



Medical Assistance BULLETIN

ISSUE DATE September 9, 2024	EFFECTIVE DATE September 9, 2024	NUMBER 99-24-07
SUBJECT Medical Assistance (MA) Program Fee Schedule Revisions		BY  Sally 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.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>

PURPOSE:

The purpose of this bulletin is to advise providers of additions and updates to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of service on and after September 9, 2024, unless otherwise noted.

SCOPE:

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

BACKGROUND:

The Department of Human Services (Department) is adding new procedure codes based on clinical review, provider request, and recommendations from the Advisory Committee on Immunization Practices (ACIP) and the U.S. Food and Drug Administration (FDA). The Department is making updates to the MA Program Fee Schedule in compliance with National Correct Coding Initiative (NCCI) recommendations. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule as a result of clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type (PT), specialty (Spec), place of service (POS), units, and limits.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

DISCUSSION:

Procedure Codes Being Added

Effective for dates of service on and after June 17, 2024, the Department added the following procedure code to the MA Program Fee Schedule for vaccine administration based upon FDA approval, ACIP recommendation, and clinical review. Providers should follow the ACIP recommendations, and the package insert to determine the correct population, dosage, and instructions for administration of all vaccines.

Procedure Code
90684

Effective for dates of services on and after August 1, 2024, the Department added the following procedure codes to the MA Program Fee Schedule for vaccine administration based upon FDA approval, ACIP recommendation, clinical review, or provider request. Providers should follow the ACIP recommendations, and the package insert to determine the correct population, dosage, and instructions for administration of all vaccines.

Procedure Codes		
90653	90657	90658
90660	90661	90673

The Department is adding the following procedure codes to the MA Program Fee Schedule based upon clinical review and provider request. These procedure codes may include the modifiers RR (rental), UD (informational), RT (right), LT (left), or FP (family planning). The procedure code descriptions for procedure codes with the UD informational modifier indicates a post administration observation period of 2 hours. The procedure code S0199 is to be billed in accordance with MA Bulletin 99-06-15, entitled "Clarification on Payment Policy for Abortion Services."

Procedure Codes					
E0604 (RR)	G2082 (UD)	G2083 (UD)	L8033 (RT)	L8033 (LT)	L8039 (RT)
L8039 (LT)	S0199	S0199 (FP)	S8427 (RT)	S8427 (LT)	

Prior Authorization Requirement Updates

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as set forth in Section 443.6(b)(1) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code.

Procedure Codes			
L8033 (RT)	L8033 (LT)	L8039 (RT)	L8039 (LT)

The Department removed prior authorization requirements for the following procedure codes with or without the NU (purchase) or RR modifiers, based on clinical review.

Procedure Codes and Modifiers		
92065	E0570 (NU)	E0570 (RR)
E0572 (NU)	E0572 (RR)	E0574 (RR)

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is end-dating the “All” specialty for PT 01 (Inpatient Facility) in POS 23 (Emergency Room) and opening PT/Spec 01/017 (Emergency Room Arrangement 2) in POS 23 based upon clinical review.

Procedure Code	End-dated PT/Spec/POS	Opening PT/Spec/POS
65426	01/All/23	01/017/23

The Department is adding the RT, LT, and 50 modifiers to the following PT/Spec/POS combinations for surgical procedure code 65426 based on clinical review.

Procedure Code	PT/Spec	POS	Modifiers
65426	01/017	23	RT; LT; 50
	01/183 (Hospital Based Medical Clinic)	22 (Outpatient Hospital)	
	31 (Physician)/ALL	11 (Office), 21 (Inpatient Hospital), 23, 24 (Ambulatory Surgical Center (ASC)), 99 (Special Treatment Room)	

Effective for dates of services on or after March 1, 2024, the Department added POS 02 (Telehealth Provided Other than in a Patient’s Home) and POS 10 (Telehealth Provided in a Patient’s Home) for PT/Spec 10 (Mid-Level Practitioner)/247 (Pharmacist) for the following procedure codes based upon clinical review.

Procedure Codes				
99202	99203	99211	99212	99213
G0108	G0109	G0312	G0315	

The Department is end-dating PT 08 (Clinic) for surgical procedure code 65426 based upon clinical review.

Behavioral Health Services

The Department is opening PT/Spec/POS combinations with the UB (pricing) modifier for the following procedure codes based upon clinical review and provider request.

Procedure Code	New PT/Spec/POS	New Modifier
96156 96158 96159 96167 96168	01/183/02	UB
	01/183/10	
	01/183/22	
	01/183/27 (Outreach Site/Street)	
	19 (Psychologist)/190 (General Psychologist)/02	
	19/190/10	
	19/190/11	
	19/190/27	

The Department is end-dating POS 02 and/or POS 10 for the following PT/Spec combinations with or without the FQ (Audio-only communication technology) modifier for procedure code G2214 based upon clinical review.

Procedure Code	PT/Spec	End-dated POS	Modifier
G2214	01/183	02	No modifier
	08/082 (Independent Medical/Surgical Clinic)	02	No modifier
	08/110 (Psychiatric Outpatient Clinic)	02, 10	No modifier; FQ
	08/184 (Outpatient Drug and Alcohol)	02, 10	No modifier; FQ
	09/All	02	No modifier
	10/100	02	No modifier
	31/All	02	No modifier
	31/339 (Psychiatry)	10	No modifier
	31/339	02, 10	FQ

Interprofessional Consultation Services

The Department is opening PT/Spec/POS combination 08/110/49 (Independent Clinic) for procedure code 99452 based upon clinical review. The limit for procedure code 99452 is 1 per 14 days, as outlined in MA Bulletin 08-24-01, entitled “Interprofessional Consultation Services”, which may be viewed online at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023122701.pdf>.

Durable Medical Equipment (DME) and Medical Supplies

The Department is adding the RT and LT modifiers to the following procedure codes indicated below based upon clinical review.

Procedure Codes			
L8010	L8020	L8030	L8035

The Department is removing the 50 modifier for procedure codes L8031 and L8032 based upon clinical review.

The Department is end-dating “All” specialties for PT 24 (Pharmacy) and PT 25 (DME/Medical Supplies) and opening the following individual PT/Spec/POS combinations with or without the RT and LT modifiers based upon clinical review.

Procedure Codes	End-dated PT/Spec	New PT/Spec	POS	New Modifiers
A4280	24/All	24/240 (Independent) 24/241 (Institutional Independent) 24/242 (Chain) 24/243 (Institutional Chain) 24/245 (Mail Order)	11, 12 (Home)	No Modifier
	25/All	25/250 (DME/Medical Supplies) 25/251 (Prosthetist) 25/252 (Orthotist)		
L8000 L8001 L8002 L8015	24/All	24/240 24/241 24/242 24/243 24/244 (Long Term Care) 24/245	11, 12, 21, 31 (Skilled Nursing Facility), 32 (Nursing Facility)	No Modifier
	25/All	25/250 25/251 25/252		
L8010 L8020 L8030 L8035	24/All	24/240 24/241 24/242 24/243 24/244 24/245	11, 12, 21, 31, 32	RT; LT
	25/All	25/250 25/251 25/252		

The Department is end-dating the following PT/Spec/POS combinations for procedure codes L8001 and L8002 based upon clinical review.

Procedure Codes	End-dated PT/Spec/POS
L8001	03 (Extended Care Facility)/All/31
L8002	03/All/32 31/All/11 31/All/12

Unit and Limit Updates

The Department is updating the unit limit for the following procedure codes based upon NCCI recommendations and clinical review.

Procedure Codes	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit
L8001 L8002	1:1	1:4
L8010	1:4	1:2
S8424 S8428	1:3	1:2

The Department is updating limits for the following procedure codes based upon clinical review.

Procedure Code	Former Limit	New Limit
L8000	4 per calendar month	4 per 365 days
L8001	N/A	4 per 365 days
L8002	N/A	4 per 365 days
L8010	4 per calendar month	3 per RT side and 3 per LT side, per 180 days
L8015	N/A	4 per 365 days

Fee Adjustments

The Department is adjusting the MA Program fees for the following procedure codes when submitted with or without a modifier as indicated below.

Procedure Codes	Former Fee	New Fee
59840	\$81.50	\$765.00
59841	\$306.00	\$1,000.00
59850	\$246.00	\$340.00
59856	\$454.94	\$1,000.00
65426	\$224.00	\$454.08
90868	\$19.89	\$104.87
90869	\$83.89	\$168.89

A4280	\$3.66	\$7.07
L8000	\$28.00	\$42.79
L8001	\$78.99	\$144.35
L8002	\$103.90	\$189.82
L8010 (RT)	\$32.04	\$42.56
L8010 (LT)	\$32.04	\$42.56
L8015	\$35.66	\$68.98
L8020 (RT)	\$150.00	\$293.25
L8020 (LT)	\$150.00	\$293.25
L8030 (RT)	\$142.03	\$379.54
L8030 (LT)	\$142.03	\$379.54
L8031 (RT)	\$142.03	\$379.54
L8031 (LT)	\$142.03	\$379.54
L8032 (RT)	\$27.75	\$45.08
L8032 (LT)	\$27.75	\$45.08
L8035 (RT)	\$2,179.14	\$4215.60
L8035 (LT)	\$2,179.14	\$4215.60
S8424 (RT)	\$24.50	\$60.16
S8424 (LT)	\$24.50	\$60.16
S8428 (RT)	\$6.00	\$36.82
S8428 (LT)	\$6.00	\$36.82

Limits

The MA Program established 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.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html>.

MA MCOs are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. An MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits. MA MCOs may, with advanced written approval from the Department, require prior authorization for services that are subject to limits on the MA Program Fee Schedule.

PROCEDURE:

Attached is the list of procedure codes being added and updated. The attachment does not include procedure codes where the only change was the removal of the prior authorization requirement. Included in this document are procedure codes, procedure code descriptions,

procedure code modifiers, effective dates, 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.

Updates or revisions to procedure codes with the FP modifier have been added to the Family Planning Services Program: Covered Services Chart, which is attached to MA Bulletin 01-24-13, entitled “MA Program Fee Schedule Updates for Certain Family Planning Procedure Codes”, issued September 9, 2024.

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.pa.gov/en/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.

ATTACHMENT:

Medical Assistance Fee Schedule Revisions

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
Medical Assistance (MA) Program Fee Schedule Revisions**

This chart is divided into two sections. The first section includes procedure codes being added to the MA Program Fee Schedule based upon clinical review, provider request, and recommendations from the Advisory Committee on Immunization Practices and the U.S. Food and Drug Administration. The second section includes updates to procedure codes currently on the fee schedule being updated based upon clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type, specialty, place of service, units, and limits. 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
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per day	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A

90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 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
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 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
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 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
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 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
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 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
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A

90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	10	100	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90661	Influenza virus vaccine, trivalent (ccIV3), derived from cell cultures, subunit, preservative and antibiotic 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
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	01	183	22			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	08	082	49			\$10.00	No	per administration	once per 270 days per flu season	N/A

90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	31	All	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	33	335	11, 12, 27			\$10.00	No	per administration	once per 270 days per flu season	N/A
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	24	240, 241, 242, 243, 245	11, 12	RR		\$67.97	No, but PA required after 6 months rental	each	one per calendar month	N/A
E0604	Breast pump, hospital grade, electric (AC and/or DC), any type	25	250	11, 12	RR		\$67.97	No, but PA required after 6 months rental	each	one per calendar month	N/A
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	08	110	49		UD	\$34.10	No	per visit	once per day	N/A
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	09	103	11		UD	\$34.10	No	per visit	once per day	N/A

G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	31	339	11		UD	\$34.10	No	per visit	once per day	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	08	110	49		UD	\$34.10	No	per visit	once per day	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	09	103	11		UD	\$34.10	No	per visit	once per day	N/A
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	31	339	11		UD	\$34.10	No	per visit	once per day	N/A
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$926.83	Yes	each	per medical necessity	N/A
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$926.83	Yes	each	per medical necessity	N/A
L8039	Breast prosthesis, not otherwise specified	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$1,436.36	Yes	each	per medical necessity	N/A
L8039	Breast prosthesis, not otherwise specified	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$1,436.36	Yes	each	per medical necessity	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	01	183	22			\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	01	183	22	FP		\$690.00	No	each	per pregnancy	N/A

S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	08	082	49			\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	08	082	49	FP		\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	08	083	22, 49	FP		\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	09	All	11			\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	09	All	11	FP		\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	10	100	11			\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	10	100	11	FP		\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	31	All	11			\$690.00	No	each	per pregnancy	N/A

S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	31	All	11	FP		\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	33	335	11			\$690.00	No	each	per pregnancy	N/A
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by HCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	33	335	11	FP		\$690.00	No	each	per pregnancy	N/A
S8427	Gradient pressure aid (glove), ready made	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
S8427	Gradient pressure aid (glove), ready made	25	250	11, 12		RT-LT	\$55.20	No	each	three per R side and three per L side, per 180 days	N/A

PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF CLINICAL REVIEW

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
59840	Induced abortion, by dilation and curettage	01	021	24	SG		\$579.00	No, but AUR and PSR process applies		N/A	N/A
59840	Induced abortion, by dilation and curettage	02	020	24	SG		\$579.00	No, but AUR and PSR process applies		N/A	N/A
59840	Induced abortion, by dilation and curettage	01	017	23			\$765.00	No	per procedure	per pregnancy	10 days
59840	Induced abortion, by dilation and curettage	01	183	22			\$765.00	No	per procedure	per pregnancy	10 days
59840	Induced abortion, by dilation and curettage	08	082	49			\$765.00	No	per procedure	per pregnancy	10 days

59840	Induced abortion, by dilation and curettage	31	All	11, 21, 23, 24			\$765.00	No, but AUR and PSR process applies	per procedure	per pregnancy	10 days
59841	Induced abortion, by dilation and evacuation	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
59841	Induced abortion, by dilation and evacuation	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
59841	Induced abortion, by dilation and evacuation	01	017	23			\$1,000.00	No	per procedure	per pregnancy	10 days
59841	Induced abortion, by dilation and evacuation	01	183	22			\$1,000.00	No	per procedure	per pregnancy	10 days
59841	Induced abortion, by dilation and evacuation	08	082	49			\$1,000.00	No	per procedure	per pregnancy	10 days
59841	Induced abortion, by dilation and evacuation	31	All	11, 21, 23, 24			\$1,000.00	No, but AUR and PSR process applies	per procedure	per pregnancy	10 days
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	31	All	21			\$340.00	No, but AUR and PSR process	per procedure	per pregnancy	90 days
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	31	All	21			\$1,000.00	No, but AUR and PSR process applies	per procedure	per pregnancy	90 days
65426	Excision or transposition of pterygium; with graft	01	021	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
65426	Excision or transposition of pterygium; with graft	02	020	24	SG		\$776.00	No, but AUR and PSR process applies		N/A	N/A
65426	Excision or transposition of pterygium; with graft	01	017	23		RT-LT-50	\$454.08		per procedure	once per R side and once per L side, per day	90 days
65426	Excision or transposition of pterygium; with graft	01	183	22		RT-LT-50	\$454.08		per procedure	once per R side and once per L side, per day	90 days

65426	Excision or transposition of pterygium; with graft	31	All	11, 21, 23, 24, 99		RT-LT-50	\$454.08	No, but AUR and PSR process applies	per procedure	once per R side and once per L side, per day	90 days
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	01	183	22			\$104.87	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			\$104.87	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			\$104.87	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			\$104.87	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			\$104.87	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			\$168.89	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			\$168.89	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			\$168.89	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			\$168.89	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			\$168.89	No, but AUR and PSR process applies	per procedure	once per day	0 days
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	01	183	02, 10, 22	U5	TJ	\$61.14	No	per assessment	once per day	N/A

96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	01	183	02, 10, 22		TJ	\$39.88	No	per reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	01	183	02, 10, 22, 27	UB		\$86.50	No	per assessment or reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	08	082	02, 10, 49	U5	TJ	\$61.14	No	per assessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	08	082	02, 10, 49		TJ	\$39.88	No	per reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	09	All	02, 10, 11, 12, 27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	09	All	02, 10, 11, 12, 27, 99		TJ	\$39.88	No	per reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	10	100	02, 10, 11, 12, 27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	10	100	02, 10, 11, 12, 27, 99		TJ	\$39.88	No	per reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	19	190	02, 10, 11, 27	UB		\$86.50	No	per assessment or reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	31	All	02, 10, 11, 12, 27, 99	U5	TJ	\$61.14	No	per assessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	31	All	02, 10, 11, 12, 27, 99		TJ	\$39.88	No	per reassessment	once per day	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	35	350	02, 10, 11,	U4	TM	\$2,064.86	No	per assessment	once per 180 days	N/A
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	35	350	02, 10, 11,	U3	TM	\$1,868.06	No	per reassessment	once per 30 days	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	01	183	02, 10, 22	U3	TJ	\$39.20	No	initial 30 minutes	once per day	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	01	183	02, 10, 22, 27	UB		\$58.00	No	initial 30 minutes	once per day	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	08	082	02, 10, 49	U3	TJ	\$39.20	No	initial 30 minutes	once per day	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	09	All	02, 10, 11, 12, 27, 99	U3	TJ	\$39.20	No	initial 30 minutes	once per day	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	10	100	02, 10, 11, 12, 27, 99	U3	TJ	\$39.20	No	initial 30 minutes	once per day	N/A
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	19	190	02, 10, 11, 27	UB		\$58.00	No	initial 30 minutes	once per day	N/A

96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	31	All	02, 10, 11, 12, 27, 99	U3	TJ	\$39.20	No	initial 30 minutes	once per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	01	183	02, 10, 22	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	01	183	02, 10, 22, 27	UB		\$19.47	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	08	082	02, 10, 49	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	09	All	02, 10, 11, 12, 27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	10	100	02, 10, 11, 12, 27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	19	190	02, 10, 11, 27	UB		\$19.47	No	per 15 minutes	four per day	N/A
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	31	All	02, 10, 11, 12, 27, 99	U3	TJ	\$19.60	No	per 15 minutes	four per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	01	183	02, 10, 22		TJ	\$37.18	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	01	183	02, 10, 22, 27	UB		\$61.33	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	08	082	02, 10, 49		TJ	\$37.18	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	09	All	02, 10, 11, 12, 27, 99		TJ	\$37.18	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	10	100	02, 10, 11, 12, 27, 99		TJ	\$37.18	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	19	190	02, 10, 11, 27	UB		\$61.33	No	initial 30 minutes	once per day	N/A
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	31	All	02, 10, 11, 12, 27, 99		TJ	\$37.18	No	initial 30 minutes	once per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	01	183	02, 10, 22		TJ	\$18.59	No	per 15 minutes	six per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	01	183	02, 10, 22, 27	UB		\$21.77	No	per 15 minutes	six per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	08	082	02, 10, 49		TJ	\$18.59	No	per 15 minutes	six per day	N/A

96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	09	All	02, 10, 11, 12, 27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	10	100	02, 10, 11, 12, 27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	19	190	02, 10, 11, 27	UB		\$21.77	No	per 15 minutes	six per day	N/A
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	31	All	02, 10, 11, 12, 27, 99		TJ	\$18.59	No	per 15 minutes	six per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	01	183	22			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	082	49			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	110	49			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	09	All	11			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	10	100	11			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	27	272	11			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	31	All	11			\$26.03	No	per procedure	once per 14 days	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	33	335	11			\$26.03	No	per procedure	once per 14 days	N/A
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	24	240, 241, 242, 243, 245	11, 12			\$7.07	No	each	60 per month	N/A

A4280	Adhesive skin support attachment for use with external breast prosthesis, each	25	250, 251, 252	11, 12			\$7.07	No	each	60 per month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	01	183	22			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	08	082	49			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	08	110	49			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	08	184	12, 57			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	09	All	11, 12, 27			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	10	100	11, 12, 27			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	31	All	11, 12, 27			\$30.34	No	first 30 minutes in a month	once per calendar month	N/A
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$42.79	Yes	each	four per 365 days	N/A
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	25	250, 251, 252	11, 12, 21, 31, 32			\$42.79	Yes	each	four per 365 days	N/A

L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$144.35	Yes	each	four per 365 days	N/A
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	25	250, 251, 252	11, 12, 21, 31, 32			\$144.35	Yes	each	four per 365 days	N/A
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$189.82	Yes	each	four per 365 days	N/A
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	25	250, 251, 252	11, 12, 21, 31, 32			\$189.82	Yes	each	four per 365 days	N/A
L8010	Breast prosthesis, mastectomy sleeve	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$42.56	Yes	each	three per R side and three per L side, per 180 days	N/A
L8010	Breast prosthesis, mastectomy sleeve	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$42.56	Yes	each	three per R side and three per L side, per 180 days	N/A
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32			\$68.98	Yes	each	four per 365 days	N/A
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	25	250, 251, 252	11, 12, 21, 31, 32			\$68.98	Yes	each	four per 365 days	N/A
L8020	Breast prosthesis, mastectomy form	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$293.25	Yes	each	per medical necessity	N/A
L8020	Breast prosthesis, mastectomy form	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$293.25	Yes	each	per medical necessity	N/A
L8030	Breast prosthesis, silicone or equal, without integral adhesive	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$379.54	Yes	each	per medical necessity	N/A
L8030	Breast prosthesis, silicone or equal, without integral adhesive	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$379.54	Yes	each	per medical necessity	N/A
L8031	Breast prosthesis, silicone or equal, with integral adhesive	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$379.54	Yes	each	per medical necessity	N/A
L8031	Breast prosthesis, silicone or equal, with integral adhesive	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$379.54	Yes	each	per medical necessity	N/A
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$45.08	Yes	each	per medical necessity	N/A
L8032	Nipple prosthesis, prefabricated, reusable, any type, each	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$45.08	Yes	each	per medical necessity	N/A
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT-LT	\$4,215.60	Yes	each	per medical necessity	N/A

L8035	Custom breast prosthesis, post mastectomy, molded to patient model	25	250, 251, 252	11, 12, 21, 31, 32		RT-LT	\$4,215.60	Yes	each	per medical necessity	N/A
S8424	Gradient pressure aid (sleeve), ready made	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
S8424	Gradient pressure aid (sleeve), ready made	25	250	11, 12		RT-LT	\$60.16	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	\$36.82	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	\$36.82	No	each	three per R side and three per L side, per 180 days	N/A