




Medical Assistance BULLETIN

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|---|----------------|--|
| ISSUE DATE | EFFECTIVE DATE | NUMBER |
| June 23, 2025 | June 23, 2025 | 99-25-06 |
| SUBJECT | | BY |
| 2025 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes | |  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/providers/provider-enrollment-information/provider-enrollment-documents.html>

PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule based upon the 2025 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule based on clinical review or provider request. These changes are effective for dates of service on and after June 16, 2025.

SCOPE:

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

BACKGROUND:

The Department is adding new procedure codes and end-dating procedure codes as a result of the 2025 updates published by the Centers for Medicare & Medicaid Services to the HCPCS and as a result of clinical review. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule to include updates to provider type (PT), provider specialty (Spec), place of service (POS), modifiers, units, and making fee adjustments. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

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 or End-Dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule as a result of the 2025 HCPCS updates. These procedure codes may include the modifiers SG (Ambulatory Surgical Center (ASC)/Short Procedure Unit facility support component), 50 (bilateral), 80 (assistant surgeon), LT (left), RT (right), TC (technical component), 26 (professional component), RR (rental), and NU (purchase).

| Procedure Codes and Modifiers | | | | |
|--------------------------------------|----------------|----------------|----------------|----------------|
| 25448 (SG) | 25448 (LT) | 25448 (RT) | 25448 (50) | 25448 (80)(LT) |
| 25448 (80)(RT) | 25448 (80)(50) | 38225 | 38225 (SG) | 38228 |
| 38228 (SG) | 49186 | 49186 (80) | 49187 | 49187 (80) |
| 49188 | 49188 (80) | 49189 | 49189 (80) | 49190 |
| 49190 (80) | 90593 | 93896 | 93896 (TC) | 93896 (26) |
| 93897 | 93897 (TC) | 93897 (26) | 93898 | 93898 (TC) |
| 93898 (26) | 96041 | A4271 | E1803 (RR)(LT) | E1803 (RR)(RT) |
| E1804 (RR)(LT) | E1804 (RR)(RT) | E1813 (RR)(LT) | E1813 (RR)(RT) | E1814 (RR)(LT) |
| E1814 (RR)(RT) | E2104 (NU) | L1653 | L1821 (LT) | L1821 (RT) |

The Department is adding procedure code 81518 to the MA Program Fee Schedule based upon provider request and clinical review.

The Department is end-dating the following procedure codes from the MA Program Fee Schedule based on the 2025 HCPCS updates or as a result of clinical review.

| Procedure Codes | | | | |
|------------------------|-------|-------|-------|-------|
| 21632 | 33471 | 33737 | 33813 | 47802 |
| 49203 | 49204 | 49205 | 50135 | 51030 |
| 54438 | 58957 | 81436 | 86327 | 86490 |
| 88388 | 90630 | 93890 | 96040 | E0941 |
| L2040 | L2050 | L2060 | L2070 | L2080 |
| L2090 | M0220 | M0221 | M0222 | M0223 |
| M0240 | M0241 | M0243 | M0244 | M0245 |
| M0246 | M0247 | | | |

The Department will not approve any prior authorization requests for procedure codes being end-dated after June 16, 2025. For any of the above procedure codes that had a prior authorization issued before June 16, 2025, providers should submit claims using the end-dated procedure code, as set forth in the prior authorization notice issued by the Department. The Department will accept claims with the end-dated procedure codes until June 16, 2026, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure code, and procedure code and modifier combinations, 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 (Code).

| Procedure Code and Modifiers | | |
|-------------------------------------|------------|------------|
| L1653 | L1821 (LT) | L1821 (RT) |

The following durable medical equipment procedure code and modifier combinations being added to the MA Program Fee Schedule will require prior authorization. Procedure codes with the NU modifier require prior authorization for purchase, pursuant to Section 443.6(b)(2) of the Code and procedure codes with the RR modifier require prior authorization after three months of rental pursuant to Section 443.6(b)(3) of the Code.

| Procedure Code and Modifiers | | | |
|-------------------------------------|----------------|----------------|----------------|
| E1803 (RR)(LT) | E1803 (RR)(RT) | E1804 (RR)(LT) | E1804 (RR)(RT) |
| E1813 (RR)(LT) | E1813 (RR)(RT) | E1814 (RR)(LT) | E1814 (RR)(RT) |
| E2104 (NU) | | | |

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as authorized under Section 443.6(b)(7) of the Code.

| Procedure Codes | |
|------------------------|-------|
| 81518 | A4271 |

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is adding the RT, LT, and 50 modifiers for the following PT/Spec/POS combinations to procedure codes with or without the 80 modifier as indicated below.

| Procedure Codes | PT/Spec | POS | New Modifiers |
|------------------------|--------------------|-------------------------------------|----------------------|
| 25447 | 31 (Physician)/All | 21(Inpatient Hospital), 24 (ASC) | RT; LT; 50 |
| 25447 (80) | | | |

The Department is end-dating the following PT/Spec/POS combinations for the below procedure codes.

| Procedure Codes and Modifiers | End-dated PT/Spec/POS |
|-------------------------------|---|
| 25447 | 01 (Inpatient Hospital)/All/23 (Emergency Room) |
| | 01/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital) |
| | 08 (Clinic)/All/49 (Independent Clinic) |
| | 31/All/11 (Office) |
| | 31/All/23 |
| | 31/All/99 (Special Treatment Room) |
| 93886 | 31/All/27 (Street Medicine) |
| 93886 (TC) | 29 (X-Ray Clinic) /291 (Mobile X-Ray Clinic) /12 (Home) |
| | 29/291/31 (Skilled Nursing Facility) |
| | 29/291/32 (Nursing Facility) |
| | 31/All/27 |
| 93886 (26) | 31/All/12 |
| | 31/All/27 |
| | 31/All/31 |
| | 31/All/32 |

Durable Medical Equipment

The Department is removing NU and 50 modifiers for all PT/Spec/POS combinations for the following procedure codes based on clinical review, as modifiers NU and 50 are no longer available. These procedure codes must be billed with the RR modifier in addition to the LT or RT modifiers.

| Procedure Code | End-Dated Modifier Combinations | | | |
|----------------|---------------------------------|----------|----------|----------|
| E1800 | (NU)(LT) | (NU)(RT) | (NU)(50) | (RR)(50) |
| E1810 | | | | |

The Department is removing the 50 modifier for all PT/Spec/POS combinations for L1820 based on clinical review, as the 50 modifier is no longer available for this procedure code. This procedure code must be billed with the LT or RT modifier.

The Department is end-dating the PT/Spec combinations for the following procedure code as a result of clinical review.

| Procedure Code | End-Dated PT/Spec |
|----------------|--|
| E1810 | 25 (Durable Medical Equipment (DME))/251 (Prosthetist) |
| | 25/252 (Orthotist) |

Unit Update

The Department is updating the units for the following procedure code based upon the 2025 HCPCS updates and clinical review.

| Procedure Code | Former Minimum/ Maximum Unit | New Minimum/ Maximum Unit |
|----------------|------------------------------|---------------------------|
| 25447 | 1:1 | 1:2 |

Fee Adjustments

The Department is adjusting the MA Program fee for the following procedure codes as identified below, effective June 16, 2025.

| Procedure Codes | Code Description | Current Fee | New Fee |
|----------------------------------|--|-------------|------------|
| 25447 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | \$440.00 | \$609.36 |
| 25447 (80) | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | \$88.00 | \$97.50 |
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | \$387.04 | \$1,043.16 |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | \$510.29 | \$2,391.88 |
| E1800 (RR)(LT) E1800 (RR)(RT) | Dynamic adjustable elbow extension and flexion device, includes soft interface material | \$69.50 | \$116.39 |
| E1810 (RR)(LT) E1810 (RR)(RT) | Dynamic adjustable knee extension and flexion device, includes soft interface material | \$105.74 | \$128.32 |
| L1652 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | \$280.10 | \$335.34 |
| L1820 (LT) L1820 (RT) | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | \$50.00 | \$137.50 |

Limits

The MA Program established limits for some of these procedure codes. When a provider determines an MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (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 code updates, effective June 16, 2025. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a “Yes” under the “Prior Authorization Required” heading.

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the online version of the fee schedule at the Department’s website at: <https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.

ATTACHMENT:

2025 HCPCS and Other Procedure Code Updates, Effective June 16, 2025

**Commonwealth of Pennsylvania
Department of Human Services
Office of Medical Assistance Programs
2025 HCPCS and Other Procedure Code Updates, Effective June 16, 2025**

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2025 HCPCS updates. The second section includes the procedure codes being added based on provider requests. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2025 HCPCS updates. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

| Procedure Code | Description | Provider Type | Specialty | Place of Service | Pricing Modifier | Info Modifier | MA Fee | Prior Auth | MA units | Limits | Post op days |
|----------------|---|---------------|-----------|------------------|------------------|---------------|----------|-------------------------------------|---------------|--|--------------|
| 25448 | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | 01 | 021 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 25448 | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | 02 | 020 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 25448 | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | 31 | All | 21, 24 | | RT-LT-50 | \$673.31 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side, per day | 90 days |
| 25448 | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | 31 | All | 21, 24 | 80 | RT-LT-50 | \$107.73 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side, per day | 90 days |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | 01 | 021 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | 02 | 020 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |

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|-------|--|----|-----|--------|----|--|------------|-------------------------------------|---------------|--------------|---------|
| 38225 | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | 01 | 183 | 22 | | | \$73.22 | No | per procedure | once per day | 0 days |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | 31 | All | 21, 24 | | | \$73.22 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 01 | 021 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 02 | 020 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 01 | 183 | 22 | | | \$132.07 | No | per procedure | once per day | 0 days |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 31 | All | 21, 24 | | | \$132.07 | No, but AUR and PSR process applies | per procedure | once per day | 0 days |
| 49186 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less | 31 | All | 21 | | | \$988.86 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49186 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less | 31 | All | 21 | 80 | | \$158.22 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49187 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm | 31 | All | 21 | | | \$1,264.72 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |

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|-------|--|----|-----|------------|----|--|------------|-------------------------------------|--------------------|--------------|---------|
| 49187 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm | 31 | All | 21 | 80 | | \$202.36 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49188 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm | 31 | All | 21 | | | \$1,510.81 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49188 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm | 31 | All | 21 | 80 | | \$241.73 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49189 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm | 31 | All | 21 | | | \$1,758.35 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49189 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm | 31 | All | 21 | 80 | | \$281.34 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49190 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm | 31 | All | 21 | | | \$2,168.87 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 49190 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm | 31 | All | 21 | 80 | | \$347.02 | No, but AUR and PSR process applies | per procedure | once per day | 90 days |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 01 | 183 | 22 | | | \$10.00 | No | per administration | once per day | N/A |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 08 | 082 | 49 | | | \$10.00 | No | per administration | once per day | N/A |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 09 | All | 11, 12, 27 | | | \$10.00 | No | per administration | once per day | N/A |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 10 | 100 | 11, 12, 27 | | | \$10.00 | No | per administration | once per day | N/A |

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|-------|--|----|----------|--------------------|----|--|----------|-------------------------------------|--------------------|--------------|-----|
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 10 | 247 | 11, 12 | | | \$10.00 | No | per administration | once per day | N/A |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 31 | All | 11, 12, 27 | | | \$10.00 | No | per administration | once per day | N/A |
| 90593 | Chikungunya virus vaccine, recombinant, for intramuscular use | 33 | 335 | 11, 12, 27 | | | \$10.00 | No | per administration | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | | | \$129.86 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | TC | | \$99.31 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | | | \$129.86 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | TC | | \$99.31 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | | | \$129.86 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | TC | | \$99.31 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11 | | | \$129.86 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | ALL | 11 | TC | | \$99.31 | No | per procedure | once per day | N/A |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11, 21, 22, 23, 49 | 26 | | \$30.55 | No, but AUR and PSR process applies | per procedure | once per day | N/A |

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|-------|--|----|----------|----|----|--|----------|----|---------------|--------------|-----|
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | | | \$162.82 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | TC | | \$135.06 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | | | \$162.82 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | TC | | \$135.06 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | | | \$162.82 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | TC | | \$135.06 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11 | | | \$162.82 | No | per procedure | once per day | N/A |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | ALL | 11 | TC | | \$135.06 | No | per procedure | once per day | N/A |

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|-------|--|----|----------|--------------------|----|--|----------|-------------------------------------|---------------|--------------|-----|
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11, 21, 22, 23, 49 | 26 | | \$27.76 | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | | | \$170.72 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 016, 017 | 23 | TC | | \$138.18 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | | | \$170.72 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 01 | 183 | 22 | TC | | \$138.18 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | | | \$170.72 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 08 | 082 | 49 | TC | | \$138.18 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11 | | | \$170.72 | No | per procedure | once per day | N/A |

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|-------|--|----|-------------------------|------------------------|----|-------|----------|---|----------------|--|-----|
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | ALL | 11 | TC | | \$138.18 | No | per procedure | once per day | N/A |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | 31 | All | 11, 21, 22, 23, 49 | 26 | | \$32.54 | No, but AUR and PSR process applies | per procedure | once per day | N/A |
| 96041 | Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter | 01 | 183 | 02, 10, 22 | | | \$37.17 | No | per 30 minutes | twice per day | N/A |
| 96041 | Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter | 08 | 082 | 02, 10, 49 | | | \$37.17 | No | per 30 minutes | twice per day | N/A |
| 96041 | Medical genetics and genetic counseling services, each 30 minutes of total time provided by the genetic counselor on the date of the encounter | 31 | All | 02, 10, 11, 12, 21, 27 | | | \$37.17 | No, but AUR and PSR process applies | per 30 minutes | twice per day | N/A |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests | 24 | 240, 241, 242, 243, 245 | 11, 12 | | | \$26.74 | Yes | per 50 tests | two per calendar month | N/A |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests | 25 | 250 | 11, 12 | | | \$26.74 | Yes | per 50 tests | two per calendar month | N/A |
| E1803 | Dynamic adjustable elbow extension only device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1803 | Dynamic adjustable elbow extension only device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1804 | Dynamic adjustable elbow flexion only device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |

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|-------|---|----|------------------------------|--------------------|----|-------|----------|---|------|--|-----|
| E1804 | Dynamic adjustable elbow flexion only device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1813 | Dynamic adjustable knee extension only device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1813 | Dynamic adjustable knee extension only device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1814 | Dynamic adjustable knee flexion only device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1814 | Dynamic adjustable knee flexion only device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | 24 | 240, 241, 242, 243, 245 | 11, 12 | NU | | \$42.76 | Yes | each | one per three calendar years | N/A |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | 25 | 250 | 11, 12 | NU | | \$42.76 | Yes | each | one per three calendar years | N/A |
| L1653 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 | | | \$335.34 | Yes | each | per medical necessity | N/A |
| L1653 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, off the shelf | 25 | 250, 251, 252 | 11, 12, 21, 31, 32 | | | \$335.34 | Yes | each | per medical necessity | N/A |
| L1821 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 | | RT-LT | \$137.50 | Yes | each | one per R side and one per L side per 180 days | N/A |

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|--|--|----|---------------|--------------------|----|----------|------------|-------------------------------------|---------------|--|---------|
| L1821 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated, off the shelf | 25 | 250, 251, 252 | 11, 12, 21, 31, 32 | | RT-LT | \$137.50 | Yes | each | one per R side and one per L side per 180 days | N/A |
| PROCEDURE CODE BEING ADDED BASED UPON PROVIDER REQUEST AND CLINICAL REVIEW | | | | | | | | | | | |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | 01 | 183 | 22 | | | \$3,098.40 | Yes | per test | once per lifetime | N/A |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | 28 | 280 | 81 | | | \$3,098.40 | Yes | per test | once per lifetime | N/A |
| PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2025 HCPCS UPDATES | | | | | | | | | | | |
| 25447 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | 01 | 021 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 25447 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | 02 | 020 | 24 | SG | | \$776.00 | No, but AUR and PSR process applies | | N/A | N/A |
| 25447 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | 31 | All | 21, 24 | | RT-LT-50 | \$609.36 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side, per day | 90 days |
| 25447 | Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon) | 31 | All | 21, 24 | 80 | RT-LT-50 | \$97.50 | No, but AUR and PSR process applies | per procedure | once per R side and once per L side, per day | 90 days |

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|-------|---|----|----------|--------------------|----|--|-----------|-------------------------------------|---------------|-------------------|-----|
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | 01 | 183 | 22 | | | \$1043.16 | No | per test | once per lifetime | N/A |
| 81435 | Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 or more genes, interrogation for sequence variants and copy number variants | 28 | 280 | 81 | | | \$1043.16 | No | per test | once per lifetime | N/A |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | 01 | 183 | 22 | | | \$2391.88 | No | per test | once per day | N/A |
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | 28 | 280 | 81 | | | \$2391.88 | No | per test | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 01 | 016, 017 | 23 | | | \$164.24 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 01 | 016, 017 | 23 | TC | | \$119.34 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 01 | 183 | 22 | | | \$164.24 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 01 | 183 | 22 | TC | | \$119.34 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 08 | 082 | 49 | | | \$164.24 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 08 | 082 | 49 | TC | | \$119.34 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 31 | All | 11 | | | \$164.24 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 31 | All | 11 | TC | | \$119.34 | No | per procedure | once per day | N/A |
| 93886 | Transcranial Doppler study of the intracranial arteries; complete study | 31 | All | 11, 21, 22, 23, 49 | 26 | | \$44.90 | No, but AUR and PSR process applies | per procedure | once per day | N/A |

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|-------|--|----|------------------------------|--------------------|----|-------|----------|---|------|--|-----|
| E1800 | Dynamic adjustable elbow extension and flexion device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1800 | Dynamic adjustable elbow extension and flexion device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$116.39 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1810 | Dynamic adjustable knee extension and flexion device, includes soft interface material | 24 | 240, 241, 242, 243, 245 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| E1810 | Dynamic adjustable knee extension and flexion device, includes soft interface material | 25 | 250 | 11, 12 | RR | RT-LT | \$128.32 | No, but PA required after 3 months rental | each | one per R side and one per L side per calendar month | N/A |
| L1652 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 | | | \$335.34 | Yes | each | per medical necessity | N/A |
| L1652 | Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 25 | 250, 251, 252 | 11, 12, 21, 31, 32 | | | \$335.34 | Yes | each | per medical necessity | N/A |
| L1820 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 24 | 240, 241, 242, 243, 244, 245 | 11, 12, 21, 31, 32 | | RT-LT | \$137.50 | Yes | each | one per R side and one per L side per 180 days | N/A |

| | | | | | | | | | | | |
|-------|---|----|---------------|--------------------|--|-------|----------|-----|------|--|-----|
| L1820 | Knee orthosis (KO), elastic with condylar pads and joints, with or without patellar control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | 25 | 250, 251, 252 | 11, 12, 21, 31, 32 | | RT-LT | \$137.50 | Yes | each | one per R side and one per L side per 180 days | N/A |
|-------|---|----|---------------|--------------------|--|-------|----------|-----|------|--|-----|