

ISSUE DATE August 31, 2023	EFFECTIVE DATE September 5, 2023	NUMBER 99-23-09
SUBJECT 2023 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes	BY  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 advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule as a result of the 2023 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations, making fee adjustments, and prior authorization requirements. These changes are effective for dates of service on and after September 5, 2023.

SCOPE:

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

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of the 2023 updates published by the Centers for Medicare & Medicaid Services to the HCPCS. The Department is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations and making fee

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>.

adjustments. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

DISCUSSION:

Procedure Codes Being Added or End-dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2023 HCPCS updates. These procedure codes may include the modifiers 80 (assistant surgeon), SG (ASC/SPU facility support component), TC (technical component), 26 (professional component), NU (purchase), or RR (rental).

Procedure Codes and Modifiers				
15778	15778 (80)	30469	30469 (SG)	49591
49591 (SG)	49591 (80)	49592	49592 (SG)	49592 (80)
49593	49593 (SG)	49593 (80)	49594	49594 (SG)
49594 (80)	49595	49595 (SG)	49595 (80)	49596
49596 (80)	49613	49613 (SG)	49613 (80)	49614
49614 (SG)	49614 (80)	49615	49615 (SG)	49615 (80)
49616	49616 (80)	49617	49617 (80)	49618
49618 (80)	49621	49621 (80)	49622	49622 (80)
49623	49623 (80)	55867	55867 (80)	76883
76883 (TC)	76883 (26)	81449	81456	84433
87467	87468	87469	87478	87484
93569	93573	93574	93575	A4239
D0372	D0373	D0374	D7509	D7509 (SG)
D9953	E0183 (NU)	E0183 (RR)	E2103 (NU)	E2103 (RR)

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

Procedure Codes and Modifiers				
55874	55874 (SG)	81445	81450	81455
87563	87563 (FP)	92136	92136 (TC)	92136 (26)
99473	A4238	A4453	A4459	A4663
A4670	D4342	D4342 (SG)	E0766 (RR)	E2102 (NU)
E2102 (RR)	K0455 (NU)	K0455 (RR)		

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of the 2023 HCPCS updates:

Procedure Codes				
49560	49561	49565	49566	49568
49570	49572	49580	49582	49585
49587	49590	49652	49653	49654
49655	49656	49657	99217	99218
99219	99220	99224	99225	99226
99241	99251	99318	99324	99325
99326	99327	99328	99334	99335
99336	99337	99343	K0553	K0554

No new authorizations will be issued for the procedure codes being end-dated on and after September 5, 2023. For any of the above procedure codes that had a prior authorization issued before September 5, 2023, 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 September 5, 2024, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule will require prior authorization, as authorized under Section 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code (Code):

Procedure Codes		
84433	A4453	A4459

The following dental procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization, as authorized under Section 443.6(b)(5) of the Code:

Procedure Codes and Modifiers	
D4342	D4342 (SG)

The following durable medical equipment procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization. Procedure codes with the NU modifier require prior authorization for purchase, pursuant to Section 443.6(b)(2) of the Code and procedure codes with the RR modifier require prior authorization

after three months of rental pursuant to Section 443.6(b)(3) of the Code.

Procedure Codes and Modifiers			
E0183 (NU)	E0183 (RR)	K0455 (NU)	K0455 (RR)

The Department will require prior authorization for procedure code and modifier combination E0766 (RR) being added to the MA Program Fee Schedule with the first month's rental, as authorized under Section 443.6(b)(3) of the Code.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is updating the unit and service limitation to the following evaluation and management (E&M) procedure code as a result of clinical review and National Correct Coding Initiative edits as indicated below:

Procedure Code	Present Unit Limit	New Unit Limit	Present Limit	New Limit
99292	1:46	1:8	46 per day	8 per day

Application of Topical Fluoride Varnish

The Department is updating the service limitation for procedure code 99188 from "4 per calendar year" to "6 per calendar year" as a result of clinical review.

Laboratory Services

The Department is adjusting the MA Program fee for the following laboratory procedure code as 55 Pa. Code §1150.62(a) (relating to payment levels) requires that no MA fee exceed the Medicare Upper Payment Limit.

Procedure Code	Description	Current Fee	New Fee
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	\$93.14	\$45.63

Durable Medical Equipment and Medical Supplies

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

Procedure Code	Present Unit Limit	New Unit Limit	Present Service Limit	New Service Limit
A4224	1:1	1:5	Once per week	5 per calendar month
A4351	1:30	1:200	30 per 30 days	Any combination of A4351, A4352, A4353; 200 Intermittent Catheter per calendar month
A4352	1:30	1:200	30 per 30 days	
A4353	1:30	1:200	30 per 30 days	

The Department is adjusting the MA Program fees as identified below for the following medical supply procedure codes based on clinical review and provider request:

Procedure Code	Description	Current Fee	New Fee
A4224	Supplies for maintenance of insulin infusion catheter, per week	\$18.12	\$21.58
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$1.73	\$1.83
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$1.99	\$6.83
A4353	Intermittent urinary catheter, with insertion supplies	\$5.40	\$7.44
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	\$0.56	\$3.70

The Department is end-dating the U7 pricing modifier for medical supply procedure code A4353 as a result of clinical review as there is only one fee for this procedure code, so the pricing modifier is no longer necessary.

Dental Services

The Department will no longer require procedure codes D1310 and D1330 be billed together as a result of clinical review. Each procedure can now be billed separately.

The Department is updating the service limitation to include a lifetime limit for the following dental procedure code as a result of clinical review:

Procedure Code	Present Limit	New Limit
D1354	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year	1 per tooth per day, maximum of 10 teeth per day, 4 times per tooth per year, 6 times per tooth per lifetime

The Department is end-dating the following PT/Spec/Place of Service (POS) combinations, as indicated below, from dental procedure code D1354 with and without the SG modifier as these settings were determined to be clinically inappropriate for this service:

Procedure Code	End-dated PT/Spec/POS
D1354 (SG)	01 (Inpatient Hospital)/021 (Short Procedure Unit)/24 (Ambulatory Surgical Center)
	02 (Ambulatory Surgical Center)/020 (Ambulatory Surgical Center)/24
D1354	27 (Dentist)/All/21 (Inpatient Hospital)
	27/All/24

The Department is updating the unit limitation to the following dental procedure code as a result of clinical review:

Procedure Code	Present Unit Limit	New Unit Limit
D4341	1:4	1:2

The Department is updating the service limitations to the following dental procedure codes as a result of clinical review:

Procedure Code	Present Limit	New Limit
D1110	Any combination of D1110, D1120, D4346, D4910, for routine prophylaxis and periodontal maintenance, totaling 3 per year.	1 per 180 days
D1120		1 per 180 days
D4346		1 per 180 days
D4910		1 per 90 days

Fetal Non-Stress Test

The Department is adding POS 12 (Home) with modifier 26 for procedure code 59025 for PT/Spec combinations 31 (Physician)/All and 33 (Certified Nurse Midwife)/335 (Certified Nurse Midwife) as the Department determined this setting is appropriate for the performance of this service.

Telehealth – All Provider Types

The Department is adding POS 10 (Telehealth Provided in a Patient’s Home) for the following procedure codes and procedure code and modifier combinations for all PT/Spec combinations as the Department determined telehealth is appropriate for the performance of these services. These procedure codes may include modifiers FP, GN (speech pathology), HD (pregnant/parenting women’s program), HQ (group therapy), TC, TJ (Childhood Nutrition Weight Management Services), TM (School-Based ACCESS Program), UA (audiology), UB (pricing), U3 (pricing), U4 (pricing), U5 (pricing), U6 (pricing), U7, U8 (pricing), U9 (pricing), 24

(unrelated E&M service by the same physician or other qualified health care professional during a postoperative period), 25 (significant, separate identifiable E&M service by the same physician or other qualified health care professional on the same day of the procedure or other service), 26, 27(multiple outpatient hospital E&M encounters on the same date), 57(decision for surgery).

Procedure Codes and Modifiers with the Addition of POS 10			
77427	90791 (U3) (TM)	90791 (U4) (TM)	90832 (U3) (TM)
90853 (U3) (TM)	92002	92002 (24)	92002 (25)
92002 (27)	92002 (57)	92004	92004 (24)
92004 (25)	92004 (27)	92004 (57)	92012
92012 (24)	92012 (25)	92012 (27)	92012 (57)
92014	92014 (24)	92014 (25)	92014 (27)
92014 (57)	92507	92507 (U3) (TM)	92507 (U4) (TM) (UA)
92507 (U9) (TM) (HQ)	92507 (UB) (TM) (GN)	92508	92508 (U3) (TM)
92521 (U9)	92522 (U9)	92523 (U9)	92523 (U3) (TM)
92523 (U4) (TM) (GN)	92523 (U5) (TM)	92523 (U6) (TM)	92524 (U9)
92526	92550	92552	92553
92555	92556	92557	92563
92565	92567	92568	92570
92587	92587 (TC)	92587 (26)	92588
92588 (TC)	92588 (26)	92601	92602
92603	92604	92610	92625
92625 (52)	92626	92627	94002
94003	94004 (U7)	94664	95970
95971	95972	95983	95984
96040	96040 (24)	96040 (25)	96040 (27)
96040 (57)	96105	96105 (TC)	96105 (26)
96110	96112	96113	96125
96127	96130	96131	96132
96133	96136	96137	96156 (TJ)
96156 (U5) (TJ)	96156 (U3) (TM)	96156 (U4) (TM)	96158 (U3) (TJ)
96159 (U3) (TJ)	96160	96160 (FP)	96161
96164 (TJ)	96165 (TJ)	96167 (TJ)	96168 (TJ)
97110	97110 (U3) (TM)	97110 (U8) (TM) (HQ)	97112
97116	97129	97130	97161 (U8)
97162 (U8)	97162 (U3) (TM)	97163 (U8)	97164 (U8)
97164 (U3) (TM)	97165 (U8)	97166 (U8)	97166 (U3) (TM)
97167 (U8)	97168 (U8)	97168 (U3) (TM)	97530
97530 (U7)	97530 (U3) (TM)	97530 (U8) (TM) (HQ)	97550
97755	99188	G0108	G0109
G9016 (HD)	H0004 (U8) (HD)	H0004 (U9) (HD)	H0031 (U3) (TM)
H0031 (U4) (TM)	H0046 (U3) (TM)	H0046 (U7) (TM)	H0046 (U7) (TM) (HQ)
H1002 (HD)	H2027 (TM) (HQ)	H2027 (U3) (TM)	S9152
S9152 (U3) (TM)	S9152 (U4) (TM)	S9436 (HD)	S9437 (HD)
S9444 (HD)	S9451 (HD)	S9470 (U3) (TJ)	S9470 (U7) (HD)
T1023	T1023 (U3) (TM)	D0140	D1206
D1310	D1320	D1330	

The Department is end-dating the POS 02 (Telehealth Provided Other than in a Patient's Home) for all provider types for the following procedure codes and procedure code and modifier combinations as the Department determined that telehealth is not appropriate for these services. These procedure codes may include modifiers TC, TM, U1 (pricing), U3, U7, 22 (increased procedural services), 52 (incomplete EPSDT screen), 26:

Procedure Codes and Modifiers				
90993 (U7)	90993 (U7) (22)	92630	92633	93224
93226	93227	93228	93268	93270
93271	93272	93278	93278 (TC)	93278 (26)
93292	93292 (TC)	93292 (26)	93293	93293 (TC)
93293 (26)	93294	93295	93296	93297
93298	93724	93724 (TC)	93724 (26)	93750
94010	94010 (TC)	94010 (26)	94060	94060 (TC)
94060 (26)	94150	94150 (TC)	94150 (26)	94200
94200 (TC)	94200 (26)	94375	94375 (TC)	94375 (26)
94642	94644	94645	94660	94662
94680	94680 (TC)	94680 (26)	94681	94681 (TC)
94681 (26)	94690	94690 (TC)	94690 (26)	94726
94726 (TC)	94726 (26)	94727	94727 (TC)	94727 (26)
94728	94728 (TC)	94728 (26)	94729	94729 (TC)
94729 (26)	94760	94761	94772	94777
95004	95017	95018	95024	95027
95028	95044	95070	95076	95079
95115	95117	95165	95180	95250
95251	95782	95782 (TC)	95782 (26)	95783
95783 (TC)	95783 (26)	95805	95805 (TC)	95805 (26)
95807	95807 (TC)	95807 (26)	95808	95808 (TC)
95808 (26)	95810	95810 (TC)	95810 (26)	95811
95811 (TC)	95811 (26)	95812	95812 (TC)	95812 (26)
95813	95813 (TC)	95813 (26)	95816	95816 (TC)
95816 (26)	95819	95819 (TC)	95819 (26)	95822
96110 (U1)	96161 (52)	97533 (U3) (TM)	99172 (U3) (TM)	99172 (U4) (TM)
99173	99490	99491	99499	G2066
S0618	T1002 (U3) (TM)			

The Department is end-dating the GT (telemedicine) modifier for the following procedure codes, as a result of the addition of POS 02 and POS 10 to indicate the use of telehealth, for services that the Department has determined are appropriate for delivery via telehealth:

Procedure Codes				
90791	90832	90853	92521	92522
92523	92524	97161	97162	97163
97164	97165	97166	97167	97168
S9152				

Service Limits

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

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

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

PROCEDURE:

Attached is the list of procedure code updates resulting from the implementation of the 2023 HCPCS updates, effective September 5, 2023. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a “Yes” under the “Prior Authorization Required” heading.

In addition to the information listed above, the attachment includes the number of postoperative days associated with newly added surgical services. The 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>.

ATTACHMENT:

2023 HCPCS and Other Procedure Code Updates, Effective September 5, 2023

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

2023 HCPCS and Other Procedure Code Updates, Effective September 5, 2023

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2023 HCPCS updates. The second section includes the procedure codes being added based on provider requests or clinical review. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2023 HCPCS updates and by clinical review. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	31	ALL	21			\$301.02	No, but AUR and PSR process applies	per procedure	once per day	0 days
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	31	ALL	21	80		\$48.16	No, but AUR and PSR process applies	per procedure	once per day	0 days
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	31	ALL	21, 24, 99			\$117.49	No, but AUR and PSR process applies	per procedure	once per day	0 days
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	31	ALL	21, 24			\$267.76	No, but AUR and PSR process applies	per procedure	once per day	0 days
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	31	ALL	21, 24	80		\$42.84	No, but AUR and PSR process applies	per procedure	once per day	0 days
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	31	ALL	21, 24			\$372.76	No, but AUR and PSR process applies	per procedure	once per day	0 days

49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	31	ALL	21, 24	80		\$59.64	No, but AUR and PSR process applies	per procedure	once per day	0 days
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	31	ALL	21, 24			\$449.09	No, but AUR and PSR process applies	per procedure	once per day	0 days
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	31	ALL	21, 24	80		\$71.85	No, but AUR and PSR process applies	per procedure	once per day	0 days
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	31	ALL	21, 24			\$584.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	31	ALL	21, 24	80		\$93.57	No, but AUR and PSR process applies	per procedure	once per day	0 days
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	31	ALL	21, 24			\$603.87	No, but AUR and PSR process applies	per procedure	once per day	0 days

49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	31	ALL	21, 24	80		\$96.62	No, but AUR and PSR process applies	per procedure	once per day	0 days
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	31	ALL	21			\$802.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	31	ALL	21	80		\$128.34	No, but AUR and PSR process applies	per procedure	once per day	0 days
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	31	ALL	21, 24			\$330.12	No, but AUR and PSR process applies	per procedure	once per day	0 days
49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	31	ALL	21, 24	80		\$52.82	No, but AUR and PSR process applies	per procedure	once per day	0 days
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	31	ALL	21, 24			\$448.06	No, but AUR and PSR process applies	per procedure	once per day	0 days
49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	31	ALL	21, 24	80		\$71.69	No, but AUR and PSR process applies	per procedure	once per day	0 days
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	31	ALL	21, 24			\$501.14	No, but AUR and PSR process applies	per procedure	once per day	0 days
49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	31	ALL	21, 24	80		\$80.18	No, but AUR and PSR process applies	per procedure	once per day	0 days
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	31	ALL	21			\$673.24	No, but AUR and PSR process applies	per procedure	once per day	0 days
49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	31	ALL	21	80		\$107.72	No, but AUR and PSR process applies	per procedure	once per day	0 days
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	31	ALL	21			\$693.59	No, but AUR and PSR process applies	per procedure	once per day	0 days
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible	31	ALL	21	80		\$110.97	No, but AUR and PSR process applies	per procedure	once per day	0 days
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	31	ALL	21			\$972.07	No, but AUR and PSR process applies	per procedure	once per day	0 days
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	31	ALL	21	80		\$155.53	No, but AUR and PSR process applies	per procedure	once per day	0 days
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	31	ALL	21			\$581.98	No, but AUR and PSR process applies	per procedure	once per day	0 days
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	31	ALL	21	80		\$93.12	No, but AUR and PSR process applies	per procedure	once per day	0 days
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	31	ALL	21			\$718.35	No, but AUR and PSR process applies	per procedure	once per day	0 days
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	31	ALL	21	80		\$114.94	No, but AUR and PSR process applies	per procedure	once per day	0 days

49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	31	ALL	21, 24			\$154.96	No, but AUR and PSR process applies	per procedure	once per day	0 days
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	31	ALL	21, 24	80		\$24.79	No, but AUR and PSR process applies	per procedure	once per day	0 days
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	31	ALL	21			\$815.08	No, but AUR and PSR process applies	per procedure	once per day	90 days
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	31	ALL	21	80		\$130.41	No, but AUR and PSR process applies	per procedure	once per day	90 days
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	01	016, 017	23			\$56.53	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	01	016, 017	23	TC		\$11.12	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	01	183	22			\$56.53	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	01	183	22	TC		\$11.12	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	08	082	49			\$56.53	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	08	082	49	TC		\$11.12	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	31	ALL	11			\$56.53	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	31	ALL	11	TC		\$11.12	No	per procedure	once per extremity per day	N/A
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	31	ALL	11, 21, 22, 23, 49	26		\$45.41	No, but AUR and PSR process applies	per procedure	once per extremity per day	N/A
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	01	183	22			\$478.33	No	per test	once per day	N/A
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis	28	280	81			\$478.33	No	per test	once per day	N/A

81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	01	183	22			\$2,335.68	No	per test	once per day	N/A
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	28	280	81			\$2,335.68	No	per test	once per day	N/A
84433	Thiopurine S-methyltransferase (TPMT)	01	183	22			\$17.74	Yes	per test	per medical necessity	N/A
84433	Thiopurine S-methyltransferase (TPMT)	28	280	81			\$17.74	Yes	per test	per medical necessity	N/A
87467	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	01	016, 017	23			\$12.04	No	per test	once per day	N/A
87467	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	01	183	22			\$12.04	No	per test	once per day	N/A
87467	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative	28	280	81			\$12.04	No	per test	once per day	N/A
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A

87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	31	ALL	21, 24, 99			\$29.45	No, but AUR and PSR process applies	per procedure	once per day	N/A
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	31	ALL	21, 24, 99			\$49.08	No, but AUR and PSR process applies	per procedure	once per day	N/A
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	31	ALL	21, 24, 99			\$54.14	No, but AUR and PSR process applies	per procedure	four per day	N/A
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	31	ALL	21, 24, 99			\$72.43	No, but AUR and PSR process applies	per procedure	once per day	N/A
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	24	240, 241, 242, 243, 245	11, 12			\$204.01	No	per month supply	one per 30 days	N/A
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	25	250	11, 12			\$204.01	No	per month supply	one per 30 days	N/A
D0372	intraoral tomosynthesis - comprehensive series of radiographic images; A radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas and alveolar bone including edentulous areas.	27	ALL	11, 12, 31, 32			\$45.00	No	per series	one series per five years per patient	N/A
D0373	intraoral tomosynthesis - bitewing radiographic image	27	ALL	11, 12, 31, 32			\$8.00	No	per image	four images per day	N/A
D0374	intraoral tomosynthesis - periapical radiographic image	27	ALL	11, 12, 31, 32			\$8.00	No	per image	11 images per day	N/A
D7509	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D7509	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D7509	marsupialization of odontogenic cyst; Surgical decompression of a large cystic lesion by creating a long-term open pocket or pouch.	27	ALL	11, 21, 24			\$40.00	No, but AUR and PSR process applies	per lesion	two lesions per day	N/A
D9953	reline custom sleep apnea appliance (indirect); Resurface dentition side of appliance with new soft or hard base material as required to restore original form and function.	27	ALL	11, 12, 31, 32			\$100.00	No	per procedure	one procedure per appliance per two years at least 180 days post placement.	N/A
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	24	240, 241, 242, 243, 245	11, 12	RR		\$16.81	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	24	240, 241, 242, 243, 245	11, 12	NU		\$168.00	Yes	each	one per 1095 days (three years)	N/A

E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	25	250	11, 12	RR		\$16.81	No, but PA required after 3 months rental	each	one per calendar month	N/A
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	25	250	11, 12	NU		\$168.00	Yes	each	one per 1095 days (three years)	N/A
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	24	240, 241, 242, 243, 245	11, 12	RR		\$20.25	No	each	one per calendar month	N/A
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	24	240, 241, 242, 243, 245	11, 12	NU		\$202.48	No	each	one per three calendar years	N/A
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	25	250	11, 12	RR		\$20.25	No	each	one per calendar month	N/A
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	25	250	11, 12	NU		\$202.48	No	each	one per three calendar years	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUEST OR CLINICAL REVIEW											
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	31	ALL	21, 24			\$127.45	No, but AUR and PSR process applies	per procedure	once per day	0 days
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	01	183	22			\$478.33	No	per test	once per day	N/A
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis or combined DNA and RNA analysis	28	280	81			\$478.33	No	per test	once per day	N/A
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	01	183	22			\$607.62	No	per test	once per day	N/A
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	28	280	81			\$607.62	No	per test	once per day	N/A

81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	01	183	22			\$2,335.68	No	per test	once per day	N/A
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	28	280	81			\$2,335.68	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	016, 017	23			\$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22			\$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	01	183	22		FP	\$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	08	083	22, 49		FP	\$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81			\$28.07	No	per test	once per day	N/A
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	28	280	81		FP	\$28.07	No	per test	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	01	183	22			\$36.39	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	01	183	22	TC		\$12.90	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	08	082	49			\$36.39	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	08	082	49	TC		\$12.90	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	18	180	11			\$36.39	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	18	180	11	TC		\$12.90	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	18	180	11	26		\$23.49	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	31	ALL	11			\$36.39	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	31	ALL	11	TC		\$12.90	No	per procedure	once per day	N/A
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	31	ALL	11, 21, 22, 49	26		\$23.49	No, but AUR and PSR process applies	per procedure	once per day	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	01	183	22			\$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	08	082	49			\$9.61	No	per procedure	once per device	N/A

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	09	ALL	11, 12			\$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	10	100	11, 12			\$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	31	ALL	11, 12			\$9.61	No	per procedure	once per device	N/A
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	33	335	11, 12			\$9.61	No	per procedure	once per device	N/A
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	24	240, 241, 242, 243, 245	11, 12			\$209.56	No	per monthly supply	one per 30 days	N/A
A4238	Supply allowance for adjunctive, nonimplanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service	25	250	11, 12			\$209.56	No	per monthly supply	one per 30 days	N/A
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	24	240, 241, 242, 243, 245	11, 12			\$19.07	Yes	each	30 per calendar month	N/A
A4453	Rectal catheter for use with the manual pump-operated enema system, replacement only	25	250	11, 12			\$19.07	Yes	each	30 per calendar month	N/A
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	24	240, 241, 242, 243, 245	11, 12			\$204.75	Yes	each	one per 90 days	N/A
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	25	250	11, 12			\$204.75	Yes	each	one per 90 days	N/A
A4663	Blood pressure cuff only	24	240, 241, 242, 243, 245	11, 12			\$27.20	No	each	one per three calendar years	N/A
A4663	Blood pressure cuff only	25	250	11, 12			\$27.20	No	each	one per three calendar years	N/A
A4663	Blood pressure cuff only	31	ALL	11			\$27.20	No	each	one per three calendar years	N/A
A4670	Automatic blood pressure monitor	24	240, 241, 242, 243, 245	11, 12			\$73.88	No	each	one per three calendar years	N/A
A4670	Automatic blood pressure monitor	25	250	11, 12			\$73.88	No	each	one per three calendar years	N/A
A4670	Automatic blood pressure monitor	31	ALL	11			\$73.88	No	each	one per three calendar years	N/A
D4342	periodontal scaling and root planing - one to three teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	01	021	24	SG		\$776.00	Yes		N/A	N/A

D4342	periodontal scaling and root planing - one to three teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	02	020	24	SG		\$776.00	Yes		N/A	N/A
D4342	periodontal scaling and root planing - one to three teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	27	ALL	11, 12, 21, 24, 31, 32			\$72.89	Yes	per procedure	one - four quadrants per day; up to four different quadrants in 24 months	N/A
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	24	240, 241, 242, 243, 245	11, 12	RR		\$12,231.55	Yes, PA required with first months rental.	each	one per calendar month	N/A
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	25	250	11, 12	RR		\$12,231.55	Yes, PA required with first months rental.	each	one per calendar month	N/A
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	24	240, 241, 242, 243, 245	11, 12	RR		\$15.38	No	each	one per calendar month	N/A
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	24	240, 241, 242, 243, 245	11, 12	NU		\$153.71	No	each	one per three calendar years	N/A
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	25	250	11, 12	RR		\$15.38	No	each	one per calendar month	N/A
E2102	Adjunctive, nonimplanted continuous glucose monitor (CGM) or receiver	25	250	11, 12	NU		\$153.71	No	each	one per three calendar years	N/A
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	24	240, 241, 242, 243, 245	11, 12	RR		\$239.52	No, but PA required after 3 months rental	each	one per calendar month	N/A
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	24	240, 241, 242, 243, 245	11, 12	NU		\$2,863.67	Yes	each	one per three calendar years	N/A
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	25	250	11, 12	RR		\$239.52	No, but PA required after 3 months rental	each	one per calendar month	N/A
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	25	250	11, 12	NU		\$2,863.67	Yes	each	one per three calendar years	N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2023 UPDATES OR BY CLINICAL REVIEW											
59025	Fetal non-stress test	01	016, 017	23			\$17.50	No	per test	once per day	N/A

59025	Fetal non-stress test	01	016, 017	23	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	01	183	22			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	01	183	22	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	08	082	49			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	08	052	49	TC		\$4.72	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	12	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	15	26	U2	\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	ALL	15		U2	\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	31	316	11			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	31	316	21, 22, 23, 49, 99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	318	11			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	31	318	21, 22, 23, 49, 99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	31	328	11			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	31	328	21, 22, 23, 49, 99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	11			\$17.50	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	12, 21, 22, 23, 49, 99	26		\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	15	26	U2	\$12.78	No	per test	once per day	N/A
59025	Fetal non-stress test	33	335	15			\$17.50	No	per test	once per day	N/A
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	01	183	22			\$45.63	Yes	per test	once per lifetime	N/A
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	28	280	81			\$45.63	Yes	per test	once per lifetime	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	09	ALL	02, 10, 11, 12, 99			\$18.00	No	per application	six per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	09	ALL	15		U2	\$18.00	No	per application	six per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	10	100	02, 10, 11, 12, 99			\$18.00	No	per application	six per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	10	100	15		U2	\$18.00	No	per application	six per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	31	ALL	02, 10, 11, 12, 99			\$18.00	No	per application	six per calendar year	N/A
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	31	ALL	15		U2	\$18.00	No	per application	six per calendar year	N/A
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	01	017	23			\$74.40	No	per 30 minutes	eight per day	N/A
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	31	ALL	21, 23			\$74.40	No	per 30 minutes	eight per day	N/A
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	31	ALL	21, 23	TH		\$74.40	No	per 30 minutes	eight per day	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	05	250	12			\$21.58	No	per week supply	five per calendar month	N/A

A4224	Supplies for maintenance of insulin infusion catheter, per week	24	240, 241, 242, 243, 245	11, 12			\$21.58	No	per week supply	five per calendar month	N/A
A4224	Supplies for maintenance of insulin infusion catheter, per week	25	250	11, 12			\$21.58	No	per week supply	five per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	05	250	12			\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	24	240, 241, 242, 243, 245	11, 12			\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	25	250	11, 12			\$1.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	05	250	12			\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	24	240, 241, 242, 243, 245	11, 12			\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	25	250	11, 12			\$6.83	No	each	200 intermittent urinary catheters per calendar month	N/A
A4353	Intermittent urinary catheter, with insertion supplies	05	250	12			\$7.44	No	each	200 intermittent urinary catheters per calendar month	N/A

A4353	Intermittent urinary catheter, with insertion supplies	24	240, 241, 242, 243, 245	11, 12			\$7.44	No	each	200 intermittent urinary catheters per calendar month	N/A
A4353	Intermittent urinary catheter, with insertion supplies	25	250	11, 12			\$7.44	No	each	200 intermittent urinary catheters per calendar month	N/A
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	05	250	12			\$3.70	No	each	60 per 30 days	N/A
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	24	240, 241, 242, 243, 245	11, 12			\$3.70	No	each	60 per 30 days	N/A
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	25	250	11, 12			\$3.70	No	each	60 per 30 days	N/A
D0140	limited oral evaluation - problem focused; An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.	27	ALL	02, 10, 11, 12, 21, 23, 31, 32, 99			\$55.22	No, but AUR and PSR process applies	per visit	one oral evaluation per day	N/A
D1206	topical application of fluoride varnish	27	ALL	02, 10, 11, 12, 21, 24, 31, 32, 99			\$18.00	No, but AUR and PSR process applies	per procedure	six procedures per calendar year	N/A
D1310	nutritional counseling for control of dental disease; Counseling on food selection and dietary habits as a part of treatment and control of periodontal disease and caries.	27	ALL	02, 10, 11, 12, 31, 32, 99			\$10.87	No	per visit	one per 180 days	N/A
D1320	tobacco counseling for the control and prevention of oral disease; Tobacco prevention and cessation services reduce patient risks of developing tobacco-related oral diseases and conditions and improves prognosis for certain dental therapies.	27	370	02, 10, 11, 12, 31, 32, 99			\$19.33	No	per visit	one per day, 70 per calendar year	N/A
D1330	oral hygiene instructions; This may include instructions for home care. Examples include tooth brushing technique, flossing, use of special oral hygiene aids.	27	ALL	02, 10, 11, 12, 31, 32, 99			\$11.08	No	per visit	one per 180 days	N/A
D1354	application of caries arresting medicament-per tooth; Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.	27	ALL	11, 12, 31, 32, 99			\$25.00	No	per tooth	one per tooth per day; maximum of ten teeth per day; four times per tooth per year; six times per tooth per lifetime.	N/A

D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	01	021	24	SG		\$776.00	Yes		N/A	N/A
D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	02	020	24	SG		\$776.00	Yes		N/A	N/A
D4341	periodontal scaling and root planing - four or more teeth per quadrant; This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and/or as a part of pre-surgical procedures in others.	27	ALL	11, 12, 21, 24, 31, 32			\$75.00	Yes	per procedure	one - two quadrants per day; up to four different quadrants in 24 months	N/A
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

D4346	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation; The removal of plaque, calculus and stains from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation in the absence of periodontitis. It is indicated for patients who have swollen, inflamed gingiva, generalized suprabony pockets, and moderate to severe bleeding on probing. Should not be reported in conjunction with prophylaxis, scaling and root planing, or debridement procedures	27	ALL	11, 12, 21, 24, 31, 32			\$43.20	No, but AUR and PSR process applies	per procedure	one per 180 days	N/A
D4910	periodontal maintenance; This procedure is instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site specific scaling and root planing where indicated, and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered.	27	ALL	11, 12, 21, 24, 31, 32			\$44.00	Yes	per procedure	one per 90 days	N/A