$7.22	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	01	183	22			\$154.43	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	01	183	22	TC		\$140.57	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	08	082	49			\$154.43	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	08	082	49	TC		\$140.57	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	31	All	11			\$154.43	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	31	All	11	TC		\$140.57	No	per procedure	once per day	N/A
78013	Thyroid imaging (including vascular flow, when performed);	31	All	11, 21, 22, 49	26		\$13.86	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01	183	22			\$178.71	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	01	183	22	TC		\$159.96	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	08	082	49			\$178.71	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	08	082	49	TC		\$159.96	No	per procedure	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11			\$178.71	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11	TC		\$159.96	No	per procedure	once per day	N/A
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	31	All	11, 21, 22, 49	26		\$18.75	No	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	01	183	22			\$267.51	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	01	183	22	TC		\$233.07	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	08	082	49			\$267.51	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	08	082	49	TC		\$233.07	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	31	All	11			\$267.51	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	31	All	11	TC		\$233.07	Yes	per procedure	once per day	N/A
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	31	All	11, 21, 22, 49	26		\$44.44	Yes	per procedure	once per day	N/A
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	31	All	11, 21, 22, 49	26		\$61.23	Yes	per procedure	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
82777	Galectin-3	01	016, 017	23			\$14.24	No	per test	once per day	N/A
82777	Galectin-3	01	183	22			\$14.24	No	per test	once per day	N/A
82777	Galectin-3	28	280	81			\$14.24	No	per test	once per day	N/A
86711	Antibody; JC (John Cunningham) virus	01	183	22			\$15.83	No	per test	once per day	N/A
86711	Antibody; JC (John Cunningham) virus	28	280	81			\$15.83	No	per test	once per day	N/A
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	01	183	22			\$43.52	No	per test	once per day	N/A
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	28	280	81			\$43.52	No	per test	once per day	N/A
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	01	183	22			\$32.64	No	per test	once per day	N/A
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	28	280	81			\$32.64	No	per test	once per day	N/A
86830	phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	01	183	22			\$84.73	No	per test	once per day	N/A
86830	phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	28	280	81			\$84.73	No	per test	once per day	N/A
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	01	183	22			\$72.62	No	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	28	280	81			\$72.62	No	per test	once per day	N/A
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	01	183	22			\$133.14	No	per test	once per day	N/A
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	28	280	81			\$133.14	No	per test	once per day	N/A
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	01	183	22			\$121.04	No	per test	once per day	N/A
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	28	280	81			\$121.04	No	per test	once per day	N/A
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	01	183	22			\$375.22	No	per test	once per day	N/A
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	28	280	81			\$375.22	No	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	01	183	22			\$338.91	No	per test	once per day	N/A
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	28	280	81			\$338.91	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets	01	016, 017	23			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets	01	183	22			\$141.07	No	per test	once per day	N/A
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets	28	280	81			\$141.07	No	per test	once per day	N/A
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	01	016, 017	23			\$234.70	No	per test	once per day	N/A
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	01	183	22			\$234.70	No	per test	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	28	280	81			\$234.70	No	per test	once per day	N/A
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	01	016, 017	23			\$458.33	No	per test	once per day	N/A
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	01	183	22			\$458.33	No	per test	once per day	N/A
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	28	280	81			\$458.33	No	per test	once per day	N/A
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	01	016, 017	23			\$283.10	No	per test	once per day	N/A
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	01	183	22			\$283.10	No	per test	once per day	N/A
87910	Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus	28	280	81			\$283.10	No	per test	once per day	N/A
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	01	016, 017	23			\$283.10	No	per test	once per day	N/A
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	01	183	22			\$283.10	No	per test	once per day	N/A
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus	28	280	81			\$283.10	No	per test	once per day	N/A
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	01	183	22			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	08	082	49			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	09	All	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	31	All	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90672	Influenza virus vaccine, quadrivalent, live, for intranasal use	33	335	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age or older, for intramuscular use	01	183	22			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age or older, for intramuscular use	08	082	49			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age or older, for intramuscular use	09	All	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age or older, for intramuscular use	31	All	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age or older, for intramuscular use	33	335	11, 12			\$10.00	No	per procedure	once per 270 days (August 1 through March 31)	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	08	110	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per 365 days	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	113	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per 365 days	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	114	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	115	12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	548	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	549	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	11	559	11, 12, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A
90791	Psychiatric diagnostic evaluation (Department Definition = Psychological Evaluation)	19	190	11, 12, 21, 99			\$26.25	No	per 30 minutes	minimum of 30 minutes to maximum 180 minutes per day/with maximum of 3 occurrences per calendar year	N/A
90792	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval; Exam & Eval of Patient)	08	074	15		HB	\$75.00	No	per occurrence	2 occurrences per calendar year	N/A
90792	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval; Exam & Eval of Patient)	08	184	12, 57			\$75.00	No	per occurrence	1 occurrence per calendar year	N/A
90792	Psychiatric diagnostic evaluation with medical services (Psychiatric Eval; Exam & Eval of Patient)	08	110	12, 49			\$75.00	No	per occurrence	2 occurrences per calendar year	N/A
90832	Psychotherapy, 30 minutes with patient and/or family member	08	110	12, 49			\$26.00	No	per 30 minutes	1-14 units per day	N/A
90832	Psychotherapy, 30 minutes with patient and/or family member	08	184	12, 57			\$26.00	No	per 30 minutes	1-16 units per day	N/A
90832	Psychotherapy, 30 minutes with patient and/or family member	08	074	15		HB	\$26.00	No	per 30 minutes	1-14 units per day	N/A
90832	Psychotherapy, 30 minutes with patient and/or family member	19	190	11			\$26.00	No	per 30 minutes	1-14 units per day	N/A
90832	Psychotherapy, 30 minutes with patient and/or family member	31	339	11			\$26.00	No	per 30 minutes	1-14 units per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
90834	Psychotherapy, 45 minutes with patient and/or family member	08	110	12, 49			\$39.00	No	per 45 minutes	1-9 units per day per day	N/A
90834	Psychotherapy, 45 minutes with patient and/or family member	08	184	12, 57			\$39.00	No	per 45 minutes	1-10 units	N/A
90834	Psychotherapy, 45 minutes with patient and/or family member	08	074	15		HB	\$39.00	No	per 45 minutes	1-9 units per day per day	N/A
90834	Psychotherapy, 45 minutes with patient and/or family member	19	190	11			\$39.00	No	per 45 minutes	1-9 units per day per day	N/A
90834	Psychotherapy, 45 minutes with patient and/or family member	31	339	11			\$39.00	No	per 45 minutes	1-9 units per day per day	N/A
90837	Psychotherapy, 60 minutes with patient and/or family member	08	110	12, 49			\$52.00	No	per 60 minutes	1-7 units per day	N/A
90837	Psychotherapy, 60 minutes with patient and/or family member	08	184	12, 57			\$52.00	No	per 60 minutes	1-8 units per day	N/A
90837	Psychotherapy, 60 minutes with patient and/or family member	08	074	15		HB	\$52.00	No	per 60 minutes	1-7 units per day	N/A
90837	Psychotherapy, 60 minutes with patient and/or family member	19	190	11			\$52.00	No	per 60 minutes	1-7 units per day	N/A
90837	Psychotherapy, 60 minutes with patient and/or family member	31	339	11			\$52.00	No	per 60 minutes	1-7 units per day	N/A
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	31	All	21, 24			\$433.79	No, but AUR and PSR process applies	per procedure	once per day	0 days
92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	31	All	21, 24			\$115.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	31	All	21, 24			\$515.72	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	31	All	21, 24			\$134.09	No, but AUR and PSR process applies	per procedure	once per day	0 days
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	31	All	21, 24			\$481.90	No, but AUR and PSR process applies	per procedure	once per day	0 days
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	31	All	21, 24			\$128.67	No, but AUR and PSR process applies	per procedure	once per day	0 days
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	31	All	21, 24			\$538.89	No, but AUR and PSR process applies	per procedure	once per day	0 days
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	31	All	21, 24			\$140.11	No, but AUR and PSR process applies	per procedure	once per day	0 days
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	31	All	21, 24			\$481.37	No, but AUR and PSR process applies	per procedure	once per day	0 days
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)	31	All	21, 24			\$239.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	31	All	21, 24			\$539.98	No, but AUR and PSR process applies	per procedure	once per day	0 days
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	31	All	21, 24			\$539.98	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)	31	All	21, 24			\$268.91	No, but AUR and PSR process applies	per procedure	once per day	0 days
93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re- Comprehensive electrophysiologic evaluation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
93653	including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-	31	All	21, 24			\$655.10	No, but AUR and PSR process applies	per procedure	once per day	0 days
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording, His recording with intracardiac catheter ablation of arrhythmogenic focus; with treatment of ventricular tachycardia or focus of ventricular ectopy including intracardiac electrophysiologic 3D mapping, when performed, and left ventricular pacing and recording, when performed	31	All	21, 24			\$874.20	No, but AUR and PSR process applies		N/A	N/A
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)	31	All	21, 24			\$327.52	No, but AUR and PSR process applies	per procedure	once per day	0 days
93656	Comprehensive electro physiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
93656	Comprehensive electro physiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with atrial recording and pacing, when possible, right ventricular pacing, when possible, right ventricular pacing and recording, His bundle recording with intracardiac catheter ablation of arrhythmogenic focus, with treatment of atrial fibrillation by ablation by pulmonary vein isolation	31	All	21, 24			\$874.50	No, but AUR and PSR process applies	per procedure	once per day	0 days

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)	31	All	21, 24			\$327.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	01	183	22			\$2.96	No	per test	50 per day	N/A
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	08	082	49			\$2.96	No	per test	50 per day	N/A
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	31	All	11			\$2.96	No	per test	50 per day	N/A
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	01	183	22			\$5.61	No	per test	50 per day	N/A
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	08	082	49			\$5.61	No	per test	50 per day	N/A
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	31	All	11			\$5.61	No	per test	50 per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	01	183	22			\$56.27	No	per procedure	once per day	N/A
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	08	082	49			\$56.27	No	per procedure	once per day	N/A
95076	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing	31	All	11			\$56.27	No	per procedure	once per day	N/A
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	01	183	22			\$51.76	No	per procedure	once per day	N/A
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	08	082	49			\$51.76	No	per procedure	once per day	N/A
95079	Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)	31	All	11			\$51.76	No	per procedure	once per day	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	01	183	22			\$771.22	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	01	183	22	TC		\$671.30	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	31	All	11			\$771.22	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	31	All	11	TC		\$671.30	No	per procedure	2 of any combination of sleep studies per 365 days	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	31	All	11, 22	26		\$99.92	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	01	183	22			\$823.43	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	01	183	22	TC		\$714.16	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	31	All	11			\$823.43	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	31	All	11	TC		\$714.16	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	31	All	11, 22	26		\$109.27	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95907	Nerve conduction studies; 1-2 studies	01	012, 014	22			\$71.79	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	01	012, 014	22	TC		\$31.48	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	01	183	22			\$71.79	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	01	183	22	TC		\$31.48	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	08	082	49			\$71.79	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	08	082	49	TC		\$31.48	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	14	140	11			\$71.79	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	14	140	11	TC		\$31.48	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	14	140	11, 21, 22, 49	26		\$40.31	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	31	All	11			\$71.79	No	per study	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
95907	Nerve conduction studies; 1-2 studies	31	All	11	TC		\$31.48	No	per study	once per day	N/A
95907	Nerve conduction studies; 1-2 studies	31	All	11, 21, 22, 49	26		\$40.31	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	01	012, 014	22			\$88.60	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	01	012, 014	22	TC		\$37.94	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	01	183	22			\$88.60	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	01	183	22	TC		\$37.94	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	08	082	49			\$88.60	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	08	082	49	TC		\$37.94	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	14	140	11			\$88.60	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	14	140	11	TC		\$37.94	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	14	140	11, 21, 22, 49	26		\$50.66	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	31	All	11			\$88.60	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	31	All	11	TC		\$37.94	No	per study	once per day	N/A
95908	Nerve conduction studies; 3-4 studies	31	All	11, 21, 22, 49	26		\$50.66	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	01	012, 014	22			\$106.20	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	01	012, 014	22	TC		\$45.76	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	01	183	22			\$106.20	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	01	183	22	TC		\$45.76	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	08	082	49			\$106.20	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	08	082	49	TC		\$45.76	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	14	140	11			\$106.20	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	14	140	11	TC		\$45.76	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	14	140	11, 21, 22, 49	26		\$60.44	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	31	All	11			\$106.20	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	31	All	11	TC		\$45.76	No	per study	once per day	N/A
95909	Nerve conduction studies; 5-6 studies	31	All	11, 21, 22, 49	26		\$60.44	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	01	012, 014	22			\$139.86	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	01	012, 014	22	TC		\$58.99	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	01	183	22			\$139.86	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	01	183	22	TC		\$58.99	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	08	082	49			\$139.86	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	08	082	49	TC		\$58.99	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	14	140	11			\$139.86	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	14	140	11	TC		\$58.99	No	per study	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
95910	Nerve conduction studies; 7-8 studies	14	140	11, 21, 22, 49	26		\$80.87	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	31	All	11			\$139.86	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	31	All	11	TC		\$58.99	No	per study	once per day	N/A
95910	Nerve conduction studies; 7-8 studies	31	All	11, 21, 22, 49	26		\$80.87	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	01	012, 014	22			\$169.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	01	012, 014	22	TC		\$68.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	01	183	22			\$169.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	01	183	22	TC		\$68.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	08	082	49			\$169.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	08	082	49	TC		\$68.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	14	140	11			\$169.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	14	140	11	TC		\$68.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	14	140	11, 21, 22, 49	26		\$101.00	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	31	All	11			\$169.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	31	All	11	TC		\$68.54	No	per study	once per day	N/A
95911	Nerve conduction studies 9-10 studies	31	All	11, 21, 22, 49	26		\$101.00	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	01	012, 014	22			\$198.73	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	01	012, 014	22	TC		\$77.55	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	01	183	22			\$198.73	No	per study	once per day	
95912	Nerve conduction studies; 11-12 studies	01	183	22	TC		\$77.55	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	08	082	49			\$198.73	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	08	082	49	TC		\$77.55	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	14	140	11			\$198.73	No	per study	once per day	
95912	Nerve conduction studies; 11-12 studies	14	140	11	TC		\$77.55	No	per study	once per day	
95912	Nerve conduction studies; 11-12 studies	14	140	11, 21, 22, 49	26		\$121.18	No	per study	once per day	
95912	Nerve conduction studies; 11-12 studies	31	All	11			\$198.73	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	31	All	11	TC		\$77.55	No	per study	once per day	N/A
95912	Nerve conduction studies; 11-12 studies	31	All	11, 21, 22, 49	26		\$121.18	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	01	012, 014	22			\$230.55	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	01	012, 014	22	TC		\$86.86	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	01	183	22			\$230.55	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	01	183	22	TC		\$86.86	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	08	082	49			\$230.55	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	08	082	49	TC		\$86.86	No	per study	once per day	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
95913	Nerve conduction studies; 13 or more studies	14	140	11			\$230.55	No	per study	once per day	
95913	Nerve conduction studies; 13 or more studies	14	140	11	TC		\$86.86	No	per study	once per day	
95913	Nerve conduction studies; 13 or more studies	14	140	11, 21, 22, 49	26		\$143.69	No	per study	once per day	
95913	Nerve conduction studies; 13 or more studies	31	All	11			\$230.55	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	31	All	11	TC		\$86.86	No	per study	once per day	N/A
95913	Nerve conduction studies; 13 or more studies	31	All	11, 21, 22, 49	26		\$143.69	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	01	183	22			\$112.46	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	01	183	22	TC		\$44.54	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	08	082	49			\$112.46	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	08	082	49	TC		\$44.54	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	31	All	11			\$112.46	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	31	All	11	TC		\$44.54	No	per study	once per day	N/A
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	31	All	11, 21, 22	26		\$67.92	No	per study	once per day	N/A
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	24	240, 241, 242, 243, 245	11, 12			5.01	No	each	21 per calendar month	N/A

Procedure Code	Description	PT	Specialty	Place of Service	Pricing Modifier	Info Mod	MA Fee	Prior Authorization	MA units	Limits	Post op days
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	25	250	11, 12			5.01	No	each	21 per calendar month	N/A
D1208	Topical application of fluoride	27	All	11, 12, 21, 24, 31, 32, 99			18.72	No	per application	once per 180 days	N/A
G0458	Low dose rate (LDR) brachytherapy services, composite rate	01	021	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
G0458	Low dose rate (LDR) brachytherapy services, composite rate	02	020	24	SG		776	No, but AUR and PSR process applies		N/A	N/A
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	31	All	21, 24			704.16	No, but AUR and PSR process applies		once per day	90 days
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	30	300	12, 65			9.07	No	per injection	1 to 37 units for one encounter per calendar month	N/A

CODES ADDED TO FEE SCHEDULE BASED ON PE REQUESTS

49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	31	All	21, 24			\$155.01	No, but AUR and PSR process applies	per procedure	twice per day	0 days
92583	Select picture audiometry	01	183	22			\$39.57	No	per exam	once per day	N/A
92583	Select picture audiometry	08	082	49			\$39.57	No	per exam	once per day	N/A
92583	Select picture audiometry	20	200	11			\$39.57	No	per exam	once per day	N/A
92583	Select picture audiometry	31	All	11, 21			\$39.57	No	per exam	once per day	N/A
92986	Percutaneous balloon valvuloplasty; aortic valve	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
92986	Percutaneous balloon valvuloplasty; aortic valve	31	All	21, 24			\$1,059.94	No, but AUR and PSR process applies	per procedure	once per day	90 days
J0886	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)	30	300	12,65			\$11.00	No	per injection	per 1000 units x 40 max/ once per day	N/A