

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS
2008 HCPCS Update and Other Procedure Code and Procedure Code/Modifier Combination Updates, effective
July 13, 2009

This chart is divided into two (2) sections. The first section includes the 2008 HCPCS procedure codes and those procedure codes that are being added to the MA Program Fee Schedule as a result of significant program exception requests. The second section includes updates to procedure codes already open on the fee schedule under the following subtitles: Addition of POS 24 and SG Modifier; End dated 80 Modifier fees; End dated TC and Total component fees; End dated Total component fees; Addition of 26 modifier for Physician services; Services allowed in inpatient setting (POS 21) only; End dated TC and 26 modifier component fees; and End dated RR modifier component fees. Included for each procedure code is a description of the service, provider types/specialties, place of service, modifiers, limitations, fees and prior authorization requirements associated with that code.

Procedure Code	National Code Description	Provider Type	Provider Specialty	Place of Service	Pricing Modifier(s)	Informational Modifier(s)	MA Fee	Prior Authorization Required	Limits
01935	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic	31	311	21, 24			Refer to MAB 31-07-05	No	per procedure
01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	31	311	21, 24			Refer to MAB 31-07-05	No	per procedure
20555	Placement of needles or catheters into muscle and/ or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	01	010	22			\$233.88	No	once per day
20555	Placement of needles or catheters into muscle and/ or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	01	021	24	SG		\$776.00	No	once per day
20555	Placement of needles or catheters into muscle and/ or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	02	020	24	SG		\$776.00	No	once per day

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20555	Placement of needles or catheters into muscle and/ or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	31	319, 341, 347	21, 24			\$233.88	No	once per day
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	01	021	24	SG		\$776.00	No	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	02	020	24	SG		\$776.00	No	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	27	All	11, 21, 24,		RT LT 50	\$165.90	No	once on R side and once on L side/day
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	31	319, 331	21, 24,		RT LT 50	\$165.90	No	once on R side and once on L side/day
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	31	319, 331	21			\$1,664.52	No	once per day

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22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	31	319, 331	21	80		\$266.32	No	once per day
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	31	319, 331	21			\$1,643.20	No	once per day
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	31	319, 331	21	80		\$262.91	No	once per day
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	31	319, 331	21			\$422.34	No	once per day
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)	31	319, 331	21	80		\$67.57	No	once per day

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24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);percutaneous	01	021	24	SG		\$776.00	No	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);percutaneous	02	020	24	SG		\$776.00	No	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);percutaneous	31	319, 331, 337	21, 24		RT LT 50	\$310.89	No	once per R side and once per L side per day
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);debridement, soft tissue and/or bone, open	01	021	24	SG		\$776.00	No	
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);debridement, soft tissue and/or bone, open	02	020	24	SG		\$776.00	No	
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, Golfer's Elbow);debridement, soft tissue and/or bone, open	31	319, 331, 337	21, 24		RT LT 50	\$365.66	No	once per R side and once per L side per day
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	01	021	24	SG		\$776.00	No	

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24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	02	020	24	SG		\$776.00	No	
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	31	319, 331, 337	21, 24		RT LT 50	\$450.62	No	once per R side and once per L side per day
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	01	017	23		RT LT 50	\$292.40	No	once per R side and once per L side per day
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	31	All	21, 23, 99		RT LT 50	\$292.40	No	once per R side and once per L side per day
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	31	331	21		RT LT 50	\$360.65	No	once per R side and once per L side per day
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	31	331	21	80	RT LT 50	\$57.70	No	once per R side and once per L side per day
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	31	331	21		RT LT 50	\$862.22	No	once per R side and once per L side per day
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	31	331	21	80	RT LT 50	\$137.96	No	once per R side and once per L side per day

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27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	01	021	24	SG		\$776.00	No	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	02	020	24	SG		\$776.00	No	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	31	319, 331	21, 24		RT LT 50	\$675.65	No	once per R side and once per L side per day
27726	Repair of fibula nonunion and/or malunion with internal fixation	01	021	24	SG		\$776.00	No	
27726	Repair of fibula nonunion and/or malunion with internal fixation	02	020	24	SG		\$776.00	No	
27726	Repair of fibula nonunion and/or malunion with internal fixation	31	319, 331	21, 24		RT LT 50	\$635.62	No	once per R side and once per L side per day
27767	Closed treatment of posterior malleolus fracture; without manipulation	01	010, 183	22		RT LT 50	\$177.26	No	once per R side and once per L side per day
27767	Closed treatment of posterior malleolus fracture; without manipulation	01	017	23		RT LT 50	\$177.26	No	once per R side and once per L side per day
27767	Closed treatment of posterior malleolus fracture; without manipulation	08	082	49		RT LT 50	\$177.26	No	once per R side and once per L side per day
27767	Closed treatment of posterior malleolus fracture; without manipulation	14	140	11, 21, 23, 31, 32, 99		RT LT 50	\$177.26	No	once per R side and once per L side per day

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27767	Closed treatment of posterior malleolus fracture; without manipulation	31	All	11, 21, 23, 31, 32, 99		RT LT 50	\$177.26	No	once per R side and once per L side per day
27768	Closed treatment of posterior malleolus fracture; wih manipulation	01	010, 183	22		RT LT 50	\$276.40	No	once per R side and once per L side per day
27768	Closed treatment of posterior malleolus fracture; wih manipulation	01	017	23		RT LT 50	\$276.40	No	once per R side and once per L side per day
27768	Closed treatment of posterior malleolus fracture; wih manipulation	01	021	24	SG		\$776.00	No	
27768	Closed treatment of posterior malleolus fracture; wih manipulation	02	020	24	SG		\$776.00	No	
27768	Closed treatment of posterior malleolus fracture; wih manipulation	08	082	49		RT LT 50	\$276.40	No	once per R side and once per L side per day
27768	Closed treatment of posterior malleolus fracture; wih manipulation	14	140	11, 21, 23, 24, 99		RT LT 50	\$276.40	No	once per R side and once per L side per day
27768	Closed treatment of posterior malleolus fracture; wih manipulation	31	all	11, 21, 23, 24, 99		RT LT 50	\$276.40	No	once per R side and once per L side per day
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	01	21	24	SG		\$776.00	No	
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	02	020	24	SG		\$776.00	No	
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	14	140	21, 24		RT LT 50	\$479.20	No	once per R side and once per L side per day

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27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	31	319, 331	21, 24		RT LT 50	\$479.20	No	once per R side and once per L side per day
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	01	021	24	SG		\$776.00	No	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	02	020	24	SG		\$776.00	No	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	31	319, 331, 337	21, 24		RT LT 50	\$638.70	No	once per R side and once per L side per day
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	31	319, 331, 337	21, 24	80	RT LT 50	\$102.19	No	once per R side and once per L side per day
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	01	021	24	SG		\$776.00	No	
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	02	020	24	SG		\$776.00	No	
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	31	319, 331	21, 24		RT LT 50	\$427.98	No	once per R side and once per L side per day
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	31	319, 331	21, 24	80	RT LT 50	\$68.48	No	once per R side and once per L side per day
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	01	021	24	SG		\$776.00	No	
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	02	020	24	SG		\$776.00	No	
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	31	319, 331	21, 24		RT LT 50	\$460.93	No	once per R side and once per L side per day

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29905	Arthroscopy, subtalar joint, surgical; with synovectomy	31	319, 331	21, 24	80	RT LT 50	\$73.75	No	once per R side and once per L side per day
29906	Arthroscopy, subtalar joint, surgical; with debridement	01	021	24	SG		\$776.00	No	
29906	Arthroscopy, subtalar joint, surgical; with debridement	02	020	24	SG		\$776.00	No	
29906	Arthroscopy, subtalar joint, surgical; with debridement	31	319, 331	21, 24		RT LT 50	\$485.45	No	once per R side and once per L side per day
29906	Arthroscopy, subtalar joint, surgical; with debridement	31	319, 331	21, 24	80	RT LT 50	\$77.67	No	once per R side and once per L side per day
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	01	021	24	SG		\$776.00	No	
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	02	020	24	SG		\$776.00	No	
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	31	319, 331	21, 24		RT LT 50	\$595.54	No	once per R side and once per L side per day
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	31	319, 331	21, 24	80	RT LT 50	\$95.29	No	once per R side and once per L side per day
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	01	010, 183	22		RT LT 50	\$56.82	No	once per R side and once per L side per day
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	01	017	23		RT LT 50	\$56.82	No	once per R side and once per L side per day
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	01	021	24	SG		\$776.00	No	

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32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	02	020	24	SG		\$776.00	No	
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	08	082	49		RT LT 50	\$56.82	No	once per R side and once per L side per day
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	31	All	11, 21, 23, 24, 99		RT LT 50	\$56.82	No	once per R side and once per L side per day
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	01	017	23		RT LT 50	\$91.48	No	once per R side and once per L side per day
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	01	021	24	SG		\$776.00	No	
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	02	020	24	SG		\$776.00	No	
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	31	All	21, 23, 24,		RT LT 50	\$91.48	No	once per R side and once per L side per day
32550	Insertion of indwelling tunneled pleural catheter with cuff	01	021	24	SG		\$776.00	No	
32550	Insertion of indwelling tunneled pleural catheter with cuff	02	020	24	SG		\$776.00	No	
32550	Insertion of indwelling tunneled pleural catheter with cuff	31	All	21, 24, 99		RT LT 50	\$167.83	No	once on R side and once on L side

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32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	01	021	24	SG		\$776.00	No	
32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	02	020	24	SG		\$776.00	No	
32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	01	017	23		RT LT 50	\$132.96	No	once on R side and once on L side
32551	Tube thoracostomy, includes water seal (eg, for abscess, hemothorax, empyema), when performed (separate procedure)	31	All	21, 23, 24		RT LT 50	\$132.96	No	once on R side and once on L side
32560	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	01	021	24	SG		\$776.00	No	
32560	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	02	020	24	SG		\$776.00	No	
32560	Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	31	All	21, 24		RT LT 50	\$83.20	No	once on R side and once on L side
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	31	319	21			\$436.15	No	once per day

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33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	31	319	21	80		\$69.78	No	once per day
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	31	319	21			\$493.22	No	once per day
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	31	319	21	80		\$78.92	No	once per day
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	31	319	21			\$647.44	No	once per day

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33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	31	319	21	80		\$103.59	No	once per day
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg, David Procedure, Yacoub Procedure)	31	319	21			\$2,362.41	No	once per day
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic annulus remodeling (eg, David Procedure, Yacoub Procedure)	31	319	21	80		\$377.99	No	once per day
35523	Bypass graft, with vein; brachial- ulnar or radial	31	319	21		RT LT 50	\$961.75	No	once per R side and once per L side
35523	Bypass graft, with vein; brachial- ulnar or radial	31	319	21	80	RT LT 50	\$153.88	No	once per R side and once per L side
36593	Dec clotting by thrombolytic agent of implanted vascular access device for catheter	01	010, 183	22			\$27.29	No	once per day

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36593	Declotting by thrombolytic agent of implanted vascular access device for catheter	01	017	23			\$27.29	No	once per day
36593	Declotting by thrombolytic agent of implanted vascular access device for catheter	08	082	49			\$27.29	No	once per day
36593	Declotting by thrombolytic agent of implanted vascular access device for catheter	31	All	11, 21, 23			\$27.29	No	once per day
41019	Placement of needles, catheters, or other devices(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	01	021	24	SG		\$776.00	No	once per day
41019	Placement of needles, catheters, or other devices(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	02	020	24	SG		\$776.00	No	once per day
41019	Placement of needles, catheters, or other devices(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	31	341	21, 24, 99			\$345.26	No	once per day

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49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	31	319, 328, 343	21			\$814.78	No	once per day
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	31	319, 328, 343	21	80		\$130.36	No	once per day
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	31	319, 328, 343	21			\$1,039.94	No	
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	31	319, 328, 343	21	80		\$166.39	No	

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49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	31	319, 328, 343	21			\$1,190.42	No	
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	31	319, 328, 343	21	80		\$190.47	No	
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$176.54	No	once per day
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	

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49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$176.54	No	once per day
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$192.24	No	once per day
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$192.24	No	once per day
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	

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49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24			\$159.50	No	once per day
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$125.84	No	once per day
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	

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49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$125.84	No	once per day
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$51.10	No	
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	once per day
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	once per day
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$51.10	No	once per day

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49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$70.33	No	once per day
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$70.33	No	once per day
49452	Replacement of gastro-jejunosotomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	010	22			\$109.78	No	once per day

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49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	01	021	24	SG		\$776.00	No	
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	02	020	24	SG		\$776.00	No	
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	31	All	21, 24, 99			\$109.78	No	once per day
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluroscopic guidance including contrast injection(s), if performed, image documentation	01	021	24	SG		\$776.00	No	
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluroscopic guidance including contrast injection(s), if performed, image documentation	02	020	24	SG		\$776.00	No	

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49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluroscopic guidance including contrast injection(s), if performed, image documentation	01	010	22			\$35.96	No	once per day
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluroscopic guidance including contrast injection(s), if performed, image documentation	31	All	21, 24, 99			\$35.96	No	once per day
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	31	319, 322, 341	11, 21, 99			\$23.74	No	once per day
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	01	021	24	SG		\$776.00	No	

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50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	02	020	24	SG		\$776.00	No	
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	31	319, 343	21, 24		RT LT 50	\$183.94	No	once per R side and once per L side
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	01	021	24	SG		\$776.00	No	
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	02	020	24	SG		\$776.00	No	
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	31	319, 343	21, 24		RT LT 50	\$139.22	No	once per R side and once per L side
51100	Aspiration of bladder; by needle	01	010, 183	22			\$29.98	No	once per day
51100	Aspiration of bladder; by needle	08	082	49			\$29.98	No	once per day
51100	Aspiration of bladder; by needle	01	017	23			\$29.98	No	once per day

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51100	Aspiration of bladder; by needle	31	All	11, 21, 23, 99			\$29.98	No	once per day
51101	Aspiration of bladder, by trocar or intracatheter	01	010, 183	22			\$39.75	No	once per day
51101	Aspiration of bladder, by trocar or intracatheter	01	017	23			\$39.75	No	once per day
51101	Aspiration of bladder, by trocar or intracatheter	08	082	49			\$39.75	No	once per day
51101	Aspiration of bladder, by trocar or intracatheter	31	All	11, 21, 23, 99			\$39.75	No	once per day
51102	Aspiration of bladder; with insertion of suprapubic catheter	01	010, 183	22			\$188.57	No	once per day
51102	Aspiration of bladder; with insertion of suprapubic catheter	01	017	23			\$188.57	No	once per day
51102	Aspiration of bladder; with insertion of suprapubic catheter	01	021	24	SG		\$776.00	No	
51102	Aspiration of bladder; with insertion of suprapubic catheter	02	020	24	SG		\$776.00	No	
51102	Aspiration of bladder; with insertion of suprapubic catheter	08	082	49			\$188.57	No	once per day
51102	Aspiration of bladder; with insertion of suprapubic catheter	31	All	11, 21, 23, 24, 99			\$188.57	No	once per day
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are	01	021	24	SG		\$776.00	No	

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52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate ar	02	020	24	SG		\$776.00	No	
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate ar	31	319, 343	21, 24			\$751.67	No	once per day
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	01	021	24	SG		\$776.00	No	once per day
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	02	020	24	SG		\$776.00	No	once per day
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	31	319, 328, 341, 343	21, 24			\$327.06	No	once per day

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57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	01	021	24	SG		\$776.00	No	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	02	020	24	SG		\$776.00	No	
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	31	319, 328, 343	21, 24			\$470.67	No	once per day
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	31	319, 328, 343	21, 24	80		\$75.31	No	once per day
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	01	021	24	SG		\$776.00	No	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	02	020	24	SG		\$776.00	No	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	31	319, 328, 343	21, 24			\$658.05	No	once per day
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	31	319, 328, 343	21, 24	80		\$105.29	No	once per day
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	01	021	24	SG		\$776.00	No	

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58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	02	020	24	SG		\$776.00	No	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	31	319, 328	21, 24			\$654.54	No	once per lifetime
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	31	319, 328	21, 24	80		\$104.73	No	once per lifetime
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	01	021	24	SG		\$776.00	No	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	02	020	24	SG		\$776.00	No	
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	31	319, 328	21, 24			\$716.34	No	once per lifetime
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	31	319, 328	21, 24	80		\$114.61	No	once per lifetime
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	01	021	24	SG		\$776.00	No	
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	02	020	24	SG		\$776.00	No	

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58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	31	319, 328	21, 24			\$813.33	No	once per lifetime
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	31	319, 328	21, 24	80		\$130.13	No	once per lifetime
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	01	021	24	SG		\$776.00	No	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	02	020	24	SG		\$776.00	No	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	31	319, 328	21, 24			\$916.36	No	once per lifetime
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	31	319, 328	21, 24	80		\$146.62	No	once per lifetime
60300	Aspiration and/or injection, thyroid cyst	01	010, 183	22			\$36.81	No	once per day
60300	Aspiration and/or injection, thyroid cyst	08	082	49			\$36.81	No	once per day
60300	Aspiration and/or injection, thyroid cyst	31	All	11, 21, 99			\$36.81	No	once per day
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g. macular pucker)	01	021	24	SG		\$776.00	No	

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67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g. macular pucker)	02	020	24	SG		\$776.00	No	
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g. macular pucker)	31	330	21, 24		RT LT 50	\$823.13	No	once per R side once per L side per day
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g. macular pucker)	31	330	21, 24	80	RT LT 50	\$131.70	No	once per R side once per L side per day
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	01	021	24	SG		\$776.00	No	
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	02	020	24	SG		\$776.00	No	

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67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	31	330	21, 24		RT LT 50	\$942.42	No	once per R side once per L side per day
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g. for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	31	330	21, 24	80	RT LT 50	\$150.79	No	once per R side once per L side per day
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g. choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	01	021	24	SG		\$776.00	No	
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g. choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	02	020	24	SG		\$776.00	No	

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67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g. choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	31	330	21, 24		RT LT 50	\$989.14	No	once per R side once per L side per day
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g. choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	31	330	21, 24	80	RT LT 50	\$158.26	No	once per R side once per L side per day
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include	01	021	24	SG		\$776.00	No	

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67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include	02	020	24	SG		\$776.00	No	
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include	31	330	21, 24		RT LT 50	\$1,086.16	No	once per R side once per L side per day
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include	31	330	21, 24	80	RT LT 50	\$173.79	No	once per R side once per L side per day

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67229	Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (e.g., retinopathy of prematurity), photocoagulation or cryotherapy	01	021	24	SG		\$776.00	No	
67229	Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (e.g., retinopathy of prematurity), photocoagulation or cryotherapy	02	020	24	SG		\$776.00	No	
67229	Treatment of extensive or progressive retinopathy, one or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (e.g., retinopathy of prematurity), photocoagulation or cryotherapy	31	330	21, 24		RT LT 50	\$714.74	No	once per R side, once per L side per day
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dialtion	01	010, 183	22		RT LT 50	\$154.91	No	once per R side, once per L side per day
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dialtion	01	021	24	SG		\$776.00	No	

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68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dialtion	02	020	24	SG		\$776.00	No	
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dialtion	08	082	49		RT LT 50	\$154.91	No	
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dialtion	31	330	11, 21, 24, 99		RT LT 50	\$154.91	No	once per R side, once per L side per day
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	01	010	22	Total (no modifier); TC		Total=\$343.82; TC=\$251.71	Yes, See MAB 99-08-08	once per day
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	31	322, 341	21, 22	26		\$92.11	Yes, See MAB 99-08-08	once per day
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material	31	322, 341	11	Total (no modifier)		\$343.82	Yes, See MAB 99-08-08	once per day
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	01	010	22	Total (no modifier); TC		Total=\$368.99; TC=\$251.54	Yes, See MAB 99-08-08	once per day
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	31	322, 341	21, 22	26		\$117.45	Yes, See MAB 99-08-08	once per day
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	31	322, 341	11	Total (no modifier)		\$368.99	Yes, See MAB 99-08-08	once per day

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75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	01	010	22	Total (no modifier); TC		Total=\$486.53; TC=\$384.65	Yes, See MAB 99-08-08	once per day
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	31	322, 341	21, 22	26		26=\$101.88	Yes, See MAB 99-08-08	once per day
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences	31	322, 341	11	Total (no modifier)		Total=\$486.53	Yes, See MAB 99-08-08	once per day
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	01	010	22	Total (no modifier); TC		Total=\$506.84; TC=\$384.82	Yes, See MAB 99-08-08	once per day
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	31	322, 341	21, 22	26		26=\$122.02	Yes, See MAB 99-08-08	once per day

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75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materia(s) and further sequences; with stress imaging	31	322, 341	11	Total (no modifier)		Total=\$506.84; TC=\$384.82	Yes, See MAB 99-08-08	once per day
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	01	010	22			\$16.22	No	once per day
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	01	016 017	23			\$16.22	No	once per day
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	28	280	81			\$16.22	No	once per day

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82610	Cystatin C	01	010	22			\$15.20	No	once per day
			016						
82610	Cystatin C	01	017	23			\$15.20	No	once per day
82610	Cystatin C	28	280	81			\$15.20	No	once per day
83993	Calprotectin, fecal	01	010	22			\$21.94	No	once per day
			016						
83993	Calprotectin, fecal	01	017	23			\$21.94	No	once per day
83993	Calprotectin, fecal	28	280	81			\$21.94	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	01	010	22			\$16.22	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	01	010	22		FP	\$16.22	No	once per day
			016						
84704	Gonadotropin, chorionic (HCG); free beta chain	01	017	23			\$16.22	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	08	083	22		FP	\$16.22	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	08	083	49		FP	\$16.22	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	28	280	81			\$16.22	No	once per day
84704	Gonadotropin, chorionic (HCG); free beta chain	28	280	81		FP	\$16.22	No	once per day
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen	01	010	22			\$29.93	No	5 units per day with limitation of 5 per 90 days
			016						
86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen	01	017	23			\$29.93	No	5 units per day with limitation of 5 per 90 days

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86356	Mononuclear cell antigen, quantitative (e.g., flow cytometry), not otherwise specified, each antigen	28	280	81			\$29.93	No	5 units per day with limitation of 5 per 90 days
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species Van A, Van B), amplified probe technique	01	010	22			\$39.23	No	once per day
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species Van A, Van B), amplified probe technique	01	016 017	23			\$39.23	No	once per day
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (e.g., enterococcus species Van A, Van B), amplified probe technique	28	280	81			\$39.23	No	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	01	010	22			\$12.31	No	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	01	016 017	23			\$12.31	No	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	28	280	81			\$12.31	No	once per day
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	01	010, 183	22			\$10.00	No	once per day

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90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	08	082	49			\$10.00	No	once per day
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	09	All	11			\$10.00	No	once per day
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	31	All	11			\$10.00	No	once per day
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	33	335	11			\$10.00	No	once per day
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	01	010, 183	22			\$10.00	No	once per day
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	08	082	49			\$10.00	No	once per day
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	09	All	11			\$10.00	No	once per day

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90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	31	All	11			\$10.00	No	once per day
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	33	335	11			\$10.00	No	once per day
95981	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	01	010, 183	22			\$11.83	No	once per day
95981	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	08	082	49			\$11.83	No	once per day

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95981	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	31	319, 322	11			\$11.83	No	once per day
95982	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	01	010, 183	22			\$23.81	No	once per day
95982	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	08	082	49			\$23.81	No	once per day

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95982	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) Gastric	31	319, 322	11			\$23.81	No	once per day
96125	Standardized cognitive performance testing (e.g., Ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering test to the patient and time interpreting these test results and preparing the report	17	170, 171, 173	11, 12			\$60.58	No	3 hours per 30 days
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or less, who requires intensive observation, frequent interventions, and other intensive care services	31	316, 318, 322, 345	21			\$251.98	No	once per day
A5083	Continent device, stoma absorbtive cover for continent stoma	24	240, 241, 242, 243, 245	11, 12			\$0.57	No	180 per 90 calendar days
A5083	Continent device, stoma absorbtive cover for continent stoma	25	250	11, 12			\$0.57	No	180 per 90 calendar days

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A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	24	240, 241, 242, 243, 245	11, 12			\$143.48	No	1 per 90 days
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	25	250	11, 12			\$143.48	No	1 per 90 days
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	24	240, 241, 242, 243, 245	11, 12			\$39.63	No	2 per 30 days
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	25	250	11, 12			\$39.63	No	2 per 30 days
A7029	Nasal pillow for combination oral/nasal mask, replacement only, pair	24	240, 241, 242, 243, 245	11, 12			\$16.19	No	2 per 30 days
A7029	Nasal pillow for combination oral/nasal mask, replacement only, pair	25	250	11, 12			\$16.19	No	2 per 30 days
A9155	Artificial saliva, 30 ml	24	240, 241, 242, 243, 245	11, 12			\$2.94	Yes	360 units per 60 days
A9155	Artificial saliva, 30 ml	25	250	11, 12			\$2.94	Yes	360 units per 60 days
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type each	05	250	12			\$30.58	No	1 per 90 days
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type each	24	240, 241, 242, 243, 245	11, 12			\$30.58	No	1 per 90 days
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type each	25	250	11, 12			\$30.58	No	1 per 90 days

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B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	05	250	12			\$30.58	No	1 per 90 days
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	24	240, 241, 242, 243, 245	11, 12			\$30.58	No	1 per 90 days
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	25	250	11, 12			\$30.58	No	1 per 90 days
E0856	Cervical traction device, cervical collar with inflatable air bladder	24	240, 241, 242, 243, 245	11, 12	NU RR		NU=\$129.38 RR=\$12.94	Yes= NU mod; PA required for RR with 1st month rental	RR=1 per month (1 month rental is required prior to purchase); NU=1 per 5 calendar years
E0856	Cervical traction device, cervical collar with inflatable air bladder	25	250	11, 12	NU RR		NU=\$129.38 RR=\$12.94	Yes= NU mod; PA required for RR with 1st month rental	RR=1 per month (1 month rental is required prior to purchase); NU=1 per 5 calendar years
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,551.34	Yes	1 per 1095 days
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	25	250	11, 12	NU		\$1,551.34	Yes	1 per 1095 days

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E2313	Power wheelchair accessory, harness for upgrade to expanable controller, including all fasteners, connectors and mounting hardware, each	24	240, 241, 242, 243, 245	11, 12	NU		\$246.34	Yes	
E2313	Power wheelchair accessory, harness for upgrade to expanable controller, including all fasteners, connectors and mounting hardware, each	25	250	11, 12	NU		\$246.34	Yes	
E2397	Power wheelchair accessory, lithium -based battery, each	24	240, 241, 242, 243, 245	11, 12	NU		\$347.87	Yes	2 per 365 days
E2397	Power wheelchair accessory, lithium -based battery, each	25	250	11, 12	NU		\$347.87	Yes	2 per 365 days
J7347	Dermal (substitute)tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (integra matrix), per square centimeter	24	240, 241, 242, 243, 245	11, 12			\$24.12	No	100 units per day
J7347	Dermal (substitute)tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (integra matrix), per square centimeter	25	250	11, 12			\$24.12	No	100 units per day

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J7349	Dermal (substitute)tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Primatrix) per square centimeter	24	240, 241, 242, 243, 245	11, 12			\$36.80	No	100 units per day
J7349	Dermal (substitute)tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (Primatrix) per square centimeter	25	250	11, 12			\$36.80	No	100 units per day
L3925	Finger orthosis, proximal interphalangeal (PIP/distal interphalangeal (DIP), non torsion joint/spring, extension/ flexion, may include soft interface material, prefabricated, includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$31.72	Yes	1 per finger per 365 days
L3925	Finger orthosis, proximal interphalangeal (PIP/distal interphalangeal (DIP), non torsion joint/spring, extension/ flesion, may include soft interface material, prefabricated, includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$31.72	Yes	1 per finger per 365 days

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L3927	Finger orthosis, proximal, interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/ flexion (e.g., static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$22.50	Yes	1 per finger per 365 days
L3927	Finger orthosis, proximal, interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/ flexion (e.g., static or ring type), may include soft interface material, prefabricated, includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		FA, F1, F2, F3, F4, F5, F6, F7, F8, F9	\$22.50	Yes	1 per finger per 365 days
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$56.21	Yes	1 per extremity per 365 days
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$56.21	Yes	1 per extremity per 365 days

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L3931	Wrist hand finger orthosis, includes one or more nontorsion joint (s), turnbuckles, elastic bands/ springs, may include soft interface material. Straps, prefabricated includes fitting and adjustment	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$115.10	Yes	1 per extremity per 365 days
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint (s), turnbuckles, elastic bands/ springs, may include soft interface material. Straps, prefabricated includes fitting and adjustment	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$115.10	Yes	1 per extremity per 365 days
L7611	Terminal device, hook, mechanical, voluntary openings, any material, any size, lined or unlined, pediatric	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$493.53	Yes	
L7611	Terminal device, hook, mechanical, voluntary openings, any material, any size, lined or unlined, pediatric	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$493.53	Yes	
L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$881.68	Yes	
L7612	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$881.68	Yes	
L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$1,166.36	Yes	

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L7613	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$1,166.36	Yes	
L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$1,006.68	Yes	
L7614	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$1,006.68	Yes	
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$1,666.10	Yes	
L7621	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$1,666.10	Yes	
L7622	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	24	240, 241, 242, 243, 244, 245	11, 12, 21, 31, 32		RT LT 50	\$1,436.30	Yes	
L7622	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	25	250, 251, 252	11, 12, 21, 31, 32		RT LT 50	\$1,436.30	Yes	
S2066	Breast reconstruction with a gluteal artery perforation (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	31	319, 337	21		RT LT	\$1,250.00	No	once per day

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S2066	Breast reconstruction with a gluteal artery perforation (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	31	319, 337	21	80	RT LT	\$200.00	No	once per day
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (gap) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	31	319, 337	21		RT LT	\$1,250.00	No	once per day
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (gap) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	31	319, 337	21	80	RT LT	\$200.00	No	once per day
S9152	Speech therapy, re-evaluation	01	010, 183	22			\$12.90	No	once per 30 days
S9152	Speech therapy, re-evaluation	01	012, 014	22			\$12.90	No	once per 30 days
S9152	Speech therapy, re-evaluation	17	173	11, 12, 31, 32, 99			\$12.90	No	once per 30 days
S9152	Speech therapy, re-evaluation	31	All	11, 12, 31, 32			\$12.90	No	once per 30 days

New codes added to Fee schedule based upon PE requests

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78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotension converting enzyme inhibitor and/or diuretic)	01	010	22	Total (no modifier); TC		Total=\$238.50; TC= \$185.64	No	once per day
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotension converting enzyme inhibitor and/or diuretic)	31	322, 341	21, 22	26 mod		26=\$52.86	No	once per day
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotension converting enzyme inhibitor and/or diuretic)	31	322, 341	11	Total (no modifier)		Total=\$238.50	No	once per day
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	01	010	22			\$43.89	No	once per day

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80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	01	016 017	23			\$43.89	No	once per day
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	28	280	81			\$43.89	No	once per day
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x6)	01	010	22			\$147.50	No	once per day
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x6)	01	016 017	23			\$147.50	No	once per day
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x6)	28	280	81			\$147.50	No	once per day

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80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	01	010	22			\$49.17	No	once per day
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	01	016 017	23			\$49.17	No	once per day
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	28	280	81			\$49.17	No	once per day
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	08	110	12, 49			\$44.57	No	One session per day
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	08	074	15		HB	\$44.57	No	One session per day

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90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	08	184	57			\$44.57	No	One session per day
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	19	190	11			\$44.57	No	One session per day
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); approximately 20-30 minutes	31	339	11, 21			\$44.57	No	One session per day
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	17	171	11			\$18.02	No	4/ 15 minutes per day(total of 60 min per day)

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A6412	Eye patch, occlusive, each	24	240, 241, 242, 243, 245	11, 12			\$0.57	No	60 per 30 consecutive days
A6412	Eye patch, occlusive, each	25	250	11, 12			\$0.57	No	60 per 30 consecutive days
B4224	Parenteral nutrition administration kit, per day	24	240, 241, 242, 243, 245	11, 12			\$20.78	No	30 per 30 consecutive days
B4224	Parenteral nutrition administration kit, per day	25	250	11, 12			\$20.78	No	30 per 30 consecutive days
E0482	Cough stimulating device, alternating positive and negative airway pressure	24	240, 241, 242, 243, 245	11, 12	no modifier for purchase; RR=rental		Purchase (no mod)=\$4178.49 RR=\$417.85	Purchase=Yes PA; PA required for RENTAL from the 1st month	1 per lifetime=Purchase; 1 per month=RR
E0482	Cough stimulating device, alternating positive and negative airway pressure	25	250	11, 12	no modifier for purchase; RR=rental		Purchase (no mod)=\$4178.49 RR=\$417.85	Purchase=Yes PA; PA required for RENTAL from the 1st month	1 per lifetime=Purchase; 1 per month=RR
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	24	240, 241, 242, 243, 245	11, 12			\$0.09	Yes	4800 units per 30 consecutive days
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	25	250	11, 12			\$0.09	Yes	4800 units per 30 consecutive days
S3645	HIV-1 antibody testing or oral mucosal transudate	01	010, 183	22			\$20.00	No	once per day
S3645	HIV-1 antibody testing or oral mucosal transudate	08	082	49			\$20.00	No	once per day
S3645	HIV-1 antibody testing or oral mucosal transudate	08	083	22, 49		FP	\$20.00	No	once per day

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S3645	HIV-1 antibody testing or oral mucosal transudate	09	All	11			\$20.00	No	once per day
S3645	HIV-1 antibody testing or oral mucosal transudate	28	280	81			\$20.00	No	once per day
S3645	HIV-1 antibody testing or oral mucosal transudate	31	All	11			\$20.00	No	once per day
S3645	HIV-1 antibody testing or oral mucosal transudate	33	335	11			\$20.00	No	once per day
Additional updates to codes already open on fee schedule									
Addition of POS 24 and SG modifier									
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	01	021	24	SG		\$776.00	No	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	02	020	24	SG		\$776.00	No	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	01	021	24	SG		\$776.00	No	
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	02	020	24	SG		\$776.00	No	
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	01	021	24	SG		\$776.00	No	
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	02	020	24	SG		\$776.00	No	
36522	Photopheresis, extracorporeal	01	021	24	SG		\$776.00	No	
36522	Photopheresis, extracorporeal	02	020	24	SG		\$776.00	No	
42890	Limited pharyngectomy	01	021	24	SG		\$776.00	No	

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42890	Limited pharyngectomy	02	020	24	SG		\$776.00	No	
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing	01	021	24	SG		\$776.00	No	
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing	02	020	24	SG		\$776.00	No	
58555	Hysteroscopy, diagnostic (separate procedure)	01	021	24	SG		\$776.00	No	
58555	Hysteroscopy, diagnostic (separate procedure)	02	020	24	SG		\$776.00	No	
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	01	021	24	SG		\$776.00	No	
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	02	020	24	SG		\$776.00	No	

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93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	01	021	24	SG		\$776.00	No	
End dated 80 Modifier fees									
21280	Medial canthopexy (separate procedure)	31	330, 332, 337	21, 24			\$442.00	No	once per day
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing	31	All	11, 21, 23, 24, 99			\$264.81	No	
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation thermoablation)	31	All	21, 24, 99			\$315.90	No	once per day
59515	Caesarean delivery only, including postpartum care	31	319, 328	21	TH		\$1,200.00	No	once per 6 months
End dated TC and Total component fees									
73530	Radiologic examination, hip, during operative procedure	31	341	21, 24	26		\$13.58	No	

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74327	Postoperative biliary duct calculus removal, percutaneous via T-Tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	31	341	21, 22, 24	26		\$23.00	No	once per day
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	31	341	21, 22, 24	26		\$23.00	No	once per day
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	31	341	21, 22, 24	26		\$29.00	No	once per day
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	31	341	21, 22, 24	26		\$19.20	No	once per day
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and films, radiological supervision and interpretation	31	341	21, 22, 24	26		\$10.00	No	once per day
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	31	341	21, 22, 24	26		\$25.34	No	once per day
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	31	341	21, 22, 24	26		\$25.34	No	once per day

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75961	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation	31	341	21, 24	26		\$17.50	No	once per day
End dated Total component fees									
74740	Hysterosalpingography, radiological supervision and interpretation	01	010	22	TC		\$26.50	No	once per day
74740	Hysterosalpingography, radiological supervision and interpretation	08	083	22, 49	TC	FP	\$26.50	No	once per day
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	31	319, 322, 345	21, 24, 99	26		\$187.50	No	once per day
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	31	322, 345	21, 24	26		\$265.59	No	once per day
Addition of 26 modifier for Physician services									
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	31	319, 322, 345	21, 24, 99	26		\$187.50	No	once per day

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93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	31	322, 345	21, 24	26		\$265.59	No	once per day
Services allowed in inpatient setting (POS 21) only									
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)	27	272	21			\$1,000.00	No	once per day
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)	27	272	21	80		\$200.00	No	once per day
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)	31	319, 331, 332 337,	21			\$1,000.00	No	once per day
21188	Reconstruction midface, osteotomies (other than Lefort type) and bone grafts (includes obtaining autografts)	31	319, 331, 332 337,	21	80		\$200.00	No	once per day
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft	27	272	21			\$1,000.00	No	once per day
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft	27	272	21	80		\$200.00	No	once per day

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21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft	31	319, 331, 332 337,	21			\$1,000.00	No	once per day
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft	31	319, 331, 332 337,	21	80		\$200.00	No	once per day
End dated TC and 26 modifier component fees									
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	01	All	23			\$1.98	once per day	1-1 units
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	08	All	49			\$1.98	once per day	1-1 units
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	09	All	11			\$1.98	once per day	1-1 units
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	31	All	11			\$1.98	once per day	1-1 units
End dated RR modifier component fees									
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,895.36	1 per 1095 days	1-1 units

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E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	25	250	11, 12	NU		\$1,895.36	1 per 1095 days	1-1 units
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,226.32	1 per 1095 days	1-1 units
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	25	250	11, 12	NU		\$1,226.32	1 per 1095 days	1-1 units
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,128.29	1 per 1095 days	1-1 units

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E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	25	250	11, 12	NU		\$1,128.29	1 per 1095 days	1-1 units
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,077.46	1 per 1095 days	1-1 units
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	25	250	11, 12	NU		\$1,077.46	1 per 1095 days	1-1 units
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,844.91	1 per 1095 days	1-1 units
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	25	250	11, 12	NU		\$1,844.91	1 per 1095 days	1-1 units

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E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$3,101.86	1 per 1095 days	1-1 units
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	25	250	11, 12	NU		\$3,101.86	1 per 1095 days	1-1 units
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$1,384.25	1 per 1095 days	1-1 units
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	25	250	11, 12	NU		\$1,384.25	1 per 1095 days	1-1 units

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E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	24	240, 241, 242, 243, 245	11, 12	NU		\$2,666.62	1 per 1095 days	1-1 units
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	25	250	11, 12	NU		\$2,666.62	1 per 1095 days	1-1 units