

ISSUE DATE <p style="text-align: center;">May 28, 2024</p>	EFFECTIVE DATE <p style="text-align: center;">May 28, 2024</p>	NUMBER <p style="text-align: center;">99-24-03</p>
SUBJECT <p style="text-align: center;">2024 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes</p>		BY <p style="text-align: center;">Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs</p>

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 based upon the 2024 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 May 28, 2024.

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 (MCO).

BACKGROUND:

The Department is adding and end-dating procedure codes based upon the 2024 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

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p style="text-align: center;">The appropriate toll-free number for your provider type.</p> <p style="text-align: center;">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.</p>

currently on the MA Program Fee Schedule, to include setting limitations and making fee 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 based upon the 2024 HCPCS updates. These procedure codes may include the modifiers SG (ASC/SPU facility support component), RT (right), LT (left), 50 (bilateral), 26 (professional component), FP (family planning), or FQ (audio-only communication technology).

Procedure Codes and Modifiers					
58580	58580 (SG)	61889 (RT)	61889 (LT)	61889 (50)	61891 (SG)
61891 (RT)	61891 (LT)	61891 (50)	61892 (SG)	61892 (RT)	61892 (LT)
61892 (50)	76984 (26)	76987 (26)	76988 (26)	76989 (26)	81457
81458	81459	81517	86041	86042	86043
92622	92623	93584	93585	93586	93587
93588	A4287	D2991	G0136	G0136 (FP)	G0136 (FQ)

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon the 2024 HCPCS updates. These codes are for lymphedema compression treatment items and are only to be used when an ICD-10 diagnosis of lymphedema is on the claim. These procedure codes may include the modifiers RT or LT.

Procedure Codes					
A6520 (RT)	A6520 (LT)	A6522 (RT)	A6522 (LT)	A6524 (RT)	A6524 (LT)
A6526 (RT)	A6526 (LT)	A6528	A6552 (RT)	A6552 (LT)	A6554 (RT)
A6554 (LT)	A6566	A6568	A6570	A6572 (RT)	A6572 (LT)
A6575 (RT)	A6575 (LT)	A6578 (RT)	A6578 (LT)	A6581 (RT)	A6581 (LT)
A6582 (RT)	A6582 (LT)	A6583 (RT)	A6583 (LT)	A6585 (RT)	A6585 (LT)
A6586 (RT)	A6586 (LT)	A6587 (RT)	A6587 (LT)	A6588 (RT)	A6588 (LT)
A6589	A6594 (RT)	A6594 (LT)	A6595 (RT)	A6595 (LT)	A6596
A6597	A6598	A6599	A6600	A6601	A6602
A6603	A6604	A6605	A6606	A6607	A6608

The Department is adding the following procedure codes to the MA Program Fee Schedule based upon clinical review. Procedure code 61886 may include the modifier SG.

Procedure Codes and Modifiers				
61886	61886 (SG)	90867	90868	90869

93241	93245	93246	93247	93248
A2019	D0190	D0191	Q4158	

The Department added the following procedure codes to the MA Program Fee Schedule based upon clinical review, effective for dates of service on and after January 1, 2024.

Procedure Codes		
87428	87428 (QW)	90694

The Department is end-dating the following procedure codes from the MA Program Fee Schedule based upon the 2024 HCPCS updates.

Procedure Codes			
0014M	74710	G2066	K1005

The Department will not approve any prior authorization requests for procedure codes being end-dated after May 27, 2024. For any of the above procedure codes that had a prior authorization issued before May 28, 2024, providers should submit claims using the end-dated procedure code, as set forth in the prior authorization notice issued by the Department. The Department will accept claims with the end-dated procedure codes until May 28, 2025, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as authorized under to 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.

Procedure Codes	
A2019	Q4158

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is opening the following Provider Type (PT)/Specialty (Spec)/Place of Service (POS) combinations for the identified procedure codes with and without the TC (technical component) modifier as indicated below based upon clinical review to align with national coding changes.

Procedure Codes and Modifier	New PT/Spec/POS
93297	01 (Inpatient Facility)/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital)
	08 (Clinic)/082 (Independent Medical/Surgical Clinic)/ 49 (Independent Clinic)
93297 (TC)	01/183/22
	08/082/49
	31 (Physician)/All/11(Office)
93298	01/183/22
	08/082/49
93298 (TC)	01/183/22
	08/082/49
	31/All/11

The Department is adding the 26 modifier for the following PT/Spec/POS combinations for the procedure codes indicated below based upon clinical review.

Procedure Codes and Modifier	New PT/Spec/POS
93297 (26)	31/All/11
	31/All/21 (Inpatient Hospital)
	31/All/22
	31/All/31 (Skilled Nursing Facility)
	31/All/32 (Nursing Facility)
	31/All/49
93298 (26)	31/All/11
	31/All/21
	31/All/22
	31/All/31
	31/All/32
	31/All/49

The Department is end-dating the following PT/Spec/POS combinations for the below procedure codes without a modifier for the following procedure codes based upon clinical review to align with national coding changes.

Procedure Codes	End-dated PT/Spec/POS
93297	31/All/21
	31/All/22
	31/All/31
	31/All/32
	31/All/49

93298	31/All/21
	31/All/22
	31/All/31
	31/All/32
	31/All/49

The Department is adjusting the MA Program fees for the following procedure codes when submitted without a modifier for PT/Spec/POS combination 31/All/11 as indicated below.

Procedure Codes	PT/Spec/POS	Former Fee	New Fee
93297	31/All/11	\$20.64	\$44.94
93298	31/All/11	\$22.86	\$75.06

The Department is end-dating POS 27 (Outreach Site/Street) for PT/Spec 31/All for procedure codes 93297 and 93298 as this setting was determined not to be clinically appropriate for these services.

Durable Medical Equipment (DME) and Medical Supplies

The Department is adjusting the limits for the following procedure code, as indicated below, to align with similar codes that were addressed in the 2023 HCPCS update.

Procedure Code	Former Limit	New Limit
A4660	1 per 5 calendar years	1 per 3 calendar years

The Department is removing the 50 modifier from the following PT/Spec/POS combinations for the procedure codes listed below based upon clinical review.

Procedure Codes	PT/Spec/POS
A6530	24 (Pharmacy)/240 (Independent)/11, 24/240/12 (Home)
A6531	
A6532	24/241 (Institutional Independent)/11, 24/241/12
A6533	
A6534	24/242 (Chain)/11, 24/242/12
A6535	
A6536	24/243 (Institutional Chain)/11, 24/243/12
A6537	
A6538	24/245 (Mail Order)/11, 24/245/12
A6545	
S8424	25 (DME/Medical Supplies)/250 (DME/Medical Supplies)/11, 25/250/12
S8428	

The Department is updating the unit limitations for the following procedure codes based upon the 2024 HCPCS updates and clinical review. As noted in the chart below, some procedure codes require an ICD-10 diagnosis of lymphedema.

Procedure Code	ICD-10 Code for Lymphedema	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit
A6530	Yes	1:2	1:3
A6531	No	1:2	1:3
A6532	No	1:2	1:3
A6533	Yes	1:2	1:3
A6534	Yes	1:2	1:3
A6535	Yes	1:2	1:3
A6536	Yes	1:2	1:3
A6537	Yes	1:2	1:3
A6538	Yes	1:2	1:3
A6539	Yes	1:2	1:3
A6540	Yes	1:2	1:3
A6541	Yes	1:2	1:3
A6545	No	1:2	1:2
S8424	No	1:2	1:3
S8428	No	1:2	1:3

The Department is updating limits into the combined groupings as indicated below for the following procedure codes based upon the 2024 HCPCS update.

Procedure Codes	Limit
A6524, A6526	Lower Extremity Nighttime Compression Garments with a Combined Limit of 1 Per Right Side and 1 Per Left Per 365 days
A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6545, A6552, A6554, A6583, A6585, A6586	Lower Extremity Compression Garments with a Combined Limit of 3 Per Right Side and 3 Per Left Side per 180 Days

A6539, A6540, A6541	Combined Limit of 3 per 6 calendar months
A6575, A6578, A6581, A6582, A6588, S8424, S8428	Upper Extremity Compression Garments with a Combined Limit of 3 Per Right Side and 3 Per Left Side per 180 Days

Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (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.

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

PROCEDURE:

Attached is the list of procedure code updates, effective May 28, 2024. 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.

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:

2024 HCPCS and Other Procedure Code Updates

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2024 HCPCS and Other Procedure Code Updates**

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 2024 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 2024 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
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	01	Specialty	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	31	All	21, 24			\$304.18	No, but AUR and PSR process applies	per procedure	once per day	10 days
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	31	All	21		RT-LT-50	\$969.90	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	31	All	21, 24		RT-LT-50	\$458.30	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days

61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	31	All	21, 24		RT-LT-50	\$631.31	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	31	All	21	26		\$23.48	No, but AUR and PSR process applies	per procedure	once per day	N/A
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	31	All	21	26		\$71.86	No, but AUR and PSR process applies	per procedure	once per day	N/A
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	31	All	21	26		\$45.75	No, but AUR and PSR process applies	per procedure	once per day	N/A
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	31	All	21	26		\$26.83	No, but AUR and PSR process applies	per procedure	once per day	N/A
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	01	183	22			\$502.35	No	per test	once per day	N/A
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	28	280	81			\$502.35	No	per test	once per day	N/A
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	01	183	22			\$502.35	No	per test	once per day	N/A
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	28	280	81			\$502.35	No	per test	once per day	N/A

81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	01	183	22			\$510.29	No	per test	once per day	N/A
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	28	280	81			\$510.29	No	per test	once per day	N/A
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	01	183	22			\$140.95	No	per test	once per day	N/A
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	28	280	81			\$140.95	No	per test	once per day	N/A
86041	Acetylcholine receptor (AChR); binding antibody	01	183	22			\$14.72	No	per test	once per day	N/A
86041	Acetylcholine receptor (AChR); binding antibody	28	280	81			\$14.72	No	per test	once per day	N/A
86042	Acetylcholine receptor (AChR); blocking antibody	01	183	22			\$14.72	No	per test	once per day	N/A
86042	Acetylcholine receptor (AChR); blocking antibody	28	280	81			\$14.72	No	per test	once per day	N/A
86043	Acetylcholine receptor (AChR); modulating antibody	01	183	22			\$9.64	No	per test	once per day	N/A
86043	Acetylcholine receptor (AChR); modulating antibody	28	280	81			\$9.64	No	per test	once per day	N/A
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	20	200, 220	11			\$49.98	No	first 60 minutes	once per day	N/A
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	31	All	11, 21			\$49.98	No, but AUR and PSR process applies	first 60 minutes	once per day	N/A
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	20	200, 220	11			\$13.26	No	per 15 minutes	two per day	N/A

92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	31	All	11, 21			\$13.26	No, but AUR and PSR process applies	per 15 minutes	two per day	N/A
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$44.30	No, but AUR and PSR process applies	per procedure	once per day	N/A
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$41.74	No, but AUR and PSR process applies	per procedure	once per day	N/A
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$52.75	No, but AUR and PSR process applies	per procedure	once per day	N/A
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$77.85	No, but AUR and PSR process applies	per procedure	once per day	N/A
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	31	All	21, 24, 99			\$78.62	No, but AUR and PSR process applies	per procedure	once per day	N/A
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	24	240, 241, 242, 243, 245	11, 12			\$0.21	No	each	300 per three months	N/A
A4287	Disposable collection and storage bag for breast milk, any size, any type, each	25	250	11, 12			\$0.21	No	each	300 per three months	N/A

A6520	Gradient compression garment, glove, padded, for nighttime use, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$95.63	No	each	one per R side and one per L side per 365 days	N/A
A6520	Gradient compression garment, glove, padded, for nighttime use, each	25	250	11, 12		RT-LT	\$95.63	No	each	one per R side and one per L side per 365 days	N/A
A6522	Gradient compression garment, arm, padded, for nighttime use, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$232.38	No	each	one per R side and one per L side per 365 days	N/A
A6522	Gradient compression garment, arm, padded, for nighttime use, each	25	250	11, 12		RT-LT	\$232.38	No	each	one per R side and one per L side per 365 days	N/A
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$289.91	No	each	one per R side and one per L side per 365 days	N/A
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	25	250	11, 12		RT-LT	\$289.91	No	each	one per R side and one per L side per 365 days	N/A
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$524.14	No	each	one per R side and one per L side per 365 days	N/A
A6526	Gradient compression garment, full leg and foot, padded, for nighttime use, each	25	250	11, 12		RT-LT	\$524.14	No	each	one per R side and one per L side per 365 days	N/A
A6528	Gradient compression garment, bra, for nighttime use, each	24	240, 241, 242, 243, 245	11, 12			\$504.00	No	each	two per 365 days	N/A
A6528	Gradient compression garment, bra, for nighttime use, each	25	250	11, 12			\$504.00	No	each	two per 365 days	N/A

A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$43.85	No	each	three per R side and three per L side, per 180 days	N/A
A6552	Gradient compression stocking, below knee, 30-40 mmhg, each	25	250	11, 12		RT-LT	\$43.85	No	each	three per R side and three per L side, per 180 days	N/A
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$60.29	No	each	three per R side and three per L side, per 180 days	N/A
A6554	Gradient compression stocking, below knee, 40 mmhg or greater, each	25	250	11, 12		RT-LT	\$60.29	No	each	three per R side and three per L side, per 180 days	N/A
A6566	Gradient compression garment, neck/head, each	24	240, 241, 242, 243, 245	11, 12			\$192.66	No	each	three per six calendar months	N/A
A6566	Gradient compression garment, neck/head, each	25	250	11, 12			\$192.66	No	each	three per six calendar months	N/A
A6568	Gradient compression garment, torso and shoulder, each	24	240, 241, 242, 243, 245	11, 12			\$125.74	No	each	three per six calendar months	N/A
A6568	Gradient compression garment, torso and shoulder, each	25	250	11, 12			\$125.74	No	each	three per six calendar months	N/A
A6570	Gradient compression garment, genital region, each	24	240, 241, 242, 243, 245	11, 12			\$85.68	No	each	three per six calendar months	N/A
A6570	Gradient compression garment, genital region, each	25	250	11, 12			\$85.68	No	each	three per six calendar months	N/A
A6572	Gradient compression garment, toe caps, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$79.50	No	each	three per R side and three per L side, per 180 days	N/A

A6572	Gradient compression garment, toe caps, each	25	250	11, 12		RT-LT	\$79.50	No	each	three per R side and three per L side, per 180 days	N/A
A6575	Gradient compression arm sleeve and glove combination, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$77.94	No	each	three per R side and three per L side, per 180 days	N/A
A6575	Gradient compression arm sleeve and glove combination, each	25	250	11, 12		RT-LT	\$77.94	No	each	three per R side and three per L side, per 180 days	N/A
A6578	Gradient compression arm sleeve, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$60.16	No	each	three per R side and three per L side, per 180 days	N/A
A6578	Gradient compression arm sleeve, each	25	250	11, 12		RT-LT	\$60.16	No	each	three per R side and three per L side, per 180 days	N/A
A6581	Gradient compression glove, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$55.20	No	each	three per R side and three per L side, per 180 days	N/A
A6581	Gradient compression glove, each	25	250	11, 12		RT-LT	\$55.20	No	each	three per R side and three per L side, per 180 days	N/A
A6582	Gradient compression gauntlet, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$36.82	No	each	three per R side and three per L side, per 180 days	N/A
A6582	Gradient compression gauntlet, each	25	250	11, 12		RT-LT	\$36.82	No	each	three per R side and three per L side, per 180 days	N/A

A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$121.10	No	each	three per R side and three per L side, per 180 days	N/A
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mmhg, each	25	250	11, 12		RT-LT	\$121.10	No	each	three per R side and three per L side, per 180 days	N/A
A6585	Gradient pressure wrap with adjustable straps, above knee, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$143.39	No	each	three per R side and three per L side, per 180 days	N/A
A6585	Gradient pressure wrap with adjustable straps, above knee, each	25	250	11, 12		RT-LT	\$143.39	No	each	three per R side and three per L side, per 180 days	N/A
A6586	Gradient pressure wrap with adjustable straps, full leg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$422.45	No	each	three per R side and three per L side, per 180 days	N/A
A6586	Gradient pressure wrap with adjustable straps, full leg, each	25	250	11, 12		RT-LT	\$422.45	No	each	three per R side and three per L side, per 180 days	N/A
A6587	Gradient pressure wrap with adjustable straps, foot, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$55.34	No	each	three per R side and three per L side, per 180 days	N/A
A6587	Gradient pressure wrap with adjustable straps, foot, each	25	250	11, 12		RT-LT	\$55.34	No	each	three per R side and three per L side, per 180 days	N/A
A6588	Gradient pressure wrap with adjustable straps, arm, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$184.43	No	each	three per R side and three per L side, per 180 days	N/A

A6588	Gradient pressure wrap with adjustable straps, arm, each	25	250	11, 12		RT-LT	\$184.43	No	each	three per R side and three per L side, per 180 days	N/A
A6589	Gradient pressure wrap with adjustable straps, bra, each	24	240, 241, 242, 243, 245	11, 12			\$72.81	No	each	three per six calendar months	N/A
A6589	Gradient pressure wrap with adjustable straps, bra, each	25	250	11, 12			\$72.81	No	each	three per six calendar months	N/A
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$26.51	No	each	three per R side and three per L side, per 180 days	N/A
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	25	250	11, 12		RT-LT	\$26.51	No	each	three per R side and three per L side, per 180 days	N/A
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$26.07	No	each	three per R side and three per L side, per 180 days	N/A
A6595	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	25	250	11, 12		RT-LT	\$26.07	No	each	three per R side and three per L side, per 180 days	N/A
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$0.14	No	each	18 per calendar month	N/A
A6596	Gradient compression bandaging supply, conforming gauze, per linear yard, any width, each	25	250	11, 12			\$0.14	No	each	18 per calendar month	N/A
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$1.18	No	each	18 per calendar month	N/A
A6597	Gradient compression bandage roll, elastic long stretch, linear yard, any width, each	25	250	11, 12			\$1.18	No	each	18 per calendar month	N/A

A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$0.57	No	each	18 per calendar month	N/A
A6598	Gradient compression bandage roll, elastic medium stretch, per linear yard, any width, each	25	250	11, 12			\$0.57	No	each	18 per calendar month	N/A
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$1.29	No	each	18 per calendar month	N/A
A6599	Gradient compression bandage roll, inelastic short stretch, per linear yard, any width, each	25	250	11, 12			\$1.29	No	each	18 per calendar month	N/A
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	24	240, 241, 242, 243, 245	11, 12			\$2.32	No	each	30 per calendar month	N/A
A6600	Gradient compression bandaging supply, high density foam sheet, per 250 square centimeters, each	25	250	11, 12			\$2.32	No	each	30 per calendar month	N/A
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	24	240, 241, 242, 243, 245	11, 12			\$2.61	No	each	30 per calendar month	N/A
A6601	Gradient compression bandaging supply, high density foam pad, any size or shape, each	25	250	11, 12			\$2.61	No	each	30 per calendar month	N/A
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$3.81	No	each	18 per calendar month	N/A
A6602	Gradient compression bandaging supply, high density foam roll for bandage, per linear yard, any width, each	25	250	11, 12			\$3.81	No	each	18 per calendar month	N/A
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	24	240, 241, 242, 243, 245	11, 12			\$1.78	No	each	30 per calendar month	N/A
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 square centimeters, each	25	250	11, 12			\$1.78	No	each	30 per calendar month	N/A
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	24	240, 241, 242, 243, 245	11, 12			\$1.04	No	each	30 per calendar month	N/A
A6604	Gradient compression bandaging supply, low density flat foam sheet, per 250 square centimeters, each	25	250	11, 12			\$1.04	No	each	30 per calendar month	N/A
A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$1.19	No	each	18 per calendar month	N/A

A6605	Gradient compression bandaging supply, padded foam, per linear yard, any width, each	25	250	11, 12			\$1.19	No	each	18 per calendar month	N/A
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$3.54	No	each	18 per calendar month	N/A
A6606	Gradient compression bandaging supply, padded textile, per linear yard, any width, each	25	250	11, 12			\$3.54	No	each	18 per calendar month	N/A
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$0.94	No	each	18 per calendar month	N/A
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yard, any width, each	25	250	11, 12			\$0.94	No	each	18 per calendar month	N/A
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	24	240, 241, 242, 243, 245	11, 12			\$3.94	No	each	18 per calendar month	N/A
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yard, any width, each	25	250	11, 12			\$3.94	No	each	18 per calendar month	N/A
D2991	application of hydroxyapatite regeneration medicament per tooth; Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	27	All	11, 12, 31, 32, 99			\$44.16	No	per tooth	once per tooth per lifetime	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	01	183	02, 10, 22			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	01	183	02, 10, 22	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	08	082	02, 10, 49			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	08	082	02, 10, 49	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	08	083	02, 10, 22, 49	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	09	All	02, 10, 11, 12, 27			\$6.90	No	per assessment	one per 180 days	N/A

G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	09	All	02, 10, 11, 12, 27	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	10	100	02, 10, 11, 12, 27			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	10	100	02, 10, 11, 12, 27	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	19	190	02, 10, 11, 27			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	19	190	02, 10	FQ		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	31	All	02, 10, 11, 12, 27			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	31	All	02, 10, 11, 12, 27	FP		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	31	339	02, 10	FQ		\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	33	335	02, 10, 11, 12, 27			\$6.90	No	per assessment	one per 180 days	N/A
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	33	335	02, 10, 11, 12, 27	FP		\$6.90	No	per assessment	one per 180 days	N/A
CODES BEING ADDED BASED UPON PROVIDER REQUEST OR CLINICAL REVIEW											
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A

61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	31	All	21, 24			\$675.14	No, but AUR and PSR process applies	per procedure	once per day	90 days
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	01	016, 017	23			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	01	016, 017	23		QW	\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	01	183	22			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	01	183	22		QW	\$30.94	No	per test	once per day	N/A

87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	08	082	49			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	08	082	49		QW	\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	09	All	11, 27			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	09	All	11, 27		QW	\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	10	100	11, 27			\$30.94	No	per test	once per day	N/A

87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	10	100	11, 27		QW	\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	28	280	81			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	28	280	81		QW	\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	31	All	11, 27			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	31	All	11, 27		QW	\$30.94	No	per test	once per day	N/A

87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	33	335	11, 27			\$30.94	No	per test	once per day	N/A
87428	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; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	33	335	11, 27		QW	\$30.94	No	per test	once per day	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	01	183	22			\$101.58	No	per procedure	once per initial treatment	0 days

90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	08	082	49			\$101.58	No	per procedure	once per initial treatment	0 days
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	08	110	49			\$101.58	No	per procedure	once per initial treatment	0 days
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	09	103	11			\$101.58	No	per procedure	once per initial treatment	0 days
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	31	All	11, 21, 24, 99			\$101.58	No, but AUR and PSR process applies	per procedure	once per initial treatment	0 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	01	183	22			\$19.89	No	per procedure	once per day	0 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	08	082	49			\$19.89	No	per procedure	once per day	0 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	08	110	49			\$19.89	No	per procedure	once per day	0 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	09	103	11			\$19.89	No	per procedure	once per day	0 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	31	All	11, 21, 24, 99			\$19.89	No, but AUR and PSR process applies	per procedure	once per day	0 days
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	01	183	22			\$83.89	No	per procedure	once per day	0 days
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	08	082	49			\$83.89	No	per procedure	once per day	0 days

90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	08	110	49			\$83.89	No	per procedure	once per day	0 days
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	09	103	11			\$83.89	No	per procedure	once per day	0 days
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	31	All	11, 21, 24, 99			\$83.89	No, but AUR and PSR process applies	per procedure	once per day	0 days
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	01	016, 017	23			\$189.15	No	per procedure, minimum of 48 hours	one per rolling seven days	N/A
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	01	183	22			\$189.15	No	per procedure, minimum of 48 hours	one per rolling seven days	N/A
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	08	082	49			\$189.15	No	per procedure, minimum of 48 hours	one per rolling seven days	N/A
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	31	All	11			\$189.15	No	per procedure, minimum of 48 hours	one per rolling seven days	N/A
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	01	016, 017	23			\$198.96	No	per procedure, minimum of seven days	one per 15 days	N/A
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	01	183	22			\$198.96	No	per procedure, minimum of seven days	one per 15 days	N/A

93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	08	082	49			\$198.96	No	per procedure, minimum of seven days	one per 15 days	N/A
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	31	All	11			\$198.96	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	01	016, 017	23			\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	01	183	22			\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	08	082	49			\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	31	All	11			\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	01	016, 017	23			\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	01	183	22			\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	08	082	49			\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A

93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	31	All	11			\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	01	016, 017	23			\$19.26	No	per procedure, minimum of seven days	one per 15 days	N/A
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	01	183	22			\$19.26	No	per procedure, minimum of seven days	one per 15 days	N/A
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	08	082	49			\$19.26	No	per procedure, minimum of seven days	one per 15 days	N/A
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	31	All	11			\$19.26	No	per procedure, minimum of seven days	one per 15 days	N/A
A2019	Kerecis Omega3 MariGen Shield, per sq cm	24	240, 241, 242, 243, 245	11, 12			\$13.90	Yes	per square centimeters		N/A
A2019	Kerecis Omega3 MariGen Shield, per sq cm	25	250	11, 12			\$13.90	Yes	per square centimeters		N/A
D0190	screening of a patient; A screening, including state or federally mandated screenings, to determine an individual's need to be seen by a dentist for diagnosis	27	All	27			\$20.00	No	per screening	once per year	N/A
D0191	assessment of a patient; A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagnosis and treatment.	27	All	27			\$20.00	No	per assessment	once per year	N/A
Q4158	Kerecis Omega3, per sq cm	24	240, 241, 242, 243, 245	11, 12			\$13.90	Yes	per square centimeter		N/A
Q4158	Kerecis Omega3, per sq cm	25	250	11, 12			\$13.90	Yes	per square centimeter		N/A
PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2024 UPDATES OR BY CLINICAL REVIEW											

93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	01	183	22			\$44.94	No	per evaluation	once per 30 days	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	01	183	22	TC		\$26.22	No	per evaluation	once per 30 days	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	08	082	49			\$44.94	No	per evaluation	once per 30 days	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	08	082	49	TC		\$26.22	No	per evaluation	once per 30 days	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11			\$44.94	No	per evaluation	once per 30 days	N/A
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11	TC		\$26.22	No	per evaluation	once per 30 days	N/A

93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11, 21, 22, 31, 32, 49	26			\$18.72	No, but AUR and PSR process applies	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	01	183	22				\$75.06	No	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	01	183	22	TC			\$56.34	No	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	08	082	49				\$75.06	No	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	08	082	49	TC			\$56.34	No	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11				\$75.06	No	per evaluation	once per 30 days	N/A
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11	TC			\$56.34	No	per evaluation	once per 30 days	N/A

93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	31	All	11, 21, 22, 31, 32, 49	26		\$18.72	No, but AUR and PSR process applies	per evaluation	once per 30 days	N/A
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	24	240, 241, 242, 243, 245	11, 12			\$29.50	No	each	one per three calendar years	N/A
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	25	250	11, 12			\$29.50	No	each	one per three calendar years	N/A
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$31.11	No	each	three per R side and three per L side, per 180 days	N/A
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	25	250	11, 12		RT-LT	\$31.11	No	each	three per R side and three per L side, per 180 days	N/A
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$38.07	No	each	three per R side and three per L side, per 180 days	N/A
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each	25	250	11, 12		RT-LT	\$38.07	No	each	three per R side and three per L side, per 180 days	N/A
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$49.66	No	each	three per R side and three per L side, per 180 days	N/A
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each	25	250	11, 12		RT-LT	\$49.66	No	each	three per R side and three per L side, per 180 days	N/A

A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$40.35	No	each	three per R side and three per L side, per 180 days	N/A
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	25	250	11, 12		RT-LT	\$40.35	No	each	three per R side and three per L side, per 180 days	N/A
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$41.54	No	each	three per R side and three per L side, per 180 days	N/A
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	25	250	11, 12		RT-LT	\$41.54	No	each	three per R side and three per L side, per 180 days	N/A
A6535	Gradient compression stocking, thigh length, 40 mm Hg or greater, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$55.17	No	each	three per R side and three per L side, per 180 days	N/A
A6535	Gradient compression stocking, thigh length, 40 mm Hg or greater, each	25	250	11, 12		RT-LT	\$55.17	No	each	three per R side and three per L side, per 180 days	N/A
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$47.08	No	each	three per R side and three per L side, per 180 days	N/A
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	25	250	11, 12		RT-LT	\$47.08	No	each	three per R side and three per L side, per 180 days	N/A
A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$53.76	No	each	three per R side and three per L side, per 180 days	N/A

A6537	Gradient compression stocking, full-length/chap style, 30-40 mm Hg, each	25	250	11, 12		RT-LT	\$53.76	No	each	three per R side and three per L side, per 180 days	N/A
A6538	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$64.71	No	each	three per R side and three per L side, per 180 days	N/A
A6538	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, each	25	250	11, 12		RT-LT	\$64.71	No	each	three per R side and three per L side, per 180 days	N/A
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	24	240, 241, 242, 243, 245	11, 12			\$65.67	No	each	three per six calendar months	N/A
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	25	250	11, 12			\$65.67	No	each	three per six calendar months	N/A
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	24	240, 241, 242, 243, 245	11, 12			\$86.46	No	each	three per six calendar months	N/A
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	25	250	11, 12			\$86.46	No	each	three per six calendar months	N/A
A6541	Gradient compression stocking, waist length, 40 mm Hg or greater, each	24	240, 241, 242, 243, 245	11, 12			\$89.18	No	each	three per six calendar months	N/A
A6541	Gradient compression stocking, waist length, 40 mm Hg or greater, each	25	250	11, 12			\$89.18	No	each	three per six calendar months	N/A
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$71.56	No	each	three per R side and three per L side, per 180 days	N/A
A6545	Gradient compression wrap, nonelastic, below knee, 30-50 mm Hg, used as a surgical dressing, each	25	250	11, 12		RT-LT	\$71.56	No	each	three per R side and three per L side, per 180 days	N/A

S8424	Gradient pressure aid (sleeve), ready made	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$24.50	No	each	three per R side and three per L side, per 180 days	N/A
S8424	Gradient pressure aid (sleeve), ready made	25	250	11, 12		RT-LT	\$24.50	No	each	three per R side and three per L side, per 180 days	N/A
S8428	Gradient pressure aid (gauntlet), ready made	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$6.00	No	each	three per R side and three per L side, per 180 days	N/A
S8428	Gradient pressure aid (gauntlet), ready made	25	250	11, 12		RT-LT	\$6.00	No	each	three per R side and three per L side, per 180 days	N/A