

COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF PUBLIC WELFARE  
 OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
 NEW HCPCS CODES EFFECTIVE OCTOBER 1, 2005

| CODE  | MODIFIER | PRIOR AUTH. REQUIRED?                   | PRICE   | TERMINOLOGY   |
|-------|----------|---|---------|---|
| A4349 |          | NO                                      | \$0.83  | Male external catheter, with or without adhesive, disposable, each  |
| A4605 |          | NO                                      | \$13.12 | Tracheal suction catheter, closed system, each  |
| A7045 |          | NO                                      | \$15.58 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only  |
| A7527 |          | NO                                      | \$2.86  | Tracheostomy/laryngectomy tube plug/stop, each  |
| B4103 |          | NO                                      | \$0.72  | Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit   |
| 4157  | BO       | <i>Under 21 years of age:</i><br>NO     | \$1.43  | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
|       |          | <i>21 years of age and older</i><br>YES |         |   |

**Procedure codes with an RR modifier require prior authorization for rentals exceeding three months.**

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BO\* - If service required for individual 21 years of age and over, requires Program Exception

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|       |     |  |        |   |
|-------|-----|--|--------|---|
| B4158 |     | NO   | \$1.43 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4158 | BO* | <b><i>Under 21<br/>years of<br/>age:</i></b><br>NO | \$1.43 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit  |
| B4159 |     | NO   | \$1.43 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit                                    |
| B4159 | BO* | <b><i>Under 21<br/>years of<br/>age:</i></b><br>NO | \$1.43 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit                                    |
| B4160 |     | NO   | \$1.43 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/me) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |

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|-------|-----|---|--------|---|
| B4160 | BO* | <b><i>Under 21<br/>years of<br/>age:<br/>NO</i></b> | \$1.43 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/me) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit |
| B4161 |     | NO  | \$1.24 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4161 | BO* | <b><i>Under 21<br/>years of<br/>age:<br/>NO</i></b> | \$1.24 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4162 |     | NO  | \$1.43 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |
| B4162 | BO* | <b><i>Under 21<br/>years of<br/>age:<br/>NO</i></b> | \$1.43 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit   |

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|       |    |     |          |   |
|-------|----|-----|----------|---|
| D2915 |    | NO  | \$25.00  | Recement cast or prefabricated post and core  |
| D2915 | SG | YES | \$776.00 | Recement cast or prefabricated post and core  |
| D2934 |    | NO  | \$90.00  | Prefabricated esthetic coated stainless steel crown - primary tooth   |
| D2934 | SG | YES | \$776.00 | Prefabricated esthetic coated stainless steel crown - primary tooth   |
| D7283 |    | NO  | \$35.00  | Placement of device to facilitate eruption of impacted tooth  |
| D7283 | SG | YES | \$776.00 | Placement of device to facilitate eruption of impacted tooth  |
| D7288 |    | NO  | \$34.50  | Brush biopsy - transepithelial sample collection  |
| D7288 | SG | YES | \$776.00 | Brush biopsy - transepithelial sample collection  |
| D7511 |    | NO  | \$88.50  | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |
| D7511 | SG | YES | \$776.00 | Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |
| D7521 |    | NO  | \$88.50  | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |
| D7521 | SG | YES | \$776.00 | Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) |

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|       |    |     |          |  |
|-------|----|-----|----------|--|
| E1039 | NU | YES | \$181.20 | Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater     |
| E1039 | RR | NO  | \$18.12  | Transport chair, adult size, heavy duty, patient weight capacity 250 pounds or greater     |
| E2205 | NU | NO  | \$26.14  | Manual wheelchair accessory, handrim without projections, any type, replacement only, each |
| E2205 | RR | NO  | \$2.60   | Manual wheelchair accessory, handrim without projections, any type, replacement only, each |
| E2206 | NU | NO  | \$32.54  | Manual wheelchair accessory, wheel lock assembly, complete, each                           |
| E2206 | RR | NO  | \$3.25   | Manual wheelchair accessory, wheel lock assembly, complete, each                           |
| E2291 | NU | YES | \$405.64 | Back, planar, for pediatric size wheelchair including fixed attaching hardware             |
| E2292 | NU | YES | \$405.64 | Seat, planar, for pediatric size wheelchair including fixed attaching hardware             |
| E2293 | NU | YES | \$670.34 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware          |
| E2294 | NU | YES | \$670.34 | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware          |

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|-------|----|-----|----------|--|
| E2368 | NU | YES | \$413.26 | Power wheelchair component, motor, replacement only                          |
| E2368 | RR | NO  | \$41.34  | Power wheelchair component, motor, replacement only                          |
| E2369 | NU | YES | \$359.95 | Power wheelchair component, gear box, replacement only                       |
| E2369 | RR | NO  | \$36.00  | Power wheelchair component, gear box, replacement only                       |
| E2370 | NU | YES | \$642.27 | Power wheelchair component, motor and gear box combination, replacement only |
| E2370 | RR | NO  | \$64.23  | Power wheelchair component, motor and gear box combination, replacement only |
| E2601 | NU | NO  | \$70.92  | General use wheelchair seat cushion, width less than 22 in., any depth       |
| E2601 | RR | NO  | \$7.09   | General use wheelchair seat cushion, width less than 22 in., any depth       |
| E2602 | NU | YES | \$129.50 | General use wheelchair seat cushion, width 22 in. or greater, any depth      |
| E2602 | RR | NO  | \$12.96  | General use wheelchair seat cushion, width 22 in. or greater, any depth      |
| E2603 | NU | YES | \$178.43 | Skin protection wheelchair seat cushion, width less than 22 in., any depth   |
| E2603 | RR | NO  | \$17.85  | Skin protection wheelchair seat cushion, width less than 22 in., any depth   |

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|       |    |     |          |  |
|-------|----|-----|----------|--|
| E2604 | NU | YES | \$252.61 | Skin protection wheelchair seat cushion, width 22 in. or greater, any depth                                      |
| E2604 | RR | NO  | \$25.25  | Skin protection wheelchair seat cushion, width 22 in. or greater, any depth                                      |
| E2605 | NU | YES | \$257.35 | Positioning wheelchair seat cushion, width less than 22 in., any depth   |
| E2605 | RR | NO  | \$25.75  | Positioning wheelchair seat cushion, width less than 22 in., any depth   |
| E2606 | NU | YES | \$348.86 | Positioning wheelchair seat cushion, width 22 in. or greater, any depth  |
| E2606 | RR | NO  | \$34.89  | Positioning wheelchair seat cushion, width 22 in. or greater, any depth  |
| E2607 | NU | YES | \$236.48 | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth                    |
| E2607 | RR | NO  | \$23.65  | Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth                    |
| E2608 | NU | YES | \$283.20 | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth                   |
| E2608 | RR | NO  | \$28.34  | Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth                   |
| E2611 | NU | YES | \$312.35 | General Use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware |

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|       |    |     |          |   |
|-------|----|-----|----------|---|
| E2611 | RR | NO  | \$24.98  | General Use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware                    |
| E2612 | NU | YES | \$422.56 | General Use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware                   |
| E2612 | RR | NO  | \$33.80  | General Use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware                   |
| E2613 | NU | YES | \$314.43 | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware         |
| E2613 | RR | NO  | \$31.45  | Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware         |
| E2614 | NU | YES | \$435.14 | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware        |
| E2614 | RR | NO  | \$43.52  | Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware        |
| E2615 | NU | YES | \$361.86 | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware |
| E2615 | RR | NO  | \$36.19  | Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware |

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|-------|----|-----|----------|--|
| E2616 | NU | YES | \$486.86 | Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware                                     |
| E2618 | NU | YES | \$110.00 | Wheelchair accessory, solid seat support base (replaces sling seat), for Use with manual wheelchair or lightweight power wheelchair, includes any type mounting hardware |
| E2619 | NU | NO  | \$41.06  | Replacement cover for wheelchair seat cushion or back cushion, each  |
| E2619 | RR | NO  | \$4.10   | Replacement cover for wheelchair seat cushion or back cushion, each  |
| E2620 | NU | YES | \$459.81 | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware                      |
| E2620 | RR | NO  | \$45.98  | Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware                      |
| E2621 | NU | YES | \$438.16 | Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware                     |
| G0356 |    | NO  | \$3.10   | Hormonal antineoplastic  |

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|-------|------------|-----|----------|--|
| G0363 |            | NO  | \$20.00  | Irrigation of implanted venous access device for drug delivery systems (do not report g0363 if an injection or infusion is provided on the same day)   |
| G0364 |            | NO  | \$9.72   | Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service   |
| G0365 |            | NO  | \$124.50 | Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)   |
| G0365 | 26         | NO  | \$10.57  | Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)   |
| G0365 | TC         | NO  | \$113.93 | Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)   |
| K0628 | RT, LT, 50 | YES | \$19.38  | For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 (or higher), prefabricated, each |

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|       |            |     |          |   |
|-------|------------|-----|----------|---|
| K0629 | RT, LT, 50 | YES | \$28.91  | For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each  |
| K0630 |            | YES | \$55.53  | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment   |
| K0631 |            | YES | \$181.89 | Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated  |
| K0634 |            | YES | \$34.62  | Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment                         |
| K0635 |            | YES | \$49.00  | Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebrae, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |

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|       |     |          |   |
|-------|-----|----------|---|
| K0636 | YES | \$258.38 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment                      |
| K0637 | YES | \$52.74  | Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment                      |
| K0639 | YES | \$101.81 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment     |
| K0640 | YES | \$645.31 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment |
| K0642 | YES | \$180.25 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces  |

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intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment

|       |     |          |  |
|-------|-----|----------|--|
| K0644 | YES | \$576.43 | <p>Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment</p> |
| K0645 | YES | \$853.32 | <p>Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated</p>                              |

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|-------|-----|----------|--|
| K0646 | YES | \$675.30 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment   |
| K0647 | YES | \$829.08 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated  |
| K0648 | YES | \$675.30 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment |

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|       |          |     |          |   |
|-------|----------|-----|----------|---|
| K0649 |          | YES | \$657.77 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid plastic and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated |
| K0671 | RR       | NO  | \$228.80 | Portable oxygen concentrator, Rental  |
| L1932 | RT,LT,50 | YES | \$560.94 | AFO, rigid anterior tibial section, total Carbon fiber or equal material, prefabricated, includes fitting and adjustment  |
| L8515 |          | NO  | \$39.75  | Gelatin capsule, application device for Use with tracheoesophageal voice prosthesis, each   |
| L8615 |          | YES | \$284.06 | Headset/headpiece for Use with cochlear implant device, replacement   |
| L8616 |          | NO  | \$66.16  | Microphone for Use with cochlear implant device, replacement  |
| L8617 |          | NO  | \$57.78  | Transmitting coil for Use with cochlear implant device, replacement   |
| L8618 |          | NO  | \$16.51  | Transmitter cable for Use with cochlear implant device, replacement   |
| L8620 |          | NO  | \$40.74  | Lithium ion battery for Use with cochlear implant device, replacement, each   |

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|       |    |         |  |
|-------|----|---------|--|
| L8621 | NO | \$0.39  | Zinc air battery for Use with cochlear implant device, replacement, each                     |
| L8622 | NO | \$0.21  | Alkaline battery for Use with cochlear implant device, any size, replacement, each           |
| S0618 | NO | \$20.00 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss      |
| T4521 | NO | \$0.63  | Adult sized disposable incontinence product, brief/diaper, small, each                       |
| T4522 | NO | \$0.65  | Adult sized disposable incontinence product, brief/diaper, medium, each                      |
| T4523 | NO | \$0.72  | Adult sized disposable incontinence product, brief/diaper, large, each                       |
| T4524 | NO | \$0.72  | Adult sized disposable incontinence product, brief/diaper, extra large, each                 |
| T4525 | NO | \$0.63  | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each  |
| T4526 | NO | \$0.65  | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each |
| T4527 | NO | \$0.72  | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each  |

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|       |    |         |  |
|-------|----|---------|--|
| T4528 | NO | \$0.72  | Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each      |
| T4529 | NO | \$0.55  | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each                 |
| T4530 | NO | \$0.55  | Pediatric sized disposable incontinence product, brief/diaper, large size, each                        |
| T4531 | NO | \$0.55  | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each |
| T4532 | NO | \$0.55  | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each        |
| T4533 | NO | \$0.76  | Youth sized disposable incontinence product, brief/diaper, each  |
| T4534 | NO | \$0.76  | Youth sized disposable incontinence product, protective underwear/pull-on, each                        |
| T4535 | NO | \$0.76  | Disposable liner/shield/guard/pad/undergarment, for incontinence, each                                 |
| T4536 | NO | \$13.00 | Incontinence product, protective underwear/pull-on, reusable, any size, each                           |
| T4537 | NO | \$10.85 | Incontinence product, protective underpad, reusable, bed size, each                                    |

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|-------|----|----|---------------------------|---|
| T4540 |    | NO | \$10.85                   | Incontinence product, protective underpad, reusable, chair size, each   |
| T4541 |    | NO | \$0.38                    | Incontinence product, disposable underpad, large, each  |
| T4542 |    | NO | \$0.19                    | Incontinence product, disposable underpad, small size, each   |
| 00561 |    | NO | RELATIVE<br>VALUE =<br>25 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, under one year of age  |
| 11004 |    | NO | \$437.26                  | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum  |
| 11004 | SG | NO | \$776.00                  | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum  |
| 11005 |    | NO | \$594.74                  | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure                                  |
| 11005 | SG | NO | \$776.00                  | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure                                  |
| 11006 |    | NO | \$548.28                  | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure |

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|       |           |     |            |   |
|-------|-----------|-----|------------|---|
| 11006 | SG        | NO  | \$776.00   | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure   |
| 11008 |           | NO  | \$222.59   | Removal of prosthetic material or mesh, abdominal wall for necrotizing soft tissue infection (List separately in addition to code for primary procedure)  |
| 19296 | RT,LT,50, | NO  | \$3,601,10 | Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy   |
| 19296 | SG        | YES | \$776.00   | Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy   |
| 19297 | RT,LT,50  | NO  | \$74.07    | Placement of radiotherapy afterloading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) |
| 19298 |           | NO  | \$1,363.25 | Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance                        |
| 19298 | SG        | YES | \$776.00   | Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial  |

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mastectomy, includes imaging guidance

|       |           |     |          |   |
|-------|-----------|-----|----------|---|
| 29867 | RT,LT, 50 | NO  | \$949.98 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)   |
| 29867 | SG        | YES | \$776.00 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)   |
| 29867 | 80        | NO  | \$190.00 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)   |
| 31545 |           | NO  | \$296.41 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)                    |
| 31545 | SG        | YES | \$776.00 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)                    |
| 31546 |           | NO  | \$452.08 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft) |
| 31546 | SG        | YES | \$776.00 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft) |
| 31620 |           | NO  | \$201.76 | Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure(s))   |

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|       |          |     |            |  |
|-------|----------|-----|------------|--|
| 31636 |          | NO  | \$186.82   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus                    |
| 31636 | SG       | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus                    |
| 31637 |          | NO  | \$66.63    | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; each additional major bronchus stented (List separately in addition to code for primary procedure)                           |
| 31638 |          | NO  | \$208.04   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required) |
| 31638 | SG       | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required) |
| 32019 | RT.LT.50 | NO  | \$691.01   | Insertion of indwelling tunneled pleural catheter with cuff  |
| 32019 | SG       | YES | \$776.00   | Insertion of indwelling tunneled pleural catheter with cuff  |
| 34803 |          | NO  | \$1,059.81 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)   |

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|       |          |     |          |  |
|-------|----------|-----|----------|--|
| 34803 | 80       | NO  | \$211.96 | Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (two docking limbs)                   |
| 36818 |          | NO  | \$562.66 | Arteriovenous anastomosis, open; by upper arm cephalic vein transposition  |
| 36818 | SG       | YES | \$776.00 | Arteriovenous anastomosis, open; by upper arm cephalic vein transposition  |
| 37215 | RT,LT,50 | NO  | \$846.33 | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection                             |
| 37216 | RT,LT,50 | NO  | \$815.20 | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection                          |
| 44137 |          | NO  | \$656.77 | Removal of transplanted intestinal allograft, complete   |
| 44137 | 80       | NO  | \$131.35 | Removal of transplanted intestinal allograft, complete   |
| 45391 |          | NO  | \$219.29 | Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination   |
| 45391 | SG       | YES | \$776.00 | Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination   |
| 45392 |          | NO  | \$277.42 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |

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|       |    |     |          |  |
|-------|----|-----|----------|--|
| 45392 | SG | YES | \$776.00 | Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| 46947 |    | NO  | \$251.24 | Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling  |

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|       |          |     |          |  |
|-------|----------|-----|----------|--|
| 46947 | SG       | YES | \$776.00 | Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling  |
| 50391 | RT.LT.50 | NO  | \$106.72 | Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)                   |
| 50391 | SG       | YES | \$776.00 | Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)                   |
| 52402 |          | NO  | \$216.76 | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts  |
| 52402 | SG       | YES | \$776.00 | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts  |
| 57267 |          | NO  | \$218.30 | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) |
| 57267 | SG       | YES | \$776.00 | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) |
| 57267 | 80       | NO  | \$43.66  | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) |

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|-------|----|-----|------------|--|
| 57283 |    | NO  | \$517.70   | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)  |
| 57283 | SG | YES | \$776.00   | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)  |
| 57283 | 80 | NO  | \$103.54   | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)  |
| 58356 |    | NO  | \$402.82   | Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed                       |
| 58356 | SG | YES | \$776.00   | Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed                       |
| 58565 |    | NO  | \$1,000.00 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58565 | SG | YES | \$776.00   | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58565 | 80 | NO  | \$200.00   | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| 58956 |    | NO  | \$1,013.58 | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy                      |

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|       |    |     |            |   |
|-------|----|-----|------------|---|
| 58956 | 80 | NO  | \$202.72   | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy   |
| 63050 |    | NO  | \$1,071.30 | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments   |
| 63050 | SG | YES | \$776.00   | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments   |
| 63050 | 80 | NO  | \$214.26   | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments   |
| 63051 |    | NO  | \$1,222.26 | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed) |
| 63051 | SG | YES | \$776.00   | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed) |
| 63051 | 80 | NO  | \$244.53   | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments; with reconstruction of the posterior bony  |

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|       |          |     |          |  |
|-------|----------|-----|----------|--|
|       |          |     |          | elements (including the application of bridging bone graft and non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)             |
| 63295 |          | NO  | \$243.77 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) |
| 63295 | 80       | NO  | \$48.75  | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) |
| 66711 | RT,LT,50 | NO  | \$387.11 | Ciliary body destruction; cyclophotocoagulation, endoscopic  |
| 66711 | SG       | YES | \$776.00 | Ciliary body destruction; cyclophotocoagulation, endoscopic  |
| 76077 |          | NO  | \$29.11  | Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment   |
| 76077 | 26       | NO  | \$7.06   | Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment   |
| 76077 | TC       | NO  | \$22.05  | Dual energy x-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment   |
| 76510 | RT,LT,50 | NO  | \$128.86 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter  |

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|       |    |    |         |   |
|-------|----|----|---------|---|
| 76510 | 26 | NO | \$66.61 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter |
| 76510 | TC | NO | \$62.25 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter |
| 76820 |    | NO | \$68.82 | Doppler velocimetry, fetal; umbilical artery  |
| 76820 | 26 | NO | \$21.17 | Doppler velocimetry, fetal; umbilical artery  |
| 76820 | TC | NO | \$47.65 | Doppler velocimetry, fetal; umbilical artery  |
| 76821 |    | NO | \$77.10 | Doppler velocimetry, fetal; middle cerebral artery  |
| 76821 | 26 | NO | \$29.46 | Doppler velocimetry, fetal; middle cerebral artery  |
| 76821 | TC | NO | \$47.65 | Doppler velocimetry, fetal; middle cerebral artery  |
| 78811 | 26 | NO | \$49.38 | Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)                        |
| 78812 | 26 | NO | \$61.21 | Tumor imaging, positron emission tomography (PET); skull base to mid-thigh                                    |
| 78813 | 26 | NO | \$63.33 | Tumor imaging, positron emission tomography (PET); whole body   |

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|-------|----|-----|----------|---|
| 78814 | 26 | NO  | \$69.39  | Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck) |
| 78815 | 26 | NO  | \$76.66  | Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh             |
| 78816 | 26 | NO  | \$78.49  | Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body                          |
| 79005 |    | YES | \$149.37 | Radiopharmaceutical therapy, by oral administration   |
| 79005 | 26 | YES | \$73.19  | Radiopharmaceutical therapy, by oral administration   |
| 79005 | TC | YES | \$76.18  | Radiopharmaceutical therapy, by oral administration   |
| 79101 |    | YES | \$156.17 | Radiopharmaceutical therapy, by intravenous administration  |
| 79101 | 26 | YES | \$79.98  | Radiopharmaceutical therapy, by intravenous administration  |
| 79101 | TC | YES | \$76.18  | Radiopharmaceutical therapy, by intravenous administration  |
| 79445 |    | YES | \$175.14 | Radiopharmaceutical therapy, by intra-arterial particulate administration   |

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|-------|----|-----|---------|---|
| 79445 | 26 | YES | \$98.46 | Radiopharmaceutical therapy, by intra-arterial particulate administration                                 |
| 79445 | TC | YES | \$76.67 | Radiopharmaceutical therapy, by intra-arterial particulate administration                                 |
| 82045 |    | NO  | \$37.94 | Albumin; ischemia modified  |
| 82656 |    | NO  | \$12.31 | Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative                                      |
| 83009 |    | NO  | \$48.53 | Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)          |
| 83630 |    | NO  | \$12.31 | Lactoferrin, fecal, qualitative   |
| 84163 |    | NO  | \$16.22 | Pregnancy-associated plasma protein-A (PAPP-A)  |
| 84166 |    | NO  | \$19.94 | Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF) |
| 86064 |    | NO  | \$42.16 | B cells, total count  |
| 86335 |    | NO  | \$32.80 | Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)                          |
| 86379 |    | NO  | \$42.16 | Natural killer (NK) cells, total count  |

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|       |    |    |         |   |
|-------|----|----|---------|---|
| 86587 |    | NO | \$42.16 | Stem cells (ie, CD34), total count  |
| 87807 |    | NO | \$12.31 | Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus  |
| 88184 |    | NO | \$37.14 | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker  |
| 88185 |    | NO | \$18.26 | Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker) |
| 88187 |    | NO | \$53.98 | Flow cytometry, interpretation; 2 to 8 markers  |
| 88188 |    | NO | \$67.31 | Flow cytometry, interpretation; 9 to 15 markers   |
| 88189 |    | NO | \$88.68 | Flow cytometry, interpretation; 16 or more markers  |
| 88360 |    | NO | \$83.35 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual   |
| 88360 | 26 | NO | \$47.87 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual   |
| 88360 | TC | NO | \$35.48 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual   |

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|-------|----|----|----------|--|
| 88367 |    | NO | \$156.49 | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology |
| 88367 | 26 | NO | \$55.88  | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology |
| 88367 | TC | NO | \$100.61 | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; using computer-assisted technology |
| 88368 |    | NO | \$142.58 | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual                             |
| 88368 | 26 | NO | \$60.58  | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual                             |
| 88368 | TC | NO | \$82.01  | Morphometric analysis, in situ hybridization, (quantitative or semi-quantitative) each probe; manual                             |
| 90656 |    | NO | \$10.00  | Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use         |
| 91034 |    | NO | \$177.86 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation   |
| 91034 | 26 | NO | \$40.32  | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation   |

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|-------|----|----|----------|---|
| 91034 | TC | NO | \$137.54 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation  |
| 91035 |    | NO | \$351.06 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation   |
| 91035 | 26 | NO | \$65.22  | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation   |
| 91035 | TC | NO | \$285.85 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation   |
| 91037 |    | NO | \$113.71 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation  |
| 91037 | 26 | NO | \$40.32  | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation  |
| 91037 | TC | NO | \$73.39  | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation  |
| 91038 |    | NO | \$97.94  | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) |

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|       |    |     |          |   |
|-------|----|-----|----------|---|
| 91038 | 26 | NO  | \$45.65  | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) |
| 91038 | TC | NO  | \$52.29  | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) |
| 91040 |    | NO  | \$341.43 | Esophageal balloon distension provocation study   |
| 91040 | 26 | NO  | \$40.32  | Esophageal balloon distension provocation study   |
| 91040 | TC | NO  | \$301.12 | Esophageal balloon distension provocation study   |
| 91040 | SG | YES | \$776.00 | Esophageal balloon distension provocation study   |
| 91120 |    | NO  | \$337.02 | Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)   |
| 91120 | 26 | NO  | \$40.56  | Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)   |
| 91120 | TC | NO  | \$296.46 | Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)   |

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|-------|----|----|----------|---|
| 92620 |    | NO | \$33.13  | Evaluation of central auditory function, with report; initial 60 minutes  |
| 92621 |    | NO | \$8.41   | Evaluation of central auditory function, with report; each additional 15 minutes                                    |
| 92625 |    | NO | \$32.57  | Assessment of tinnitus (includes pitch, loudness matching, and masking)   |
| 92625 | 52 | NO | \$16.29  | Assessment of tinnitus (includes pitch, loudness matching, and masking)   |
| 93890 |    | NO | \$177.39 | Transcranial Doppler study of the intracranial arteries; vasoreactivity study                                       |
| 93890 | 26 | NO | \$42.90  | Transcranial Doppler study of the intracranial arteries; vasoreactivity study                                       |
| 93890 | TC | NO | \$134.50 | Transcranial Doppler study of the intracranial arteries; vasoreactivity study                                       |
| 93892 |    | NO | \$189.16 | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection |
| 93892 | 26 | NO | \$49.10  | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection |
| 93892 | TC | NO | \$140.06 | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection |

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|       |    |    |          |  |
|-------|----|----|----------|--|
| 93893 |    | NO | \$185.55 | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection |
| 93893 | 26 | NO | \$49.10  | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection |
| 93893 | TC | NO | \$136.45 | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection |
| 95928 |    | NO | \$131.54 | Central motor evoked potential study (transcranial motor stimulation); upper limbs                               |
| 95928 | 26 | NO | \$64.99  | Central motor evoked potential study (transcranial motor stimulation); upper limbs                               |
| 95928 | TC | NO | \$66.50  | Central motor evoked potential study (transcranial motor stimulation); upper limbs                               |
| 95929 |    | NO | \$136.82 | Central motor evoked potential study (transcranial motor stimulation); lower limbs                               |
| 95929 | 26 | NO | \$64.99  | Central motor evoked potential study (transcranial motor stimulation); lower limbs                               |
| 95929 | TC | NO | \$71.82  | Central motor evoked potential study (transcranial motor stimulation); lower limbs                               |

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|       |    |     |          |  |
|-------|----|-----|----------|--|
| 95978 |    | NO  | \$164.11 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour  |
| 95978 | SG | YES | \$776.00 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour  |
| 95979 |    | NO  | \$75.84  | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure) |
| 97597 |    | NO  | \$37.14  | Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters          |

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|       |    |     |          |   |
|-------|----|-----|----------|---|
| 97597 | SG | YES | \$776.00 | Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters |
| 97598 |    | NO  | \$47.42  | Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters          |
| 97605 |    | NO  | \$27.00  | Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters  |

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**Additional Procedure Codes Being Added to the Fee Schedule As A Result of Significant Program Exception Requests:**

| CODE  | MODIFIER | PRIOR AUTH. REQUIRED? | PRICE    | TERMINOLOGY  |
|-------|----------|-----------------------|----------|--|
| D7472 |          | NO                    | \$60.00  | Removal of torus palatinus                               |
| D7472 | SG       | YES                   | \$776.00 | Removal of torus palatinus                               |
| D7473 |          | NO                    | \$60.00  | Removal of torus mandibularis                            |
| D7473 | SG       | YES                   | \$776.00 | Removal of torus mandibularis                            |
| D7485 |          | NO                    | \$60.00  | Surgical reduction of osseous tuberosity                 |
| D7485 | SG       | YES                   | \$776.00 | Surgical reduction of osseous tuberosity                 |
| D7510 |          | NO                    | \$25.50  | Incision and drainage of abscess - intraoral soft tissue |
| D7510 | SG       | YES                   | \$776.00 | Incision and drainage of abscess - intraoral soft tissue |
| D7520 |          | NO                    | \$38.50  | Incision and drainage of abscess - extraoral soft tissue |
| D7520 | SG       | YES                   | \$776.00 | Incision and drainage of abscess - extraoral soft tissue |

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|       |    |     |            |  |
|-------|----|-----|------------|--|
| E2500 | NU | YES | \$312.85   | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time                              |
| E2500 | RR | NO  | \$31.29    | Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time                              |
| E2502 | NU | YES | \$956.64   | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time  |
| E2502 | RR | NO  | \$95.67    | Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time  |
| E2504 | NU | YES | \$1,261.94 | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time |
| E2504 | RR | NO  | \$126.21   | Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time |
| E2506 | NU | YES | \$1,850.37 | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time                                      |
| E2506 | RR | YES | \$185.03   | Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time                                      |
| E2508 | NU | YES | \$2,861.29 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device               |

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|       |    |     |            |  |
|-------|----|-----|------------|--|
| E2508 | RR | YES | \$286.14   | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device   |
| E2510 | NU | YES | \$5,414.60 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access   |
| E2510 | RR | YES | \$541.46   | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access   |
| 17250 |    | NO  | \$25.82    | Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)   |
| 31623 | SG | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings   |
| 31624 | SG | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage   |
| 31631 | SG | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)                               |
| 31632 | SG | YES | \$776.00   | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| 31643 | SG | YES | \$776.00   | Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application  |

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|       |          |     |          |  |
|-------|----------|-----|----------|--|
| 31646 | SG       | YES | \$776.00 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent  |
| 66982 | RT,LT,50 | NO  | \$697.42 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage |
| 66982 | SG       | YES | \$776.00 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage |
| 87621 |          | NO  | \$49.00  | Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique  |
| 93741 |          | NO  | \$53.18  | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming       |

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|       |    |    |         |  |
|-------|----|----|---------|--|
| 93741 | 26 | NO | \$33.59 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming |
| 93741 | TC | NO | \$19.58 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, without reprogramming |
| 93742 |    | NO | \$57.90 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming    |
| 93742 | 26 | NO | \$38.33 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming    |

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|       |    |    |         |   |
|-------|----|----|---------|---|
| 93742 | TC | NO | \$19.58 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator system, with reprogramming |
| 93743 |    | NO | \$64.57 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming  |
| 93743 | 26 | NO | \$43.31 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, without reprogramming  |
| 93743 | TC | NO | \$21.25 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual   |

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chamber, without reprogramming

|          |    |         |   |
|----------|----|---------|---|
| 93744    | NO | \$69.11 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming |
| 93744    | NO | \$69.11 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming |
| 93744 26 | NO | \$49.53 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming |

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|       |    |    |         |  |
|-------|----|----|---------|--|
| 93744 | TC | NO | \$19.58 | Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse generator status, evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); dual chamber, with reprogramming. |
| 97602 |    | NO | \$27.00 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.  |

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