

<b>ISSUE DATE</b> May 26, 2020	<b>EFFECTIVE DATE</b> May 26, 2020	<b>NUMBER</b> 99-20-02
<b>SUBJECT</b>  2020 Healthcare Common Procedure Coding System (HCPCS) Updates		<b>BY</b>    Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

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

## **PURPOSE:**

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

## **SCOPE:**

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

## **BACKGROUND:**

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

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

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

**DISCUSSION:**

**Procedure Codes Being Added or End-dated**

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

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

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

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

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

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

*Prior Authorization Requirements*

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

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

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

78832 (26)	78835	78835 (TC)	78835 (26)	
------------	-------	------------	------------	--

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

Procedure Codes	
D8703	D8704

### Service Limits

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

[https://www.dhs.pa.gov/providers/PROMISe\\_Guides/Pages/PROMISe-Handbooks.aspx](https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx).

### Managed Care Delivery System

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

### **PROCEDURE:**

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

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

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

**ATTACHMENTS:**

2020 HCPCS Updates, Effective May 26, 2020

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

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

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

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

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	31	All	21			\$1,283.54	No, but AUR and PSR process applies	per procedure	once per day	90 days
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	31	All	21	80		\$205.37	No, but AUR and PSR process applies	per procedure	once per day	90 days
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	31	All	21			\$1,421.78	No, but AUR and PSR process applies	per procedure	once per day	90 days
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	31	All	21	80		\$227.48	No, but AUR and PSR process applies	per procedure	once per day	90 days
33016	Pericardiocentesis, including imaging guidance, when performed	01	017	23			\$193.93	No	per procedure	once per day	0 days
33016	Pericardiocentesis, including imaging guidance, when performed	01	183	22			\$193.93	No	per procedure	once per day	0 days
33016	Pericardiocentesis, including imaging guidance, when performed	31	All	21, 23, 99			\$193.93	No, but AUR and PSR process applies	per procedure	once per day	0 days
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	31	All	21			\$201.07	No, but AUR and PSR process applies	per procedure	once per day	0 days
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	31	All	21			\$229.29	No, but AUR and PSR process applies	per procedure	once per day	0 days

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

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

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

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	31	All	11, 21, 23, 24, 99			\$73.38	No, but AUR and PSR process applies	per procedure	once per day	0 days
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	01	183	22			\$92.17	No	per procedure	once per day	0 days
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	01	017	23			\$92.17	No	per procedure	once per day	0 days
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	09	All	11			\$92.17	No	per procedure	once per day	0 days
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	31	All	11, 21, 23, 24, 99			\$92.17	No, but AUR and PSR process applies	per procedure	once per day	0 days
66987	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 endoscopic cyclophotocoagulation	01	021	24	SG		\$1,654.00	No, but AUR and PSR process applies		N/A	N/A
66987	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 endoscopic cyclophotocoagulation	02	020	24	SG		\$1,654.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
66987	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 endoscopic cyclophotocoagulation	31	All	21, 24		RT-LT-50	\$697.42	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	01	021	24	SG		\$1,654.00	No, but AUR and PSR process applies		N/A	N/A
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	02	020	24	SG		\$1,654.00	No, but AUR and PSR process applies		N/A	N/A
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	31	All	21, 24		RT-LT-50	\$602.53	No, but AUR and PSR process applies	per procedure	once per R side and once per L side per lifetime	90 days
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	01	016, 017	23			\$84.08	No	per procedure	once per day	N/A
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	01	016, 017	23	TC		\$56.01	No	per procedure	once per day	N/A
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	01	183	22			\$84.08	No	per procedure	once per day	N/A
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	01	183	22	TC		\$56.01	No	per procedure	once per day	N/A
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	08	082	49			\$84.08	No	per procedure	once per day	N/A
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	08	082	49	TC		\$56.01	No	per procedure	once per day	N/A

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

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	31	All	11, 21, 22	26		\$63.94	Yes	per procedure	once per day	N/A
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01	183	22			\$1,761.40	Yes	per procedure	once per day	N/A
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	01	183	22	TC		\$1,687.02	Yes	per procedure	once per day	N/A
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	31	All	11			\$1,761.40	Yes	per procedure	once per day	N/A
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	31	All	11	TC		\$1,687.02	Yes	per procedure	once per day	N/A
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	31	All	11, 21, 22	26		\$74.38	Yes	per procedure	once per day	N/A
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	01	183	22			\$2,140.99	Yes	per procedure	once per day	N/A
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	01	183	22	TC		\$2,061.69	Yes	per procedure	once per day	N/A
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	31	All	11			\$2,140.99	Yes	per procedure	once per day	N/A

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress <b>(List separately in addition to code for primary procedure)</b>	31	All	11			\$135.02	Yes	per procedure	once per day	N/A
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress <b>(List separately in addition to code for primary procedure)</b>	31	All	11	TC		\$110.05	Yes	per procedure	once per day	N/A
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress <b>(List separately in addition to code for primary procedure)</b>	31	All	11, 21, 22	26		\$24.97	Yes	per procedure	once per day	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	01	183	22			\$1,449.56	Yes	per procedure	once per day	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	01	183	22	TC		\$1,388.43	Yes	per procedure	once per day	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	31	All	11			\$1,449.56	Yes	per procedure	once per day	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	31	All	11	TC		\$1,388.43	Yes	per procedure	once per day	N/A
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	31	All	11, 21, 22	26		\$61.13	Yes	per procedure	once per day	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	01	183	22			\$1,122.26	Yes	per procedure	once per day	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	01	183	22	TC		\$1,062.85	Yes	per procedure	once per day	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	31	All	11			\$1,122.26	Yes	per procedure	once per day	N/A
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	31	All	11	TC		\$1,062.85	Yes	per procedure	once per day	N/A

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

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

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

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

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

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

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

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	01	183	22			\$1,000.00	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	08	082, 110	49			\$1,000.00	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	31	All	11			\$1,000.00	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	01	183	22			\$82.17	No	per procedure, minimum of 2-12 hours	once per day	N/A
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	08	082, 110	49			\$82.17	No	per procedure, minimum of 2-12 hours	once per day	N/A
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	31	All	11, 21			\$82.17	No, but AUR and PSR process applies	per procedure, minimum of 2-12 hours	once per day	N/A
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	01	183	22			\$107.74	No	per procedure, minimum of 2-12 hours	once per day	N/A
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	08	082, 110	49			\$107.74	No	per procedure, minimum of 2-12 hours	once per day	N/A
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	31	All	11, 21			\$107.74	No, but AUR and PSR process applies	per procedure, minimum of 2-12 hours	once per day	N/A
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	01	183	22			\$127.34	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	08	082, 110	49			\$127.34	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	31	All	11, 21			\$127.34	No, but AUR and PSR process applies	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	01	183	22			\$166.82	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	08	082, 110	49			\$166.82	No	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	31	All	11, 21			\$166.82	No, but AUR and PSR process applies	per procedure, minimum of 12-26 hours	1 per rolling 7 days	N/A
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	01	183	22			\$167.36	No	per procedure, minimum of 36-60 hours	1 per rolling 7 days	N/A
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	08	082, 110	49			\$167.36	No	per procedure, minimum of 36-60 hours	1 per rolling 7 days	N/A

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

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

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

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

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

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
D1552	re-cement or re-bond bilateral space maintainer – mandibular	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1552	re-cement or re-bond bilateral space maintainer – mandibular	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1552	re-cement or re-bond bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32			\$30.00	No, but AUR and PSR process applies	per appliance	Under 21 years of age; one unit per day	N/A
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1553	re-cement or re-bond unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32			\$30.00	No, but AUR and PSR process applies	per appliance	Under 21 years of age; 4 units per day	N/A
D1556	removal of fixed unilateral space maintainer – per quadrant	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1556	removal of fixed unilateral space maintainer – per quadrant	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
D1556	removal of fixed unilateral space maintainer – per quadrant	27	All	11, 12, 21, 24, 31, 32			\$25.00	No, but AUR and PSR process applies	per appliance	Under 21 years of age; 4 units per day	N/A
D1557	removal of fixed bilateral space maintainer – maxillary	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1557	removal of fixed bilateral space maintainer – maxillary	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1557	removal of fixed bilateral space maintainer – maxillary	27	All	11, 12, 21, 24, 31, 32			\$25.00	No, but AUR and PSR process applies	per appliance	Under 21 years of age; one unit per day	N/A
D1558	removal of fixed bilateral space maintainer – mandibular	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1558	removal of fixed bilateral space maintainer – mandibular	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D1558	removal of fixed bilateral space maintainer – mandibular	27	All	11, 12, 21, 24, 31, 32			\$25.00	No, but AUR and PSR process applies	per appliance	Under 21 years of age; one unit per day	N/A
D8703	replacement of lost or broken retainer – maxillary	27	All	11, 12, 31, 32			\$142.50	Yes	per appliance	Under 23 years of age; one unit per day	N/A

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

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
G2064	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	09	All	11, 12			\$61.69	No	per procedure	once per calendar month	N/A
G2064	Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	31	All	11, 12			\$61.69	No	per procedure	once per calendar month	N/A
G2065	Comprehensive care management for a single high-risk disease services, e.g. Principal Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	01	183	22			\$30.90	No	per procedure	once per calendar month	N/A

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

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