

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE

August 26, 2022

EFFECTIVE DATE

August 29, 2022

NUMBER

99-22-05

SUBJECT

2022 Healthcare Common Procedure Coding System (HCPCS) Updates and Other Procedure Code Changes 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, including changes resulting from the implementation of the 2022 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations and prior authorization requirements. These changes are effective for dates of service on and after August 29, 2022.

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.

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2022 updates published by the Centers for Medicare & Medicaid Services (CMS) to the HCPCS. The Department is also adding other procedure codes and making changes to set

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.

procedure codes currently on the MA Program Fee Schedule, to include setting limitations. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

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 2022 HCPCS updates. These procedure codes may include the modifiers 80 (assistant surgeon), SG (ASC/SPU facility support component), RT (right), LT (left), 50 (bilateral) or 26 (professional component).

	Procedure Codes and Modifiers					
01937	01938	01939	01940	01941		
01942	63052	63052 (80)	63053	63053 (80)		
66989 (SG)	66989 (RT)	66989 (LT)	66989 (50)	66991 (SG)		
66991 (RT)	66991 (LT)	66991 (50)	68841 (SG)	68841 (RT)		
68841 (LT)	68841 (50)	69716	69716 (SG)	69719		
69719 (SG)	69726	69726 (SG)	69727	69727 (SG)		
82653	83521	86015	86036	86037		
86051	86052	86053	86231	86362		
86363	86596	90626	90627	90671		
90677	90759	93319	93593 (SG)	93593 (26)		
93594 (SG)	93594 (26)	93595 (SG)	93595 (26)	93596 (SG)		
93596 (26)	93597 (SG)	93597 (26)	93598 (26)	99424		
99426	D3921	D3921 (SG)	D9947	D9948		
D9949	G1028					

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon clinical review or provider request. These procedure codes may include modifiers SG, 26, TC (technical component) or NU (purchase).

Procedure Codes and Modifiers						
52441	52441 (SG)	52442	81415	81417		
90587	93325	93325 (TC)	93325 (26)	95800		
95800 (TC)	95800 (26)	0014M	B4105	D4346		
D4346 (SG)	L8619 (NU)	L8692 (NU)	L8694	Q4186		

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2022 HCPCS updates:

	Procedure Codes					
01935	01936	21310	33470	33722		
43850	43855	59135	63194	63195		
63196	63198	63199	69715	69718		
76101	76102	92561	92564	93530		
93531	93532	93533	93561	93562		
G2064	G2065					

No new authorizations will be issued for the procedure codes being end-dated on and after August 29, 2022. For any of the above procedure codes that had a prior authorization issued before August 29, 2022, 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 August 29, 2023, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, pursuant to § 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):

Procedure Codes				
81415	81417	B4105	Q4186	

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

Procedure Codes				
D3921	D9947			

The following prosthetic procedure code and modifier combinations being added to the MA Program Fee schedule require prior authorization, pursuant to § 443.6(b)(1) of the Code:

Procedure Codes and Modifiers					
L8619 (NU)	L8619 (NU) L8692 (NU) L8694				

Additional Procedure Code for Take-Home Supplies of Naloxone

The Department is adding G1028 as an additional add-on procedure code to the MA Program Fee Schedule to track the dispensing of take-home supplies of Naloxone by a provider. In order to identify when take-home supplies of Naloxone are dispensed, providers should use one of the three available add-on procedure codes in addition to one of the following procedure codes that are currently open on the MA Program Fee Schedule:

Procedure Codes for Use with Naloxone Add-on Procedure Codes						
99202	99203	99204	99205	99211		
99212	99213	99214	99215	99281		
99282	99283	99284	99285	T1015		

The Department is opening Provider Type (PT)/Specialty (Spec)/ Place of Service (POS) combination 08 (Clinic)/110 (Psychiatric Outpatient Clinic)/49 (Independent Clinic) for procedure code G1028. In order to identify when take-home supplies of Naloxone are dispensed, providers with this PT/Spec/POS should use one of the three available add-on procedure codes in addition to one of the following procedure codes or procedure code and modifier combinations that are currently open on the MA Program Fee Schedule. These procedure codes may include the modifiers UB (pricing) or HK (Specialized Mental Health Program for High-Risk Population).

Proced	Procedure Codes for Use with Naloxone Add-on Procedure Codes					
90792	90832	90834	90837	90846 (UB)		
90847 (UB)	90853 (UB)	90870	90875	96116		
96121	96127	96130	96131	96132		
96133	96136	96137	96160	99202		
99203	99204	99205	99211	99212		
99213	99214	99215	99241 (UB)	H0034		
H0034 (HK)	H2010 (HK)					

The Department is opening PT/Spec/POS combination 08 (Clinic)/184 (Outpatient Drug and Alcohol)/57 (Non-Residential Substance Abuse Treatment Facility) for procedure code G1028. In order to identify when take-home supplies of Naloxone are dispensed, providers with this PT/Spec/POS should use one of the three available add-on procedure codes in addition to one of the following procedure codes or procedure code and modifier combinations that are currently open on the MA Program Fee Schedule. These procedure codes may include the modifiers UB, U7 (pricing), or HG (Opioid Addiction Treatment Program).

	Procedure Codes					
90832	90834	90837	90847 (UB)	90853 (UB)		
90875	96116	96121	96130	96131		
96132	96133	96136	96137	99202		
99203	99204	99204 (U7)	99205	99211		
99212	99213	99214	99215	99215 (U7)		
99241 (U7)	H0014 (HG)	H0034	T1015 (UB)			

The Department is also updating the procedure code description for procedure code G2215 as the national code description was changed with the annual update to include dosage units.

Procedure Code	Old Procedure Code Description	New Procedure Code Description
G2215	Take home supply of nasal naloxone (provision of the services by a Medicare enrolled opioid treatment program); list separately in addition to code for primary procedure	Take home supply of nasal naloxone; 2-pack of 4 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physicians' Services

The Department is adding the RT, LT, and/or 50 modifiers, with or without the 80 modifier, for PT/Spec/POS combination 31 (Physician)/All/21 (Inpatient Hospital) for the following procedure codes as the procedures may be performed unilaterally or bilaterally, with or without an assistant surgeon:

	Procedure Codes and Modifiers					
27078 (RT)	27078 (LT)	27078 (50)	27078 (80) (RT)	27078 (80) (LT)		
27078 (80) (50)	27140 (RT)	27140 (LT)	27140 (50)	27140 (80) (RT)		
27140 (80) (LT)	27140 (80) (50)	27147 (RT)	27147 (LT)	27147 (50)		
27147 (80) (RT)	27147 (80) (LT)	27147 (80) (50)	27151 (RT)	27151 (LT)		
27151 (50)	27151 (80) (RT)	27151 (80) (LT)	27151 (80) (50)	27226 (RT)		
27226 (LT)	27226 (50)	27226 (80) (RT)	27226 (80) (LT)	27226 (80) (50)		
27227 (RT)	27227 (LT)	27227 (50)	27227 (80) (RT)	27227 (80) (LT)		
27227 (80) (50)	27228 (RT)	27228 (LT)	27228 (50)	27228 (80) (RT)		
27228 (80) (LT)	27228 (80) (50)	27245 (RT)	27245 (LT)	27245 (50)		
27245 (80) (RT)	27245 (80) (LT)	27245 (80) (50)	27405 (RT)	27405 (LT)		
27405 (50)	27405 (80) (RT)	27405 (80) (LT)	27405 (80) (50)	27407 (RT)		
27407 (LT)	27407 (50)	27407 (80) (RT)	27407 (80) (LT)	27407 (80) (50)		
27507 (RT)	27507 (LT)	27507 (50)	27507 (80) (RT)	27507 (80) (LT)		
27507 (80) (50)	27514 (RT)	27514 (LT)	27514 (50)	27514 (80) (RT)		
27514 (80) (LT)	27514 (80) (50)	29826 (RT)	29826 (LT)	29826 (80) (RT)		
29826 (80) (LT)	49491 (RT)	49491 (LT)	49491 (50)	49491 (80) (RT)		
49491 (80) (LT)	49491 (80) (50)	49492 (RT)	49492 (LT)	49492 (50)		
49492 (80) (RT)	49492 (80) (LT)	49492 (80) (50)	69535 (RT)	69535 (LT)		
69535 (50)				_		

The Department is removing the 50 modifier for PT/Spec/POS combination 31/All/21 for surgical procedure code 32442 as clinical review has determined this procedure may not be performed bilaterally.

The Department is updating units and/or service limitations to the following surgical procedure codes as a result of clinical review:

Procedure Codes	Present Unit Limit	New Unit Limit	Present Limit	New Limit
29826	1:2	1:1	Twice per day	Once per day
49491	1:1	1:2	Once per day	Once per right side and once per left side, per day
49492	1:1	1:2	Once per day	Once per right side and once per left side, per day

The Department is making lifetime limit changes to the following surgical procedure codes as a result of clinical review:

Procedure Code	Present Lifetime Limit	New Lifetime Limit
30160	None	Once per lifetime
32442	2 per lifetime	Once per lifetime
44157	None	Once per lifetime
44158	None	Once per lifetime
45121	None	Once per lifetime
49250	None	Once per lifetime
51925	None	Once per lifetime
52649	None	Once per lifetime
55801	None	Once per lifetime
55821	2 per lifetime	Once per lifetime
69535	None	Once per right side and once per left side per lifetime

The Department is adding POS 12 (Home) for PT/Spec 09 (Certified Registered Nurse Practitioner)/All and 31/All for procedure code 99188. Additionally, the Department is changing the maximum age for this procedure code from age 4 to age 20.

The Department is end-dating PT/Spec/POS combinations 01(Inpatient Facility)/All/23 (Emergency Room) and 01/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital) for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services:

Procedure Codes								
27405	27514							
29826	30160	49492						

The Department is end-dating POS 11 (Office), 23 (Emergency Room) and/or 99 (Special Treatment Room) for PT/Spec 31/All for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services:

Procedure Codes	End-Dated POS
27405	23, 99
27407	23, 99
27514	23, 99
29826	23, 99
30160	11, 23, 99

The Department is end-dating PT/Spec 27 (Dentist)/All for POS 11, 21, 22, 24 (Ambulatory Surgical Center (ASC)), and 49 for surgical procedure code 30160 and opening PT/Spec 27/272 (oral/maxillofacial surgeon) in POS 21 and 24 with and without modifier 80 as a result of clinical review.

The Department is removing modifier 80 for procedure code 69535 as a result of clinical review and the Department's determination that this procedure is not appropriate for an assistant surgeon.

Ambulatory Surgical Center/Short Procedure Unit (SPU) Services

The Department is opening PT/Spec combination 01/021 (SPU) in POS 24 for the procedure codes identified below with the SG modifier as clinical review determined these procedure codes can be performed safely in a SPU depending on the procedure, and will be paid the facility support component fee of \$776.00:

Procedure Codes and Modifiers										
27078 (SG)	27140 (SG)	27147 (SG)	27151 (SG)	27226 (SG)						
27227 (SG)	27228 (SG)	27245 (SG)	27507 (SG)	49492 (SG)						

The Department is adding POS 24 for PT/Spec 31/All for the following procedure codes as a result of clinical review.

Procedure Codes								
27078	27140	27147	27151	27226				
27227	27228	27245	27507					

The Department is adding the RT, LT, and/or 50 modifiers, with or without the 80 modifier, for PT/Spec/POS combination 31/All/24 for the following procedure codes as the procedures may be performed unilaterally or bilaterally, with or without an assistant surgeon:

	Procedure Codes and Modifiers										
27078 (RT)	27078 (LT)	27078 (50)	27078 (80) (RT)	27078 (80) (LT)							
27078 (80) (50)	27140 (RT)	27140 (LT)	27140 (50)	27140 (80) (RT)							
27140 (80) (LT)	27140 (80) (50)	27147 (RT)	27147 (LT)	27147 (50)							
27147 (80) (RT)	27147 (80) (LT)	27147 (80) (50)	27151 (RT)	27151 (LT)							
27151 (50)	27151 (80) (RT)	27151 (80) (LT)	27151 (80) (50)	27226 (RT)							
27226 (LT)	27226 (50)	27226 (80) (RT)	27226 (80) (LT)	27226 (80) (50)							
27227 (RT)	27227 (LT)	27227 (50)	27227 (80) (RT)	27227 (80) (LT)							
27227 (80) (50)	27228 (RT)	27228 (LT)	27228 (50)	27228 (80) (RT)							
27228 (80) (LT)	27228 (80) (50)	27245 (RT)	27245 (LT)	27245 (50)							
27245 (80) (RT)	27245 (80) (LT)	27245 (80) (50)	27405 (RT)	27405 (LT)							
27405 (50)	27405 (80) (RT)	27405 (80) (LT)	27405 (80) (50)	27407 (RT)							
27407 (LT)	27407 (50)	27407 (80) (RT)	27407 (80) (LT)	27407 (80) (50)							
27507 (RT)	27507 (LT)	27507 (50)	27507 (80) (RT)	27507 (80) (LT)							
27507 (80) (50)	27514 (RT)	27514 (LT)	27514 (50)	27514 (80) (RT)							
27514 (80) (LT)	27514 (80) (50)	29826 (RT)	29826 (LT)	29826 (80) (RT)							
29826 (80) (LT) 49491 (RT)		49491 (LT)	49491 (50)	49491 (80) (RT)							
49491 (80) (LT)	49491 (80) (50)	49492 (RT)	49492 (LT)	49492 (50)							
49492 (80) (RT)	49492 (80) (LT)	49492 (80) (50)									

The Department is end-dating PT/Spec/POS combinations 01/021/24 and/or 02 (ASC)/020 (ASC)/24 for procedure code 29826 with the SG modifier as these settings were determined to be clinically inappropriate for this service.

Clinic Services

The Department is end-dating PT/Spec/POS combination 08/All/49 for the following procedure codes as a result of clinical review and the Department's determination that this setting is not appropriate for the performance of these services.

Procedure Codes								
27405	27407	27514						
29286	30160	49492						

Laboratory Services

The Department is adding the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) informational modifier to laboratory procedure code 87801, which CMS identifies as a CLIA waived test.

Procedure Code	PT/Spec/POS	Modifier
	01/16 (Emergency Room Arrangement 1)/23	QW
	01/17 (Emergency Room Arrangement 2)/23	QW
87801	01/183/22	QW
	28 (Laboratory)/280 (Independent Laboratory)/81	QW
	(Independent Laboratory)	

The Department is adding the following PT/Spec/POS combinations and modifiers, as indicated below, to laboratory procedure code 87801 on the MA Program Fee Schedule as a result of the latest tests listed by CMS as CLIA waived tests:

Procedure Code	PT/Spec/POS	Modifiers
	08/082(Independent Medical/Surgical Clinic)/49	No modifier and QW
	09/AII/11	No modifier and QW
87801	10/100/11	No modifier and QW
07001	31/AII/11	No modifier and QW
	33(Certified Nurse Midwife)/335(Certified Nurse	No modifier and QW
	Midwife)/11	

For additional information, see MA Bulletin 01-12-67, "Clinical Laboratory Improvement Amendments Requirements," which may be viewed online at: https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/ p 033918.pdf.

Service Limits

The MA Program established service limits for some of these procedure codes. When a provider determines a MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver (Program Exception) 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 managed care organizations (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 2022 HCPCS updates, effective August 29, 2022. 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.

NOTE: Provider type 10, specialty100 (physician assistant) is included because physician assistants can be identified as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled "Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants".

https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/MAB2022010701.pdf

ATTACHMENT:

2022 HCPCS and Other Procedure Code Updates, Effective August 29, 2022

Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs

2022 HCPCS and Other Procedure Code Updates, Effective August 29, 2022

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2022 HCPCS updates. The second section includes the procedure codes being added based on provider requests or clinical review. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2022 HCPCS updates and by clinical review. 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		Provider		Place of	Pricing	Info					Post op
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Prior Auth	MA units	Limits	days
							(base units x	No, but AUR			
							conversion factor) +	and PSR			
	Anesthesia for percutaneous image-guided injection, drainage or						(time units x	process			
01937	aspiration procedures on the spine or spinal cord; cervical or thoracic	31	311	21, 24			conversion factor)	applies			N/A
							(base units x	No, but AUR			
							conversion factor) +	and PSR			
	Anesthesia for percutaneous image-guided injection, drainage or		_				(time units x	process			
01938	aspiration procedures on the spine or spinal cord; lumbar or sacral	31	311	21, 24			conversion factor)	applies			N/A
							(1)	N ALIB			
							(base units x	No, but AUR			
	Anesthesia for percutaneous image-guided destruction procedures by						conversion factor) +	and PSR			
01939	neurolytic agent on the spine or spinal cord; cervical or thoracic	31	311	21, 24			(time units x conversion factor)	process applies			N/A
01939	Ineurolytic agent on the spine of spinal cord; cervical of thoracic	31	311	21, 24			conversion ractor)	applies			IN/A
							(base units x	No, but AUR			
							conversion factor) +	and PSR			
	Anesthesia for percutaneous image-guided destruction procedures by						(time units x	process			
01940	neurolytic agent on the spine or spinal cord; lumbar or sacral	31	311	21, 24			conversion factor)	applies			N/A
	, , , , , ,						,				
							(base units x	No, but AUR			
	Anesthesia for percutaneous image-guided neuromodulation or						conversion factor) +	and PSR			
	intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine						(time units x	process			
01941	or spinal cord; cervical or thoracic	31	311	21, 24			conversion factor)	applies			N/A
							(base units x	No, but AUR			
	Anesthesia for percutaneous image-guided neuromodulation or						conversion factor) +	and PSR			
	intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine						(time units x	process			
01942	or spinal cord; lumbar or sacral	31	311	21, 24			conversion factor)	applies			N/A
	I amino at a minor and a minor						,				
	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with							No but Allo			
	decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis,							No, but AUR and PSR			
	lumbar; single vertebral segment (List separately in addition to code for							process			
63052	primary procedure)	31	All	21			\$203.45	applies	per procedure	once per day	0 days
03032	[Primary procedure)	21	All	21			32U3.43	applies	per procedure	office per day	U uays

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63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	31	All	21	80		\$32.55	No, but AUR and PSR process applies	per procedure	once per day	0 days
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	31	All	21			\$152.22	No, but AUR and PSR process applies	per procedure	once per day	0 days
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (List separately in addition to code for primary procedure)	31	All	21	80		\$24.36	No, but AUR and PSR process applies	per procedure	once per day	0 days
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
	extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic							No, but AUR and PSR process		once per R side	
66989	developmental stage; with insertion of intraocular (eg, trabecular	31	All	21, 24		RT-LT-50	\$662.58	applies	per procedure	side, per day	90 days

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	Extracapsular cataract removal with insertion of intraocular lens										
	prosthesis (1 stage procedure), manual or mechanical technique (eg,										
	irrigation and aspiration or phacoemulsification); with insertion of							No, but AUR			
	intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal)							and PSR			
	anterior segment aqueous drainage device, without extraocular reservoir,							process			
66991	internal approach, one or more	01	021	24	SG		\$776.00	applies		N/A	N/A
		-	-					1,1,1		,	,
	Extracapsular cataract removal with insertion of intraocular lens										
	prosthesis (1 stage procedure), manual or mechanical technique (eg,										
	irrigation and aspiration or phacoemulsification); with insertion of							No, but AUR			
	intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal)							and PSR			
	anterior segment aqueous drainage device, without extraocular reservoir,							process			
66991	internal approach, one or more	02	020	24	SG		\$776.00	applies		N/A	N/A
	Extracapsular cataract removal with insertion of intraocular lens										
	prosthesis (1 stage procedure), manual or mechanical technique (eg,										
	irrigation and aspiration or phacoemulsification); with insertion of							No, but AUR			
	intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal)							and PSR		once per R side	
	anterior segment aqueous drainage device, without extraocular reservoir,							process		and once per L	
66991	internal approach, one or more	31	All	21, 24		RT-LT-50	\$528.05	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
	Insertion of drug-eluting implant, including punctal dilation when							process			
68841	performed, into lacrimal canaliculus, each	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Land the set of the se							and PSR			
60041	Insertion of drug-eluting implant, including punctal dilation when	02	020	24			¢776.00	process		N1/A	NI/A
68841	performed, into lacrimal canaliculus, each	02	020	24	SG		\$776.00	applies		N/A	N/A
										once per R side	
	Insertion of drug-eluting implant, including punctal dilation when									and once per L	
68841	performed, into lacrimal canaliculus, each	01	183	22		RT-LT-50	\$25.21	No	per procedure	side, per day	0 days
00041	performed, into lacrimal cartanedras, each	01	103			IXI EI 30	Q23.21	110	per procedure	side, per day	o days
										once per R side	
	Insertion of drug-eluting implant, including punctal dilation when									and once per L	
68841	performed, into lacrimal canaliculus, each	08	082	49		RT-LT-50	\$25.21	No	per procedure	side, per day	0 days
00041	performed, into lacrimal canalicalus, cacii	00	002	7.5		IXT ET 30	723.21	140	per procedure	side, per day	o days
								No, but AUR			
								and PSR		anco nor D sido	
	Insertion of drug-eluting implant, including punctal dilation when							process		once per R side and once per L	
68841		21	All	11, 21, 24		RT-LT-50	¢2E 21		nor procedure	· ·	O days
00041	performed, into lacrimal canaliculus, each	31	All	11, 21, 24		KI-LI-50	\$25.21	applies	per procedure	side, per day	0 days
								No, but AUR			
								and PSR			
	Implantation, osseointegrated implant, skull; with magnetic							process			
69716	transcutaneous attachment to external speech processor	01	021	24	SG		\$776.00	·		N/A	N/A
03/10	transcutaneous attacinnent to external speech processor	01	UZI	24	30		\$170.UU	applies		IN/A	IN/A
								No, but AUR			
								and PSR			
	Implantation, osseointegrated implant, skull; with magnetic							process			
69716	transcutaneous attachment to external speech processor	02	020	24	SG		\$776.00	applies		N/A	N/A
55/10	a anotataneous attachment to external spectri processor	U L	520		20	1	γ,, υ.υυ	applies		11/17	11/

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69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	31	All	21, 24			\$482.79	No, but AUR and PSR process applies	per procedure	once per day	90 days
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment							No, but AUR and PSR process			
69719	to external speech processor	01	021	24	SG		\$776.00	applies		N/A	N/A
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	31	All	21, 24			\$482.79	No, but AUR and PSR process applies	per procedure	once per day	90 days
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69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
03720	to external speech processor	01	021	24	30		\$770.00	аррпез		IN/A	IN/A
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	31	All	21, 24			\$327.50	No, but AUR and PSR process applies	per procedure	once per day	90 days
03720	to external special processor	21	All	21, 24			<i>3</i> 321.30	applies	per procedure	once per udy	30 uays
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
								No, but AUR and PSR			
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	02	020	24	SG		\$776.00	process applies		N/A	N/A
69727	attachment to external speech processor	31	All	21, 24	- 30		\$375.14	and PSR	per procedure	once per day	90 days
82653	Elastase, pancreatic (EL-1), fecal; quantitative	01	183	22			\$18.38	No	per test	once per day	N/A
82653	Elastase, pancreatic (EL-1), fecal; quantitative	28	280	81			\$18.38	No	per test	once per day	N/A
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	01	183	22			\$13.82	No	per test	once per day	N/A
83521	Immunoglobulin light chains (ie, kappa, lambda), free, each	28	280	81			\$13.82	No	per test	once per day	N/A

96015	Actin (smooth mussle) antihadu (ACMA) cach	01	102	22		¢0.22	No	nor tost	ance nor day	NI/A
86015 86015	Actin (smooth muscle) antibody (ASMA), each Actin (smooth muscle) antibody (ASMA), each	01 28	183 280	81		\$9.22 \$9.22	No No	per test	once per day	N/A N/A
80015	Actin (smooth muscle) antibody (ASMA), each	20	280	91		\$9.22	NO	per test	once per day	N/A
86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	01	183	22		\$9.64	No	per test	once per day	N/A
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86036	Antineutrophil cytoplasmic antibody (ANCA); screen, each antibody	28	280	81		\$9.64	No	per test	once per day	N/A
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	01	183	22		\$9.64	No	per test	once per day	N/A
				_						
86037	Antineutrophil cytoplasmic antibody (ANCA); titer, each antibody	28	280	81		\$9.64	No	per test	once per day	N/A
96051	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked	01	102	22		\$9.22	No	nor tost	ance nor day	NI/A
86051	immunosorbent immunoassay (ELISA) Aquaporin-4 (neuromyelitis optica [NMO]) antibody; enzyme-linked	01	183	22		\$9.22	NO	per test	once per day	N/A
86051	immunosorbent immunoassay (ELISA)	28	280	81		\$9.22	No	per test	once per day	N/A
80031	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based	20	200	01		33.22	NO	per test	once per day	IN/A
86052	immunofluorescence assay (CBA), each	01	183	22		\$9.64	No	per test	once per day	N/A
00032	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; cell-based	01	103			\$5.0 4	110	per test	once per day	14//
86052	immunofluorescence assay (CBA), each	28	280	81		\$9.64	No	per test	once per day	N/A
	Aquaporin-4 (neuromyelitis optica [NMO]) antibody; flow cytometry (ie,					·		·	' '	·
86053	fluorescence-activated cell sorting [FACS]), each	01	183	22		\$9.64	No	per test	once per day	N/A
86053	fluorescence-activated cell sorting [FACS]), each	28	280	81		\$9.64	No	per test	once per day	N/A
86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class	01	183	22		\$9.67	No	per test	once per day	N/A
86231	Endomysial antibody (EMA), each immunoglobulin (ig) class Endomysial antibody (EMA), each immunoglobulin (ig) class	28	280	81		\$9.67	No	per test	once per day	N/A
80231	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based	20	200	01		\$3.07	NO	per test	once per day	IN/A
86362	immunofluorescence assay (CBA), each	01	183	22		\$9.64	No	per test	once per day	N/A
30002	Myelin oligodendrocyte glycoprotein (MOG-IgG1) antibody; cell-based		200			ψ3.0 .		per test	once per day	,
86362	immunofluorescence assay (CBA), each	28	280	81		\$9.64	No	per test	once per day	N/A
	Myelin oligodendrocyte glycoprotein (MOG-lgG1) antibody; flow					·		·	·	
86363	cytometry (ie, fluorescence-activated cell sorting [FACS]), each	01	183	22		\$9.64	No	per test	once per day	N/A
86363	cytometry (ie, fluorescence-activated cell sorting [FACS]), each	28	280	81		\$9.64	No	per test	once per day	N/A
86596		01	183	22		\$14.72	No	·	· · · · ·	N/A
86596	Voltage-gated calcium channel antibody, each	01	183	22		\$14.72	NO	per test	once per day	N/A
86596	Voltage gated calcium channel antibody, each	28	280	81		\$14.72	No	nor tost	ance nor day	N/A
80390	Voltage-gated calcium channel antibody, each	20	280	91		\$14.72	NO	per test	once per day	N/A
90626	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use	01	183	22		\$10.00	No	per administration	ance nor day	N/A
90020		01	103	22		\$10.00	NU		once per day	IN/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for							per		
90626	intramuscular use	08	082	49		\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for							per		
90626	intramuscular use	09	All	11, 12		\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for							per		
90626	intramuscular use	10	100	11, 12		\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for							per		
90626	intramuscular use	31	All	11, 12		\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for							per		
90626	intramuscular use	33	335	11, 12		\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for							per		
90627	intramuscular use	01	183	22		\$10.00	No	administration	once per day	N/A

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00627	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for	00	002	49	\$10.00	No	per	ones nor day	NI/A
90627	intramuscular use	08	082	49	\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for						per		
90627	intramuscular use	09	All	11, 12	\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for						per		
90627	intramuscular use	10	100	11, 12	\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for						per		
90627	intramuscular use	31	All	11, 12	\$10.00	No	administration	once per day	N/A
	Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for						per		
90627	intramuscular use	33	335	11, 12	\$10.00	No	administration	once per day	N/A
00074	5 4 4 4 5 4 4 5 6 4 4		400		440.00		per		
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	01	183	22	\$10.00	No	administration	once per day	N/A
00074	5				440.00		per		
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	08	082	49	\$10.00	No	administration	once per day	N/A
90671	Draumacaccal conjugate vaccine 15 valent (DCV/15) for intromuceular use	00	All	11 12	¢10.00	No	per	ance per day	NI/A
900/1	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	09	All	11, 12	\$10.00	No	administration	once per day	N/A
00674	Danish and the second of the s	10	100	11 12	¢10.00	Na	per		N1 / A
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	10	100	11, 12	\$10.00	No	administration	once per day	N/A
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	31	All	11, 12	\$10.00	No	per administration	once per day	N/A
30071	Friedmococcai conjugate vaccine, 13 valent (FCV13), for intramascular use	31	All	11, 12	\$10.00	NO		once per day	IN/A
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use	33	335	11, 12	\$10.00	No	per administration	once per day	N/A
30071	Theumococcar conjugate vaccine, 13 valent (1 ev15), 101 intramascalar asc	33	333	11, 12	¥10.00	110	per	once per day	11,77
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	01	183	22	\$10.00	No	administration	once per day	N/A
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90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	08	082	49	\$10.00	No	administration	once per day	N/A
							per		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	09	All	11, 12	\$10.00	No	administration	once per day	N/A
							per		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	10	100	11, 12	\$10.00	No	administration	once per day	N/A
							per		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	31	All	11, 12	\$10.00	No	administration	once per day	N/A
							per		
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	33	335	11, 12	\$10.00	No	administration	once per day	N/A
00750	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3		400		440.00		per		
90759	dose schedule, for intramuscular use	01	183	22	\$10.00	No	administration	once per day	N/A
90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	08	082	49	\$10.00	No	per administration	once per day	N/A
30733	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3	00	002	73	710.00	140	per	once per day	11//
90759	dose schedule, for intramuscular use	09	All	11, 12	\$10.00	No	administration	once per day	N/A
	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3			,	, , , , , ,		per		,
90759	dose schedule, for intramuscular use	10	100	11, 12	\$10.00	No	administration	once per day	N/A
	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3	-		ĺ	,	-	per	, /	<u> </u>
90759	dose schedule, for intramuscular use	31	All	11, 12	\$10.00	No	administration	once per day	N/A
								. ,	
	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3						per		
90759	dose schedule, for intramuscular use	33	335	11, 12	\$10.00	No	administration	once per day	N/A

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93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	01	017	23		\$19.75	No	per procedure	once per day	N/A
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	01	183	22		\$19.75	No	per procedure	once per day	N/A
93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	08	082	49		\$19.75	No	per procedure	once per day	N/A
93319	echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)	31	All	11, 21, 23		\$19.75	No, but AUR and PSR process applies	per procedure	once per day	N/A
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	01	021	24	SG	\$776.00	No, but AUR and PSR process applies	p., p.,	N/A	N/A
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	31	All	21, 24, 99	26	\$150.33	No, but AUR and PSR process applies	per procedure	once per day	0 days
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	01	021	24	SG	\$776.00	No, but AUR and PSR process applies		N/A	N/A
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	31	All	21, 24, 99	26	\$236.61	No, but AUR and PSR process applies	per procedure	once per day	0 days
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	01	021	24	SG	\$776.00	No, but AUR and PSR process applies		N/A	N/A

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	Left heart catheterization for congenital heart defect(s) including imaging							No, but AUR and PSR			
	guidance by the proceduralist to advance the catheter to the target zone,							process			
93595	normal or abnormal native connections	31	All	21, 24, 99	26		\$213.53	applies	per procedure	once per day	0 days
93393	Inormal of apriormal native connections	31	All	21, 24, 33	20		Ş213.J3	аррпез	per procedure	office per day	0 days
								No, but AUR			
	Right and left heart catheterization for congenital heart defect(s) including							and PSR			
	imaging guidance by the proceduralist to advance the catheter to the							process		_	
93596	target zone(s); normal native connections	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Right and left heart catheterization for congenital heart defect(s) including							and PSR			
	imaging guidance by the proceduralist to advance the catheter to the							process			
93596	target zone(s); normal native connections	31	All	21, 24, 99	26		\$258.46	applies	per procedure	once per day	0 days
								No, but AUR			
	Right and left heart catheterization for congenital heart defect(s) including							and PSR			
	imaging guidance by the proceduralist to advance the catheter to the							process			
93597	target zone(s); abnormal native connections	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Right and left heart catheterization for congenital heart defect(s) including							and PSR			
	imaging guidance by the proceduralist to advance the catheter to the							process			
93597	target zone(s); abnormal native connections	31	All	21, 24, 99	26		\$344.58	applies	per procedure	once per day	0 days
	Cardiac output measurement(s), thermodilution or other indicator							No, but AUR			
	dilution method, performed during cardiac catheterization for the							and PSR			
	evaluation of congenital heart defects (List separately in addition to code							process			
93598	for primary procedure)	31	All	21, 24, 99	26		\$56.39	applies	per procedure	once per day	0 days
										·	,
	Principal care management services, for a single high-risk disease, with the										
	following required elements: one complex chronic condition expected to										
	last at least 3 months, and that places the patient at significant risk of										
	hospitalization, acute exacerbation/decompensation, functional decline,										
	or death, the condition requires development, monitoring, 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, ongoing communication and care										
	coordination between relevant practitioners furnishing care; first 30										
	minutes provided personally by a physician or other qualified health care									once per	
99424	professional, per calendar month.	01	183	02, 22			\$61.69	No	per procedure	calendar month	N/A
33724	professional, per calcinal month.	01	103	02, 22		1	701.05	110	per procedure	carcillar month	11/ 🗥

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99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	08	082	02, 49		\$61.69	No	per procedure	once per calendar month	N/A
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	09	All	02, 11, 12		\$61.69	No	per procedure	once per calendar month	N/A
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	10	100	02, 11, 12		\$61.69	No	per procedure	once per calendar month	N/A
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	31	All	02, 11, 12		\$61.69	No	per procedure	once per calendar month	N/A

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99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	01	183	02, 22	\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	08	082	02, 49	\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	09	All	02, 11, 12	\$30.90	No	per procedure	once per calendar month	N/A
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, 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, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	10	100	02, 11, 12	\$30.90	No	per procedure	once per calendar month	N/A

	Principal care management services, for a single high-risk disease, with the								<u> </u>	
	following required elements: one complex chronic condition expected to									
	last at least 3 months, and that places the patient at significant risk of									
	hospitalization, acute exacerbation/decompensation, functional decline,								once per	
99426	or death, the condition requires development, monitoring, or revision of	31	All	02, 11, 12		\$30.90	No	per procedure	calendar month	N/A
99420	or death, the condition requires development, monitoring, or revision of	31	All	02, 11, 12		\$30.90	INO	per procedure	Calendar month	N/A
							No, but AUR			
							and PSR			
	decoronation or submergence of an erupted tooth; Intentional removal of						process			
D3921	coronal tooth structure for preservation of the root and surrounding bone	01	021	24	SG	\$776.00	applies		N/A	N/A
DOSEL	ecronal cooks structure for preservation of the root and surrounding some	- 01	021	-	30	7770.00	иррисэ		14/71	14//1
							No, but AUR			
							and PSR			
	decoronation or submergence of an erupted tooth; Intentional removal of						process			
D3921	coronal tooth structure for preservation of the root and surrounding bone	02	020	24	SG	\$776.00	applies		N/A	N/A
						·	1		,	
	decoronation or submergence of an erupted tooth; Intentional removal of								one per tooth	
D3921	coronal tooth structure for preservation of the root and surrounding bone	27	All	11, 21, 24		\$210.00	Yes	per tooth	per day	N/A
				11, 12, 31,						
D9947	custom sleep apnea appliance fabrication and placement	27	All	32		\$2,410.00	Yes	per appliance	one per lifetime	N/A
									once per day at	
				11, 12, 31,					least 180 days	
D9948	adjustment of custom sleep apnea appliance	27	All	32		\$50.00	No	per procedure	post placement	N/A
									once per day at	
				11, 12, 31,					least 180 days	
D9949	repair of custom sleep apnea appliance	27	All	32		\$100.00	No	per procedure	post placement	N/A
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal									
04000	spray (provision of the services by a Medicare-enrolled Opioid Treatment		046 047	22		40.00		per supply of	20.1	
G1028	Program); list separately in addition to code for primary procedure	01	016, 017	23		\$0.00	No	nasal naloxone	one per 30 days	N/A
	Taka hawa sunahi af aasal aalamaa 2 aasli af 0 aasaa aa 0.1 aal aasal									
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled Opioid Treatment							per supply of		
G1028	Program); list separately in addition to code for primary procedure	01	183	22		\$0.00	No		one per 30 days	N/A
G1026	Programy, list separately in addition to code for primary procedure	01	103	22		\$0.00	INO	Hasai Haloxone	one per 30 days	IN/A
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal									
	spray (provision of the services by a Medicare-enrolled Opioid Treatment			12, 31, 32,				per supply of		
G1028	Program); list separately in addition to code for primary procedure	08	080	50		\$0.00	No		one per 30 days	N/A
	- Community procedure					40.00				,
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal									
	spray (provision of the services by a Medicare-enrolled Opioid Treatment			12, 31, 32,				per supply of		
G1028	Program); list separately in addition to code for primary procedure	08	081	72		\$0.00	No		one per 30 days	N/A
						·			,	
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal									
	spray (provision of the services by a Medicare-enrolled Opioid Treatment							per supply of		
G1028	Program); list separately in addition to code for primary procedure	08	082	49		\$0.00	No	nasal naloxone	one per 30 days	N/A
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal									
	spray (provision of the services by a Medicare-enrolled Opioid Treatment							per supply of		
G1028	Program); list separately in addition to code for primary procedure	08	110	49		\$0.00	No	nasal naloxone	one per 30 days	N/A

				1			1				
	Take home supply of pasal paleyane; 2 pack of 8 mg par 0.1 ml pasal										
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal										
04000	spray (provision of the services by a Medicare-enrolled Opioid Treatment						40.00		per supply of	20.1	
G1028	Program); list separately in addition to code for primary procedure	08	184	57			\$0.00	No	nasal naloxone	one per 30 days	N/A
	Take home somety of good calculations 2 goods of 0 good and good										
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal										
	spray (provision of the services by a Medicare-enrolled Opioid Treatment						4		per supply of		
	Program); list separately in addition to code for primary procedure	09	All	11			\$0.00	No	nasal naloxone	one per 30 days	N/A
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal										
04000	spray (provision of the services by a Medicare-enrolled Opioid Treatment	4.0	400				40.00		per supply of	20.1	
G1028	Program); list separately in addition to code for primary procedure	10	100	11			\$0.00	No	nasal naloxone	one per 30 days	N/A
	Tallahanna and afanadada ana 2 and afana ana 24 adami										
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal										
	spray (provision of the services by a Medicare-enrolled Opioid Treatment						4		per supply of		
G1028	Program); list separately in addition to code for primary procedure	31	All	11			\$0.00	No	nasal naloxone	one per 30 days	N/A
	Take home supply of posal paleyane; 2 and of 0 and and 0.4 and 1.4.										
	Take-home supply of nasal naloxone; 2-pack of 8 mg per 0.1 ml nasal										
64000	spray (provision of the services by a Medicare-enrolled Opioid Treatment	22	225	44			ć 0.00		per supply of		21/2
G1028	Program); list separately in addition to code for primary procedure	33	335 BASED UPON P	11	OUEST OR	CLINICAL DE	\$0.00	No	nasai naioxone	one per 30 days	N/A
	CODES BEI	NG ADDED	BASED UPON P	KOVIDEK KE	QUEST OR	CLINICAL RE	VIEW				
								No, but AUR			
								and PSR			
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic	01	021	24	SG		\$776.00	process		N/A	N1 / A
52441	implant; single implant	01	021	24	30		\$776.00	applies		IN/A	N/A
								No but ALIB			
								No, but AUR and PSR			
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic	02	020	24			¢770.00	process		N1/A	NI /A
52441	implant; single implant	02	020	24	SG		\$776.00	applies		N/A	N/A
								No but ALIB			
								No, but AUR and PSR			
F2444	Cystourethroscopy, with insertion of permanent adjustable transprostatic	24	A.II	24 24			646445	process			0 -1
52441	implant; single implant	31	All	21, 24			\$164.15	applies	per procedure	once per day	0 days
								No, but AUR			
	Cyctourothroscopy with insertion of normanant adjustable transport							and PSR			
	Cystourethroscopy, with insertion of permanent adjustable transprostatic										
E2442	implant; each additional permanent adjustable transprostatic implant (List	21	A !!	21 24			¢20 F0	process	nor procedure	onco nor do:	0 422.5
52442	separately in addition to code for primary procedure) Exome (eg, unexplained constitutional or heritable disorder or syndrome);	31	All	21, 24		 	\$39.50	applies	per procedure	once per day once per	0 days
81415	sequence analysis	01	183	22			\$3,824.00	Yes	per test	lifetime	N/A
01413	Exome (eg, unexplained constitutional or heritable disorder or syndrome);	01	103				73,024.00	163	per test	once per	14/7
81415	sequence analysis	28	280	81			\$3,824.00	Yes	ner test	lifetime	N/A
01413	sequence analysis	40	200	91		 	33,024.00	162	per test	medine	IN/A
	Exome (eg, unexplained constitutional or heritable disorder or syndrome);										
	re-evaluation of previously obtained exome sequence (eg, updated							1		per medical	
81417	knowledge or unrelated condition/syndrome)	01	183	22			\$256.00	Yes	per test	necessity	N/A
0141/	knowledge of difference condition/syllatome)	OΤ	102	22		1	⊋∠ 30.00	162	per test	Hecessity	IN/A

	T						1			
	Exome (eg, unexplained constitutional or heritable disorder or syndrome);									
	re-evaluation of previously obtained exome sequence (eg, updated								per medical	
81417	knowledge or unrelated condition/syndrome)	28	280	81		\$256.00	Yes	per test	necessity	N/A
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	01	183	22		\$10.00	No	administration	once per day	N/A
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	08	082	49		\$10.00	No	administration	once per day	N/A
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	09	All	11, 12		\$10.00	No	administration	once per day	N/A
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	10	100	11, 12		\$10.00	No	administration	once per day	N/A
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	31	All	11, 12		\$10.00	No	administration	once per day	N/A
						·			·	
								per		
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	33	335	11,12		\$10.00	No	administration	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in					·			·	
93325	addition to codes for echocardiography)	01	016, 017	23		\$18.58	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in					·			·	
93325	addition to codes for echocardiography)	01	016, 017	23	TC	\$16.12	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in		·			·		•	·	
93325	addition to codes for echocardiography)	01	183	22		\$18.58	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in									
93325	addition to codes for echocardiography)	01	183	22	TC	\$16.12	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in									
93325	addition to codes for echocardiography)	08	082	49		\$18.58	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in					·		•	·	
93325	addition to codes for echocardiography)	08	082	49	TC	\$16.12	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in								. ,	
93325	addition to codes for echocardiography)	31	All	11		\$18.58	No	per procedure	once per day	N/A
	Doppler echocardiography color flow velocity mapping (List separately in								. ,	
93325	addition to codes for echocardiography)	31	All	11	TC	\$16.12	No	per procedure	once per day	N/A
	5					·		•	·	
							No, but AUR			
							and PSR			
	Doppler echocardiography color flow velocity mapping (List separately in			11, 21, 22,			process			
93325	addition to codes for echocardiography)	31	All	23, 49	26	\$2.46	applies	per procedure	once per day	N/A
	· · ·						1		. ,	
									2 of any	
	Sleep study, unattended, simultaneous recording; heart rate, oxygen								combination of	
	saturation, respiratory analysis (eg, by airflow or peripheral arterial tone),								sleep studies	
95800	and sleep time	01	183	22		\$124.61	No	per procedure	per 365 days	N/A
						•	•			

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95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	01	183	22	TC		\$92.03	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12			\$124.61	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12	TC		\$92.03	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	31	All	11, 12, 22	26		\$32.58	No	per procedure	2 of any combination of sleep studies per 365 days	N/A
	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical										
0014M	events within 5 years Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical	01	183	22			\$140.95	No	per test	once per day	N/A
0014M	events within 5 years	28	280	81			\$140.95	No	per test	once per day	N/A
			240, 241, 242,				44.4				
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	24	243, 245	11, 12			\$240.07	Yes	each	60 per month	N/A
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	25	250	11, 12			\$240.07	Yes	each	60 per month	N/A
	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with							No, but AUR and PSR process			
D4346	prophylaxis, scaling and root planing, or debridement procedures.	01	021	24	SG		\$776.00	applies		N/A	N/A

	_	1		,		1	1	,		1	
	scaling in presence of generalized moderate or severe gingival										
	inflammation - full mouth, after oral evaluation; The removal of plaque,										
	calculus and stains from supra- and sub-gingival tooth surfaces when										
	there is generalized moderate or severe gingival inflammation in the										
	absence of periodontitis. It is indicated for patients who have swollen,							No, but AUR			
	inflamed gingiva, generalized suprabony pockets, and moderate to severe							and PSR			
	bleeding on probing. Should not be reported in conjunction with							process			
D4346	prophylaxis, scaling and root planing, or debridement procedures.	02	020	24	SG		\$776.00	applies		N/A	N/A
	scaling in presence of generalized moderate or severe gingival										
	inflammation - full mouth, after oral evaluation; The removal of plaque,										
	calculus and stains from supra- and sub-gingival tooth surfaces when										
	there is generalized moderate or severe gingival inflammation in the										
	absence of periodontitis. It is indicated for patients who have swollen,							No, but AUR			
	inflamed gingiva, generalized suprabony pockets, and moderate to severe							and PSR			
	bleeding on probing. Should not be reported in conjunction with			11, 12, 21,				process			
D4346	prophylaxis, scaling and root planing, or debridement procedures.	27	All	24, 31, 32			\$43.20	applies	per procedure	three per year	N/A
D-13-10	Cochlear implant, external speech processor and controller, integrated		240, 241, 242,				773.20	аррисз	per procedure	1 per 5 calendar	11/74
L8619	system, replacement	24	243, 244, 245	31, 32	NU		\$7,038.31	Yes	each	years	N/A
10013	Cochlear implant, external speech processor and controller, integrated	27	243, 244, 243	11, 12, 21,	110		\$7,030.31	103	Cacii	1 per 5 calendar	IV/A
L8619	system, replacement	25	250, 251, 252	31, 32	NU		\$7,038.31	Yes	oach	-	N/A
F9013		25	230, 231, 232	31, 32	NU		\$7,036.31	res	each	years	N/A
	Auditory osseointegrated device, external sound processor, used without		240 244 242	44 42 24						4 5	
	osseointegration, body worn, includes headband or other means of		240, 241, 242,	11, 12, 21,			4			1 per 5 calendar	
L8692	external attachment	24	243, 244, 245	31, 32	NU		\$3,953.96	Yes	each	years	N/A
	Auditory osseointegrated device, external sound processor, used without										
	osseointegration, body worn, includes headband or other means of			11, 12, 21,						1 per 5 calendar	
L8692	external attachment	25	250, 251, 252	31, 32	NU		\$3,953.96	Yes	each	years	N/A
	Auditory osseointegrated device, transducer/actuator, replacement only,		240, 241, 242,	11, 12, 21,						1 per 5 calendar	
L8694	each	24	243, 244, 245	31, 32			\$779.47	Yes	each	years	N/A
	Auditory osseointegrated device, transducer/actuator, replacement only,			11, 12, 21,						1 per 5 calendar	
L8694	each	25	250, 251, 252	31, 32			\$779.47	Yes	each	years	N/A
										100 square	
			240, 241, 242,						per square	centimeters per	
Q4186	Epifix, per sq cm	24	243, 245	11, 12			\$242.96	Yes	centimeter	day	N/A
										100 square	
									per square	centimeters per	
Q4186	Epifix, per sq cm	25	250	11, 12			\$242.96	Yes	centimeter	day	N/A
	PROCEDURE CODES CURRENTLY ON THE FEE SCHEI	DULE BEING			THE IMPLE	MENTING O	F THE 2022 UPDATES O			/	
								No, but AUR			
								and PSR			
	Radical resection of tumor; ischial tuberosity and greater trochanter of							process			
27078	femur	01	021	24	SG		\$776.00	applies		N/A	N/A
2.070		<u> </u>	321		- 30		Ç	арриса		,,,	.,,,
								No, but AUR			
								and PSR		once per R side	
	Radical resection of tumor; ischial tuberosity and greater trochanter of							process		and once per L	
27078	femur	31	All	21, 24		RT-LT-50	\$749.00	applies	per procedure	side, per day	90 days
2/0/0	remui	31	All	21, 24		N1-L1-30	ş/49.00	applies	per procedure	side, per day	30 uays

								No, but AUR			
								and PSR		once per R side	
	Radical resection of tumor; ischial tuberosity and greater trochanter of							process		and once per L	
27078	femur	31	All	21, 24	80	RT-LT-50	\$150.00	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	01	021	24	SG		\$776.00	process applies		N/A	N/A
27140	procedure)	01	021	24	30		\$770.00	applies		IN/A	IN/A
								No, but AUR			
								and PSR		once per R side	
	Osteotomy and transfer of greater trochanter of femur (separate							process		and once per L	
27140	procedure)	31	All	21, 24		RT-LT-50	\$336.00	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR		once per R side	
27440	Osteotomy and transfer of greater trochanter of femur (separate			24.24			457.00	process		and once per L	00.1
27140	procedure)	31	All	21, 24	80	RT-LT-50	\$67.00	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
	Osteotomy, iliac, acetabular or innominate bone; with open reduction of							process			
27147	hip	01	021	24	SG		\$776.00	applies		N/A	N/A
							•	1.		,	·
								No, but AUR			
								and PSR		once per R side	
	Osteotomy, iliac, acetabular or innominate bone; with open reduction of							process		and once per L	
27147	hip	31	All	21, 24		RT-LT-50	\$758.50	applies	per procedure	side, per day	90 days
								No, but AUR		D -i-l-	
	Octobromy ilias acetabular or innominate bands with onen reduction of							and PSR		once per R side and once per L	
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	31	All	21, 24	80	RT-LT-50	\$151.50	process applies	per procedure	side, per day	90 days
2/14/	inp	31	All	21, 24	00	KT ET 30	Ç131.30	аррпсз	per procedure	side, per day	Jo days
								No, but AUR			
								and PSR			
								process			
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	01	021	24	SG		\$776.00	applies		N/A	N/A
					_						
								No, but AUR			
								and PSR		once per R side	
2-1-1		2.		24.24		DT 17 55	A750 50	process		and once per L	00 4
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	31	All	21, 24		RT-LT-50	\$758.50	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR		once per R side	
								process		and once per L	
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	31	All	21, 24	80	RT-LT-50	\$151.50	applies	per procedure	side, per day	90 days
	,, ,		·		-						

	T T					1		1		1	1
								No, but AUR			
								and PSR			
	Open treatment of posterior or anterior acetabular wall fracture, with							process			
27226	internal fixation	01	021	24	SG		\$776.00	applies		N/A	N/A
								No but ALID			
								No, but AUR and PSR		once per R side	
	Open treatment of posterior or anterior acetabular wall fracture, with							process		and once per L	
27226	internal fixation	31	All	21, 24		RT-LT-50	\$819.00	applies	per procedure	side, per day	90 days
									•		,
								No, but AUR			
								and PSR		once per R side	
	Open treatment of posterior or anterior acetabular wall fracture, with						4	process		and once per L	
27226	internal fixation	31	All	21, 24	80	RT-LT-50	\$163.80	applies	per procedure	side, per day	90 days
								No, but AUR			
	Open treatment of acetabular fracture(s) involving anterior or posterior							and PSR			
	(one) column, or a fracture running transversely across the acetabulum,							process			
27227	with internal fixation	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Open treatment of acetabular fracture(s) involving anterior or posterior							and PSR		once per R side	
27227	(one) column, or a fracture running transversely across the acetabulum, with internal fixation	21	All	21 24		DTITEO	\$819.00	process	nor procedure	and once per L	00 days
2/22/	with internal fixation	31	All	21, 24		RT-LT-50	\$819.00	applies	per procedure	side, per day	90 days
								No, but AUR			
	Open treatment of acetabular fracture(s) involving anterior or posterior							and PSR		once per R side	
	(one) column, or a fracture running transversely across the acetabulum,							process		and once per L	
27227	with internal fixation	31	All	21, 24	80	RT-LT-50	\$163.80	applies	per procedure	side, per day	90 days
	Open treatment of acetabular fracture(s) involving anterior and posterior							No, but AUR			
	(two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture							and PSR process			
27228	with associated acetabular wall fracture, with internal fixation	01	021	24	SG		\$776.00	applies		N/A	N/A
27220	With associated dectabation with indetarc, with internal fixed of	01	021	27	30		\$770.00	арриез		14//	14//
	Open treatment of acetabular fracture(s) involving anterior and posterior							No, but AUR			
	(two) columns, includes T-fracture and both column fracture with							and PSR		once per R side	
	complete articular detachment, or single column or transverse fracture							process		and once per L	
27228	with associated acetabular wall fracture, with internal fixation	31	All	21, 24		RT-LT-50	\$889.00	applies	per procedure	side, per day	90 days
	Open treatment of acetahular fracture (a) involving antonian and aceta (a)							No but ALIB			
	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with							No, but AUR and PSR		once per R side	
	complete articular detachment, or single column or transverse fracture							process		and once per L	
27228	with associated acetabular wall fracture, with internal fixation	31	All	21, 24	80	RT-LT-50	\$177.80	applies	per procedure	side, per day	90 days
		-		,			,	- 1-1 2	, , , , , , , , , , , , , , , , , , , ,	, []	, , , ,
								No, but AUR			
	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric							and PSR			
272.15	femoral fracture; with intramedullary implant, with or without	0.1	024	2.			477 6 00	process		N/4	N1 / 2
27245	interlocking screws and/or cerclage	01	021	24	SG	l .	\$776.00	applies		N/A	N/A

	T	1		1				1			
								No, but AUR			
	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric							and PSR		once per R side	
	femoral fracture; with intramedullary implant, with or without							process		and once per L	
27245	interlocking screws and/or cerclage	31	All	21, 24		RT-LT-50	\$749.00	applies	per procedure	side, per day	90 days
								No, but AUR			
	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric							and PSR		once per R side	
	femoral fracture; with intramedullary implant, with or without							process		and once per L	
27245	interlocking screws and/or cerclage	31	All	21, 24	80	RT-LT-50	\$149.80	applies	per procedure	side, per day	90 days
	, <u>, , , , , , , , , , , , , , , , , , </u>			,			·	, ''		,, ,	,
								No, but AUR			
								and PSR			
								process			
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	01	021	24	SG		\$776.00	applies		N/A	N/A
								Na but AUD			
								No, but AUR and PSR			
								process			
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	02	020	24	SG		\$776.00	applies		N/A	N/A
27403	Repair, printary, corn ngument unayor capsare, knee, conaterar	02	020	27	30		ψ// O.00	аррисэ		14//	14774
								No, but AUR			
								and PSR		once per R side	
								process		and once per L	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	31	All	21, 24		RT-LT-50	\$444.50	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR		once per R side	
27405	Bonais primary torn ligament and/as consula know collectoral	31	All	21, 24	80	RT-LT-50	\$88.90	process applies	per procedure	and once per L	00 days
27403	Repair, primary, torn ligament and/or capsule, knee; collateral	31	All	21, 24	80	KI-LI-50	\$00.90	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
								process			
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR			
27.427							4====	process			
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR		once per R side	
								process		and once per L	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	31	All	21, 24		RT-LT-50	\$395.00	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR		once per R side	
27.05					00		470.00	process		and once per L	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	31	All	21, 24	80	RT-LT-50	\$79.00	applies	per procedure	side, per day	90 days

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								No, but AUR			
								and PSR			
	Open treatment of femoral shaft fracture with plate/screws, with or							process			
27507	without cerclage	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Open treatment of femoral shaft fracture with plate/screws, with or							and PSR process		once per R side and once per L	
27507	without cerclage	31	All	21, 24		RT-LT-50	\$851.00	applies	per procedure	side, per day	90 days
27507	manual consuge		7	22, 2.		2. 50	ψ032100	аррисо	per procedure	side, per day	30 4475
								No, but AUR			
								and PSR		once per R side	
	Open treatment of femoral shaft fracture with plate/screws, with or							process		and once per L	
27507	without cerclage	31	All	21, 24	80	RT-LT-50	\$170.20	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
	Open treatment of femoral fracture, distal end, medial or lateral condyle,							process			
27514	includes internal fixation, when performed	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR			
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	02	020	24	SG		\$776.00	process		NI/A	N/A
2/514	includes internal fixation, when performed	02	020	24	30		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR		once per R side	
	Open treatment of femoral fracture, distal end, medial or lateral condyle,							process		and once per L	
27514	includes internal fixation, when performed	31	All	21, 24		RT-LT-50	\$505.00	applies	per procedure	side, per day	90 days
								N			
								No, but AUR and PSR		once per R side	
	Open treatment of femoral fracture, distal end, medial or lateral condyle,							process		and once per L	
27514	includes internal fixation, when performed	31	All	21, 24	80	RT-LT-50	\$101.00	applies	per procedure	side, per day	90 days
	, , , , , , , , , , , , , , , , , , ,	-		,				- 1-1		, []	, .
	Arthroscopy, shoulder, surgical; decompression of subacromial space with							No, but AUR			
	partial acromioplasty, with coracoacromial ligament (ie, arch) release,							and PSR			
	when performed (List separately in addition to code for primary						4	process			
29826	procedure)	31	All	21, 24		RT-LT	\$543.50	applies	per procedure	once per day	0 days
	Arthroscopy, shoulder, surgical; decompression of subacromial space with							No, but AUR			
	partial acromioplasty, with coracoacromial ligament (ie, arch) release,							and PSR			
	when performed (List separately in addition to code for primary							process			
29826	procedure)	31	All	21, 24	80	RT-LT	\$108.70	applies	per procedure	once per day	0 days
								No, but AUR			
								and PSR			
30160	Rhinectomy; total	01	021	24	SG		\$776.00	process applies		N/A	N/A
20100	minicctomy, total	OI	UZI	24	30	1	7//0.00	applies		IN/A	IN/A

		1		1							1
								No, but AUR			
								and PSR			
								process			
30160	Rhinectomy; total	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR			
								process		once per	
30160	Rhinectomy; total	27	272	21, 24			\$695.25	applies	per procedure	lifetime	90 days
								No, but AUR and PSR			
								process		once per	
30160	Rhinectomy; total	27	272	21, 24	80		\$111.24	applies	per procedure	lifetime	90 days
	·						·				
								No, but AUR			
								and PSR			
30160	Rhinectomy; total	31	All	21, 24			\$695.25	process applies	per procedure	once per lifetime	90 days
30100	Tumicecomy, excui	31	7.11	21, 24			\$033.23	иррисэ	per procedure	meane	Jo days
								No, but AUR			
								and PSR			
20460	Phi control of the last of the	24		24 24	00		6444.24	process		once per	00 1-
30160	Rhinectomy; total	31	All	21, 24	80		\$111.24	applies	per procedure	lifetime	90 days
								No, but AUR			
								and PSR			
	Removal of lung, pneumonectomy; with resection of segment of trachea							process		once per	
32442	followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	31	All	21		RT-LT	\$1,000.00	applies	per procedure	lifetime	90 days
								No, but AUR			
								and PSR			
	Removal of lung, pneumonectomy; with resection of segment of trachea							process		once per	
32442	followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	31	All	21	80	RT-LT	\$200.00	applies	per procedure	lifetime	90 days
								No, but AUR			
	Colectomy, total, abdominal, with proctectomy; with ileoanal							and PSR			
	anastomosis, includes loop ileostomy, and rectal mucosectomy, when							process		once per	
44157	performed	31	319	21			\$1,000.00	applies	per procedure	lifetime	90 days
								[
	Colectomy, total, abdominal, with proctectomy; with ileoanal							No, but AUR and PSR			
	anastomosis, includes loop ileostomy, and rectal mucosectomy, when							process		once per	
44157	performed	31	319	21	80		\$160.00	applies	per procedure	lifetime	90 days
									-		
								No, but AUR			
	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy,							and PSR		onco nor	
44158	and rectal mucosectomy, when performed	31	319	21			\$1,000.00	process applies	per procedure	once per lifetime	90 days
. , , 130		71	313			·	Ç2,000.00	applies	po. p. occurre		55 3475

	1			1				1	ı	I	ı
								No, but AUR			
	Colectomy, total, abdominal, with proctectomy; with ileoanal							and PSR			
	anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy,							process		once per	
44158	and rectal mucosectomy, when performed	31	319	21	80		\$160.00	applies	per procedure	lifetime	90 days
								No, but AUR			
	Proctectomy, complete (for congenital megacolon), abdominal and							and PSR			
	perineal approach; with subtotal or total colectomy, with multiple							process		once per	
45121	biopsies	31	All	21			\$1,000.00	applies	per procedure	lifetime	90 days
							• •	, , , , , , , , , , , , , , , , , , ,			,
								No, but AUR			
	Proctectomy, complete (for congenital megacolon), abdominal and							and PSR			
	perineal approach; with subtotal or total colectomy, with multiple							process		once per	
45121	biopsies	31	All	21	80		\$200.00	applies	per procedure	lifetime	90 days
								Na but AUD			
								No, but AUR			
								and PSR			
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	01	021	24	SG		\$776.00	process applies		N/A	N/A
43230	ombined (Separate procedure)	01	021	27	30		<i>ψ110.00</i>	аррисэ		14//	14//
								No, but AUR			
								and PSR			
								process			
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
								and PSR			
40350	Unabile steems and belontered and selection of makiling (see and see al. 1921)	24	All	24 24			ć252.00	process		once per	00 4
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	31	All	21, 24			\$353.00	applies	per procedure	lifetime	90 days
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR			
	gestation at birth), performed from birth up to 50 weeks postconception							process			
49491	age, with or without hydrocelectomy; reducible	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR			
	gestation at birth), performed from birth up to 50 weeks postconception						4776.00	process			
49491	age, with or without hydrocelectomy; reducible	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR		once per R side	
	gestation at birth), performed from birth up to 50 weeks postconception							process		and once per L	
49491	age, with or without hydrocelectomy; reducible	31	All	21, 24		RT-LT-50	\$499.63	applies	per procedure	side, per day	90 days
										,	
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR		once per R side	
	gestation at birth), performed from birth up to 50 weeks postconception						400	process		and once per L	
49491	age, with or without hydrocelectomy; reducible	31	All	21, 24	80	RT-LT-50	\$99.93	applies	per procedure	side, per day	90 days

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								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR			
	gestation at birth), performed from birth up to 50 weeks postconception							process			
49492	age, with or without hydrocelectomy; incarcerated or strangulated	01	021	24	SG		\$776.00	applies		N/A	N/A
	Beach to the late of the late							No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR			
49492	gestation at birth), performed from birth up to 50 weeks postconception	02	020	24	SG		\$776.00	process		NI/A	N/A
49492	age, with or without hydrocelectomy; incarcerated or strangulated	02	020	24	30		\$776.00	applies		N/A	IN/A
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR		once per R side	
	gestation at birth), performed from birth up to 50 weeks postconception							process		and once per L	
49492	age, with or without hydrocelectomy; incarcerated or strangulated	31	All	21, 24		RT-LT-50	\$572.75	applies	per procedure	side, per day	90 days
	, , , , , , , , , , , , , , , , , , , ,						70.2	3662	ра розсии	,	
								No, but AUR			
	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks							and PSR		once per R side	
	gestation at birth), performed from birth up to 50 weeks postconception							process		and once per L	
49492	age, with or without hydrocelectomy; incarcerated or strangulated	31	All	21, 24	80	RT-LT-50	\$114.55	applies	per procedure	side, per day	90 days
								No, but AUR			
								and PSR			
								process		once per	
51925	Closure of vesicouterine fistula; with hysterectomy	31	All	21			\$621.00	applies	per procedure	lifetime	90 days
								No, but AUR			
								and PSR			
51925	Clasura of vacionutarina fictula, with hystoractamy	31	All	21	80		\$124.00	process	nor procedure	once per	00 days
51925	Closure of vesicouterine fistula; with hysterectomy Laser enucleation of the prostate with morcellation, including control of	31	All	21	80		\$124.00	applies	per procedure	lifetime	90 days
	postoperative bleeding, complete (vasectomy, meatotomy,							No, but AUR			
	cystourethroscopy, urethral calibration and/or dilation, internal							and PSR			
	urethrotomy and transurethral resection of prostate are included if							process			
52649	performed)	01	021	24	SG		\$776.00	applies		N/A	N/A
520.5	Laser enucleation of the prostate with morcellation, including control of		022				ψσ.σ	арриса		,,,	.,,,,
	postoperative bleeding, complete (vasectomy, meatotomy,							No, but AUR			
	cystourethroscopy, urethral calibration and/or dilation, internal							and PSR			
	urethrotomy and transurethral resection of prostate are included if							process			
52649	performed)	02	020	24	SG		\$776.00	applies		N/A	N/A
	Laser enucleation of the prostate with morcellation, including control of										
	postoperative bleeding, complete (vasectomy, meatotomy,							No, but AUR			
	cystourethroscopy, urethral calibration and/or dilation, internal							and PSR			
	urethrotomy and transurethral resection of prostate are included if							process		once per	
52649	performed)	31	319, 343	21, 24			\$751.67	applies	per procedure	lifetime	90 days
								No, but AUR			
	Prostatectomy, perineal, subtotal (including control of postoperative							and PSR			
FF004	bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and	24	A.II	21			¢624.00	process		once per	00 4
55801	internal urethrotomy)	31	All	21]	\$621.00	applies	per procedure	lifetime	90 days

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								No, but AUR			
	Prostatectomy, perineal, subtotal (including control of postoperative							and PSR			
	bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and							process		once per	
55801	internal urethrotomy)	31	All	21	80		\$124.00	applies	per procedure	lifetime	90 days
33601	Internal diethiotomy)	31	All	21	80		\$124.00	applies	per procedure	metime	90 uays
								No, but AUR			
	Prostatectomy (including control of postoperative bleeding, vasectomy,							and PSR			
	meatotomy, urethral calibration and/or dilation, and internal							process		once per	
55821	urethrotomy); suprapubic, subtotal, 1 or 2 stages	31	All	21			\$621.00	applies	per procedure	lifetime	90 days
33821	urethrotomy); suprapuble, subtotal, 1 or 2 stages	31	All	21			\$021.00	applies	per procedure	meume	90 days
								No, but AUR			
	Prostatectomy (including control of postoperative bleeding, vasectomy,							and PSR			
	meatotomy, urethral calibration and/or dilation, and internal							process		once per	
55821	urethrotomy); suprapubic, subtotal, 1 or 2 stages	31	All	21	80		\$124.00	applies	per procedure	lifetime	90 days
33821	uretinotomy), suprapuble, subtotal, 1 or 2 stages	31	All	21	80		Ş124.00	аррпез	per procedure	meane	30 days
								No, but AUR		once per R side	
								and PSR		and once per L	
								process		side, per	
69535	Resection temporal bone, external approach	31	All	21		RT-LT-50	\$1,000.00	applies	per procedure	lifetime	90 days
05555	Infectious agent detection by nucleic acid (DNA or RNA), multiple	31	All	21		IXI EI 30	71,000.00	аррпсз	per procedure	meanic	Jo days
87801	organisms; amplified probe(s) technique	01	016, 017	23			\$38.80	No	per test	once per day	N/A
07001	Infectious agent detection by nucleic acid (DNA or RNA), multiple	01	010, 017	23			930.00	140	per test	once per day	IV/A
87801	organisms; amplified probe(s) technique	01	016, 017	23		QW	\$38.80	No	per test	once per day	N/A
07001	Infectious agent detection by nucleic acid (DNA or RNA), multiple	01	010, 017	23		QVV	-	140	per test	office per day	IV/A
87801	organisms; amplified probe(s) technique	01	183	22			\$38.80	No	per test	once per day	N/A
07001	Infectious agent detection by nucleic acid (DNA or RNA), multiple	01	103	22			930.00	140	per test	once per day	IV/A
87801	organisms; amplified probe(s) technique	01	183	22		QW	\$38.80	No	per test	once per day	N/A
0.001	Infectious agent detection by nucleic acid (DNA or RNA), multiple		100			۹.,	\$50.00		per test	once per day	.,,,,
87801	organisms; amplified probe(s) technique	08	082	49			\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple						722.00		p 0. 1001		,
87801	organisms; amplified probe(s) technique	08	082	49		QW	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple						722.00		p 0. 1001		,
87801	organisms; amplified probe(s) technique	09	All	11			\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple						722.00		p 0. 1001		,
87801	organisms; amplified probe(s) technique	09	All	11		QW	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple	- -					,		F		,
87801	organisms; amplified probe(s) technique	10	100	11			\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple						•			. ,	
87801	organisms; amplified probe(s) technique	10	100	11		QW	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple								-	,	
87801	organisms; amplified probe(s) technique	28	280	81			\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple										
87801	organisms; amplified probe(s) technique	28	280	81		QW	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple										
87801	organisms; amplified probe(s) technique	31	All	11		<u> </u>	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple										
87801	organisms; amplified probe(s) technique	31	All	11		QW	\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple										
87801	organisms; amplified probe(s) technique	33	335	11			\$38.80	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or RNA), multiple										
87801	organisms; amplified probe(s) technique	33	335	11		QW	\$38.80	No	per test	once per day	N/A

	Application of topical fluoride varnish by a physician or other qualified			02, 11, 12,					4 per calendar	
99188	health care professional	09	All	99		\$18.00	No	per application	year	N/A
	Application of topical fluoride varnish by a physician or other qualified			02, 11, 12,					4 per calendar	1
99188	health care professional	10	100	99		\$18.00	No	per application	year	N/A
	Application of topical fluoride varnish by a physician or other qualified			02, 11, 12,					4 per calendar	
99188	health care professional	31	All	99		\$18.00	No	per application	year	N/A