

ASE/PSE Pharmacy Prior Approval List

Updated 07/29/2025

ABA TREATMENT

PROC Number	Description	PA Effective Date
H0031	Mental health assessment, by non-physician	01-07-2019
H0032	Mental health service plan development by non-physician	01-07-2019
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	01-07-2019
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	01-07-2019
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	01-07-2019
0362T	Exposure behavior assess, follow-up, 1st 30 min, incl interp/report	01-07-2019
97151	BEHAVIOR ID ASSMT BY PHYS/QHP	01-07-2019
97152	BEHAVIOR ID SUPRT ASSMT BY 1 TECH	01-07-2019
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL, BY TECH	01-07-2019
97154	GROUP ADAPTIVE BEHAVIOR TX BY PROTOCOL, BY TECH	01-07-2019
97155	ADAPTIVE BEHAVIOR TX, PROTOCOL MODIF, BY PHYS/QHP	01-07-2019
97156	FAMILY ADAPTIVE BEHAVIOR TX GUIDANCE, BY PHY/QHP	01-07-2019
97157	MULTI-FAMILY ADAPTIVE BEHAVIOR TX GUIDANCE, BY PHY/QHP	01-07-2019
97158	GRP ADAPTIVE BEHAVIOR TX, PROTOCOL MODIF, BY PHYS/QHP	01-07-2019

ARTIFICIAL BODY PART

PROC Number	Description	PA Effective Date
54400	INSERT SEMI-RIGID PROSTHESIS	01-08-2023
54401	INSERT SELF-CONTD PROSTHESIS	01-08-2023
54405	INSERT MULTI-COMP INFLAT PENILE PROSTHESIS, INCL PUMP,CYLINDER,RESERVOIR	01-08-2023
54660	INSERTION OF TESTICULAR PROSTHESIS	01-08-2023

BARIATRIC

PROC Number	Description	PA Effective Date
797	ANESTH-INTRAPERITONEAL, UPPER ABD, FOR GASTRIC RESTRICT-MORBID OBES	01-07-2019
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPAS	01-07-2019
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPAS	01-07-2019
43770	LAPAROSCOPY, GASTRIC RESTRICTIVE, PLACE ADJUSTABLE RESTRICT DEVICE	01-07-2019
43771	LAPAROSCOPY, GASTRIC RESTRICT PROC; REVISE ADJUSTABLE DEVICE COMPONENT	01-07-2019



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

PROC Number	Description	PA Effective Date
43772	LAPAROSCOPY, GASTRIC RESTRICTIVE; RMOVE ADJUSTABLE RESTRICT DEVICE	01-07-2019
43773	LAPAROSCOPY, GASTRIC RESTRICT; REMOVE / REPLACE ADJUST RESTRICT DEVICE	01-07-2019
43774	LAPAROSCOPY, GASTRIC RESTRICT, REMOVE ADJUSTABLE RESTRICT DEVICE & PORT	01-07-2019
43775	LAPAROSCOPY, GASTRIC RESTRICTIVE, LONGITUDINAL GASTRECTOMY	01-07-2019
43842	GASTRIC RESTRICT PROC, W/O BYPASS, OBESITY, VERTICAL-BANDGASTROPLASTY	01-07-2019
43843	GASTRIC RESTRICT SURG, W/O BYPASS,OBESITY,OTH THAN VERT-BAND GASTROPLASTY	01-07-2019
43845	GASTRIC RESTRICT PROC W/ PARTIAL GASTRECTOMY TO LIMIT ABSORPTION	01-07-2019
43846	GASTRIC BYPASS FOR OBESITY, SHORT LIMB ROUX-EN-Y GASTROENTEROSTOMY	01-07-2019
43847	GASTRIC BYPASS FOR OBESITY, W/SMALL BOWEL RECONSTR TO LIMIT ABSORPTION	01-07-2019
43848	OPEN REVISION GASTRIC RESTRICT PROC, OBESITY, OTH THAN ADJUSTABLE DEV	01-07-2019
43886	GASTRIC RESTRICTIVE PROC, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	01-07-2019
43887	GASTRIC RESTRICTIVE PROC, OPEN; REMOVE SUBCUTANEOUS PORT COMPONENT	01-07-2019
43888	GASTRIC RESTRICTIVE PROC, OPEN; REMOVE / REPLACE SUBCUTAN PORT ONLY	01-07-2019
S2083	ADJUSTMENT GASTRIC BAND DIAMETER VIA SUBCUTAN PORT, INJ OR ASPIRATION	01-07-2019

BREAST SURGERY

PROC Number	Description	PA Effective Date
11920	CORRECT SKIN COLOR DEFECTS, 6.0 SQ CM OR LESS	01-07-2019
11921	CORRECT SKIN COLOR DEFECTS, 6.1 TO 20.0 SQ CM	01-07-2019
11922	CORRECT SKIN COLOR DEFECTS, EACH ADD 20.0 SQ CM, USE W/COD 11921	01-07-2019
11970	REPLACE TISSUE EXPANDER	01-07-2019
11971	Removal of tissue expander(s) without insertion of prosthesis	01-07-2019
15877	Suction assisted lipectomy, trunk	01-07-2019
19316	Mastopexy	01-07-2019
19318	Reduction mammoplasty	01-07-2019
19324	Mammoplasty, augmentation, without prosthetic implant	01-07-2019
19325	Mammoplasty, augmentation, with prosthetic implant	01-07-2019
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy	01-07-2019

PROC Number	Description	PA Effective Date
19342	Delayed insertion breast prosth after mastopexy, mastectomy, reconstruct	01-07-2019
19350	Nipple/areola reconstruction	01-07-2019
19355	Correct inverted nipple(s)	01-07-2019
19357	Breast reconstr,immediate or delayed,w/tissue expander,incl subseq expan	01-07-2019
19361	Breast reconstruction w/latissimus dorsi flap, w/o prosthetic implant	01-07-2019
19364	Breast reconstruction with free flap	01-07-2019
19366	Breast reconstruction with other technique	01-07-2019

CLEFT PALATE

PROC Number	Description	PA Effective Date
30460	REVISION OF NOSE SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE	01-08-2023
30462	REVISION OF NOSE SECONDARY TO CLEFT LIP/PALATE, W/ OSTEOTOMIES	01-08-2023
40700	REPAIR CLEFT LIP/NASAL	01-08-2023
40701	REPAIR CLEFT LIP/NASAL	01-08-2023
40702	REPAIR CLEFT LIP/NASAL	01-08-2023
40720	REPAIR CLEFT LIP/NASAL	01-08-2023
40761	REPAIR CLEFT LIP/NASAL	01-08-2023
42200	RECONSTRUCT CLEFT PALATE	01-08-2023
42205	RECONSTRUCT CLEFT PALATE	01-08-2023
42215	RECONSTRUCT CLEFT PALATE	01-08-2023
42220	RECONSTRUCT CLEFT PALATE	01-08-2023
42225	RECONSTRUCT CLEFT PALATE	01-08-2023
42226	LENGTHENING OF PALATE	01-08-2023

DME

PROC Number	Description	PA Effective Date
E1230	POWER-OPERATED VEHICLE (3 OR 4 WHEEL NONHIGHWAY)	01-01-2020
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	01-01-2020
E1399	DURABLE MEDICAL EQUIPMENT, NOT OTHERWISE CLASSIFIED	01-01-2020
K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	01-01-2020
K0011	STANDARD-WEIGHT FRAME MOTORIZED POWER WHEELCHAIR W/ PROGRAM CONTROL	01-01-2020
K0012	LIGHTWEIGHT PORTABLE MOTORIZED, POWER WHEELCHAIR	01-01-2020
K0013	CUSTOM MOTORIZED, POWER WHEELCHAIR	01-01-2020
K0606	Automatic external defibrillator, w/integrated ECG analysis,garment type	01-01-2020
K0800	POV GROUP 1 STD UP TO 300 LBS	01-01-2020
K0801	POV GROUP 1 HD 301-450 LBS	01-01-2020
K0802	POV GROUP 1 VHD 451-600 LBS	01-01-2020
K0806	POV GROUP 2 STD UP TO 300LBS	01-01-2020
K0807	POV GROUP 2 HD 301-450 LBS	01-01-2020

PROC Number	Description	PA Effective Date
K0808	POV GROUP 2 VHD 451-600 LBS	01-01-2020
K0812	POWER OPERATED VEHICLE NOC	01-01-2020
K0813	PWC GP 1 STD PORT SEAT/BACK	01-01-2020
K0814	PWC GP 1 STD PORT CAP CHAIR	01-01-2020
K0815	PWC GP 1 STD SEAT/BACK	01-01-2020
K0816	PWC GP 1 STD CAP CHAIR	01-01-2020
K0820	PWC GP 2 STD PORT SEAT/BACK	01-01-2020
K0821	PWC GP 2 STD PORT CAP CHAIR	01-01-2020
K0822	PWC GP 2 STD SEAT/BACK	01-01-2020
K0823	Power WC, grp 2 std, captain's chair, pt wt up to 300 lbs	01-01-2020
K0824	PWC GP 2 HD SEAT/BACK	01-01-2020
K0825	PWC GP 2 HD CAP CHAIR	01-01-2020
K0826	PWC GP2 VHD SEAT/BACK	01-01-2020
K0827	PWC GP 2 VHD CAP CHAIR	01-01-2020
K0828	PWC GP 2 XTRA HD SEAT/BACK	01-01-2020
K0829	PWC GP 2 XTRA HD CAP CHAIR	01-01-2020
K0830	PWC GP2 STD SEAT ELEVATE S/B	01-01-2020
K0831	PWC GP2 STD SEAT ELEVATE CAP	01-01-2020
K0835	PWC GP2 STD SING POW OPT S/B	01-01-2020
K0836	PWC GP2 STD SING POW OPT CAP	01-01-2020
K0837	PWC GP 2 HD SING POW OPT S/B	01-01-2020
K0838	PWC GP 2 HD SING POW OPT CAP	01-01-2020
K0839	PWC GP2 VHD SING POW OPT S/B	01-01-2020
K0840	PWC GP2 XHD SING POW OPT S/B	01-01-2020
K0841	PWC GP2 STD MULT POW OPT S/B	01-01-2020
K0842	PWC GP2 STD MULT POW OPT CAP	01-01-2020
K0843	PWC GP2 HD MULT POW OPT S/B	01-01-2020
K0848	PWC GP 3 STD SEAT/BACK	01-01-2020
K0849	PWC GP 3 STD CAP CHAIR	01-01-2020
K0850	PWC GP 3 HD SEAT/BACK	01-01-2020
K0851	PWC GP 3 HD CAP CHAIR	01-01-2020
K0852	PWC GP 3 VHD SEAT/BACK	01-01-2020
K0853	PWC GP 3 VHD CAP CHAIR	01-01-2020
K0854	PWC GP 3 XHD SEAT/BACK	01-01-2020
K0855	PWC GP 3 XHD CAP CHAIR	01-01-2020
K0856	PWC GP3 STD SING POW OPT S/B	01-01-2020
K0857	PWC GP3 STD SING POW OPT CAP	01-01-2020
K0858	PWC GP3 HD SING POW OPT S/B	01-01-2020
K0859	PWC GP3 HD SING POW OPT CAP	01-01-2020
K0860	PWC GP3 VHD SING POW OPT S/B	01-01-2020
K0861	PWC GP3 STD MULT POW OPT S/B	01-01-2020
K0862	PWC GP3 HD MULT POW OPT S/B	01-01-2020
K0863	PWC GP3 VHD MULT POW OPT S/B	01-01-2020
K0864	PWC GP3 XHD MULT POW OPT S/B	01-01-2020
K0868	PWC GP 4 STD SEAT/BACK	01-01-2020

PROC Number	Description	PA Effective Date
K0869	PWC GP 4 STD CAP CHAIR	01-01-2020
K0870	PWC GP 4 HD SEAT/BACK	01-01-2020
K0871	PWC GP 4 VHD SEAT/BACK	01-01-2020
K0877	PWC GP4 STD SING POW OPT S/B	01-01-2020
K0878	PWC GP4 STD SING POW OPT CAP	01-01-2020
K0879	PWC GP4 HD SING POW OPT S/B	01-01-2020
K0880	PWC GP4 VHD SING POW OPT S/B	01-01-2020
K0884	PWC GP4 STD MULT POW OPT S/B	01-01-2020
K0885	PWC GP4 STD MULT POW OPT CAP	01-01-2020
K0886	PWC GP4 HD MULT POW S/B	01-01-2020
K0890	PWC GP5 PED SING POW OPT S/B	01-01-2020
K0891	PWC GP5 PED MULT POW OPT S/B	01-01-2020
K0898	POWER WHEELCHAIR NOC	01-01-2020
K0899	POW MOBILITY DEV NO SADMERC	01-01-2020
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTIT	01-07-2019
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONI	01-07-2019
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCO	01-07-2019
K0553	TX CONT GLUCOSE MONTR SUPPLY ALLOWANCE, 1 MO	01-07-2019
K0554	TX CONT GLUCOSE MONTR RECEIVER/MONITOR	01-07-2019
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	01-07-2019
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,	01-07-2019
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE	01-07-2019
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, I	01-07-2019
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE	01-07-2019
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ON	01-07-2019
S1030	Continuous noninvasive glucose monitoring device, purchase	01-07-2019
S1031	Continuous noninvasive glucose monitoring dev, rental, incl sensor, etc.	01-07-2019

ENTERAL FEEDING

PROC Number	Description	PA Effective Date
B4034	ENTERAL FEEDING SUPPLY KIT, SYRINGE (MONTHLY)	01-07-2019
B4035	ENTERAL FEEDING SUPPLY KIT, PUMP FED (MONTHLY)	01-07-2019
B4036	ENTERAL FEEDING SUPPLY KIT, GRAVITY FED (MONTHLY)	01-07-2019
B4081	NASOGASTRIC TUBING W/STYLET	01-07-2019
B4082	NASOGASTRIC TUBING W/O STYLET	01-07-2019
B4083	STOMACH TUBE-LEVINE TYPE	01-07-2019

PROC Number	Description	PA Effective Date
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	01-07-2019
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	01-07-2019
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.	01-07-2019
B4103	ENTERAL FORMULA FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES	01-07-2019
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	01-07-2019
B4149	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLU	01-07-2019
B4150	ENTERAL FORMULAE, CATEGORY I, 100 CALORIES=1 UNIT	01-07-2019
B4151	ENTERAL FORMULAE: CATEGORY I:	01-07-2019
B4152	ENTERAL FORMULAE, CATEGORY II, INTACT PROTEIN, 100 CALORIES=1 UNIT	01-07-2019
B4153	ENTERAL FORMULAE, CATEGORY III, HYDROLIZED PROTEIN, 100 CALORIES=1 UNIT	01-07-2019
B4154	ENTERAL FORMULAE, CATEGORY IV, DEFINED FORMULA, 100 CALORIES=1 UNIT	01-07-2019
B4155	ENTERAL FORMULAE, CATEGORY V, MODULAR COMPONENTS, 100 CALORIES=1 UNIT	01-07-2019
B4156	ENTERAL FORMULAE, CATEGORY VI, STANDARDIZED NUTRIENTS, 100 CAL=1 UNIT	01-07-2019
B4157	ENTERAL FORMULA NUTRITIONALLY COMPLETE 100 CAL=1UNIT	01-07-2019
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTR	01-07-2019
B4159	ENTERAL FEEDING SUPPLY KIT FOR 1 MONTH	01-07-2019
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENS	01-07-2019
B4161	ENTERAL FORMUL FOR PEDIATRICS-HYDROLYZED/AMINO ACIDS	01-07-2019
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED D	01-07-2019
B9000	ENTERAL NUTRITION INFUSION PUMP-W/O ALARM	01-07-2019
B9002	ENTERAL NUTRITION INFUSION PUMP W/ALARM	01-07-2019
B9998	NOC FOR ENTERAL SUPPLIES	01-07-2019
S9340	HIT ENTERAL PER DIEM, EXCL ENTERAL FORMULA / NURSING VSTS	01-07-2019
S9341	HIT ENTERAL GRAV DIEM, EXCL ENTERAL FORMULA / NURSING VSTS	01-07-2019
S9342	HIT ENTERAL PUMP DIEM, EXCL ENTERAL FORMULA / NURSING VSTS	01-07-2019
S9343	HIT ENTERAL BOLUS NURS, EXCL ENTERAL FORMULA / NURSING VSTS	01-07-2019
S9435	MEDICAL FOODS FOR INBORN ERR	01-07-2019
B4100	Food thickener, administered orally, per ounce	01-01-2020

PROC Number	Description	PA Effective Date
S9343	HIT ENTERAL BOLUS NURS, EXCL ENTERAL FORMULA / NURSING VSTS	01-01-2020

HEARING AIDS

PROC Number	Description	PA Effective Date
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCL ALL INTER/EXTERNAL COMPONENTS	01-01-2023
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	01-01-2023
L8692	AUDITORY OSSEOINTEGRAT DEV BDY WORN	01-01-2023
L8693	AUDITORY OSSEOINTEGRATED DEV ABUTMENT, ANY LENGTH, REPLACEMNT ONLY	01-01-2023
L8694	AUDITORY OSSEOINTEGRATED DEV, TRANSDUCER/ ACTUATOR, REPLC, EA	01-01-2023

HOME HEALTH

PROC Number	Description	PA Effective Date
23	HIPPS - HH PPS (RUG) 4 BYTE 0023 REV	01-01-2021
303	DRAINAGE OF SKIN ABSCESS	01-01-2021
309	DRAINAGE OF SKIN ABSCESS	01-01-2021
411	REMOVE FOREIGN BODY	01-01-2021
412	REMOVE FOREIGN BODY	01-01-2021
441	SPEECH PATH/VISIT	01-07-2019
522	DRAINAGE OF HEMATOMA/FLUID	01-01-2021
550	SKILLED NURSING SERVICE	01-07-2019
551	SKILLED NURS/VISIT	01-07-2019
552	SKILLED NURS/HOUR	01-07-2019
559	SKILLED NURS/OTHER	01-07-2019
570	PUNCTURE DRAINAGE OF LESION	01-07-2019
571	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	01-07-2019
572	LABORATORY - RENAL PATIENT (HOME)	01-07-2019
579	LABORATORY - OTHER	01-07-2019
580	CONTROL OF NOSEBLEED, anterior, simple	01-07-2019
581	HOME RESPIRATORY THERAPY	01-07-2019
582	INHALATION SVC	01-07-2019
583	RURAL/HOME	01-07-2019
589	AID/HOME HEALTH	01-07-2019
590	AIDE/HOME HEALTH/VISIT	01-07-2019
599	AIDE/HOME HEALTH/HOUR	01-07-2019
641	NON RT NURSING/CENTRAL	01-07-2019
643	IV START/CHNG/PERIPHAL	01-07-2019
644	NONRT NURSING/PERIPHRL	01-07-2019
645	AIDE/HOME HEALTH/OTHER	01-07-2019
646	VISIT/HOME HEALTH	01-07-2019
647	TRAINING PATIENT/CAREGIVER/PERIPHRL	01-07-2019

PROC Number	Description	PA Effective Date
648	TRAINING/DISABLED PATIENT/PERIPHERAL	01-07-2019
660	RESPIRE CARE	01-07-2019
661	RESPIRE/SKILLED NURSE	01-07-2019
662	RESPIRE/HME AID/HOMEMAKER	01-07-2019
820	VISIT/HOME HEALTH/VISIT	01-01-2021
825	VISIT/HOME HEALTH/HOUR	01-01-2021
829	HOME HEALTH ASSESSMENT	01-01-2021
830	VISIT/HOME HEALTH/OTHER	01-01-2021
835	UNIT/HOME HEALTH	01-01-2021
840	UNIT/HOME HEALTH/OTHER	01-01-2021
844	TRNG PT/CAREGVR/CENTRAL	01-01-2021
845	TRAINING, DISABLED PATIENT, CENTRAL LINE	01-01-2021
849	HEMODIALYSIS/OP OR HOME	01-01-2021
850	HEMODIALYSIS-HOME SUPPORT SERVICES	01-01-2021
854	OTHER HEMODIALYSIS-HOME OR OUTPATIENT	01-01-2021
855	PERITONEAL DIALYSIS/HOME OR OUTPATIENT	01-01-2021
859	PERITONEAL/HOME/SUPSERV	01-01-2021
882	CAPD/OP OR HOME	01-01-2021
909	CARD/HOME/100%	01-01-2021
914	CARD/HOME/SUPSERV	01-01-2021
916	CAPD/HOME/OTHER	01-01-2021
918	CONTINUOUS CYCLING PERITONEAL DIALYSIS/OP OR HOME	01-01-2021
919	CCPD/HOME/100%	01-01-2021
920	CCPD/HOME/SUPPORT SERVICES	01-01-2021
928	CCPD/HOME/OTHER	01-01-2021
929	HOME DIALYSIS AID VISIT	01-01-2021
930	INTERACTIVE COMPLEXITY (LIST SEPARATELY TO CODE FOR PRIM PROC)	01-01-2021
931	PSYCHIATRIC DIAGNOSTIC EVALUATION	01-01-2021
932	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	01-01-2021
948	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT	01-01-2021
949	PSYCHOTHERAPY, 30 MIN W/ PATIENT, PERF W/E&M SVC (ADD-ON)	01-01-2021
950	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT	01-01-2021
954	PSYCHOTHERAPY, 45 MIN W/ PATIENT, PERF W/E&M SVC (ADD-ON)	01-01-2021
955	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT	01-01-2021
956	PSYCHOTHERAPY, 60 MIN W/ PATIENT AND/OR FAMILY MBR (ADD-ON CODE W/ E&M)	01-01-2021
957	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	01-01-2021
958	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MIN (ADD-ON)	01-01-2021
959	PSYCHOANALYSIS	01-01-2021
960	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	01-01-2021
961	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY)(WITH PATIENT PRESENT)	01-01-2021
972	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	01-01-2021

PROC Number	Description	PA Effective Date
973	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	01-01-2021
974	PHARMACOL MGMT, INCL Rx/REVIEW MEDS, W/PSYCH SVCS (ADD ON)	01-01-2021
975	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC & THERAPEUTIC PURPOSES	01-01-2021
976	THERAPEUTIC REPEAT TRANSCRANIAL MAGNETIC STIM TX PLANNING	01-01-2021
977	THERAPEUTIC REPEAT TRANSCRANIAL MAGNETIC STIM TX DELIVERY, PER SESS	01-01-2021
978	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIM TX; SUBSEQ MOTOR THRES	01-01-2021
979	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)	01-01-2021
984	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY W/BIOFEEDBACK TRNG 20-30 MIN	01-01-2021
985	INDIV PSYCHOPHYSIOLOGICAL TX INCORP BIOFEEDBACK TRNG, APPROX 45-50 MIN	01-01-2021
986	OTHER PSYCH TX--ENVIRONMENTAL MANIPULATION FOR MED MGMT PURPOSES	01-01-2021
10060	OTHER PSYCH TX--CONSULTATION WITH FAMILY	01-01-2021
10061	DAILY PSYCHIATRIC INPAT CARE	01-01-2021
10120	UNLISTED PSYCHIATRIC SERVICE/THERAPY	01-01-2021
10121	OTHER PSYCH TREATMENT	01-01-2021
10140	PSYCH/INDIVID THERAPY	01-01-2021
10160	PSYCH/FAMILY THERAPY	01-01-2021
11719	PSYCH TESTING	01-01-2021
30901	PSYCH/OTHER	01-01-2021
90785	OTHER DIAGNOSTIC SERVICES/PROF SERVICE	01-01-2021
90791	PROFESSIONAL CHARGES	01-01-2021
90792	ADDITIONAL DX SERVICES	01-01-2021
90832	PROFESSIONAL CHARGES	01-01-2021
90833	Routine ECG with at least 12 leads; with interpretation and report	01-01-2021
90834	Routine ECG with at least 12 leads; tracing only	01-01-2021
90836	RHYTHM ECG WITH REPORT	01-01-2021
90837	RHYTHM ECG, TRACING	01-01-2021
90838	RHYTHM ECG, REPORT	01-01-2021
90839	PROFESSIONAL CHARGES	01-01-2021
90840	PROFESSIONAL CHARGES	01-01-2021
90845	PT/CAREGIVER TRAINING HOME INR	01-01-2021
90846	HOME VENT MGMT SUPERVISION	01-01-2021
90847	AEROSOL OR VAPOR INHALATIONS	01-01-2021
90849	CHEST WALL MANIPULATION	01-01-2021
90853	CHEST WALL MANIPULATION	01-01-2021

PROC Number	Description	PA Effective Date
90863	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SESSI	01-01-2021
90865	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, W/ INTERP AND REPORT	01-01-2021
90867	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WW/ INTERP AND REPOR	01-01-2021
90868	UNLISTED PULMONARY SERVICE/PROCEDURE	01-01-2021
90869	OTHER THERAPEUTIC SVC-PULMONARY REHAB	01-01-2021
90870	OTHER THERAPEUTIC SVC-OTHER	01-01-2021
90875	PROFESSIONAL CHARGES	01-01-2021
90876	PROFESSIONAL CHARGES	01-01-2021
90882	PROFESSIONAL CHARGES	01-01-2021
90887	PROFESSIONAL CHARGES	01-01-2021
90898	PROFESSIONAL CHARGES	01-01-2021
90899	PROFESSIONAL CHARGES	01-01-2021
93000	TENSILON TEST	01-01-2021
93005	PROFESSIONAL CHARGES	01-01-2021
93040	PROFESSIONAL CHARGES	01-01-2021
93041	PSYCH PROFESSIONAL FEE	01-01-2021
93042	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONAL	01-01-2021
93792	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONAL	01-01-2021
94005	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONAL	01-01-2021
94664	DEVELOPMENTAL TESTING LIMITED WITH INTERPRETATIOIN & REPORT	01-01-2021
94667	DEVELOPMENTAL TESTING EXTENDED WITH INTERPRETATION & REPORT PER HOUR	01-01-2021
94668	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING	01-01-2021
94669	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTE	01-01-2021
94780	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTE	01-01-2021
94781	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTER	01-01-2021
94799	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESS	01-01-2021
95511	MOD SED SAME PHYS/QHP EA	01-07-2019
95857	BRIEF ASSESS,EMOTIONAL/BEHAVIORAL,W/ SCORING, DOCUMENT, STANDARDIZED	01-01-2021
96101	HEALTH/BEHAVIOR ASSESS, FACE-TO-FACE W/ PT., INITIAL, EA 15 MIN.	01-01-2021

PROC Number	Description	PA Effective Date
96102	HEALTH/BEHAVIOR ASSESS, FACE-TO-FACE W/ PT., EA 15 MIN., RE-ASSESSMENT	01-01-2021
96103	HEALTH / BEHAVIOR INTERVENTION, FACE-TO-FACE; INDIVIDUAL, EA 15 MIN.	01-01-2021
96110	HEALTH / BEHAVIOR INTERVENTION, FACE-TO-FACE; GROUP (>=2) , EA 15 MIN.	01-01-2021
96111	HEALTH / BEHAVIOR INTERVENTION, FACE-TO-FACE; FAMILY / PT., EA 15 MIN.	01-01-2021
96116	HEALTH / BEHAVIOR INTERVENTION, FACE-TO-FACE; FAMILY., EA 15 MIN.	01-01-2021
96118	PT-FOCUSED HLTH RISK ASSMT	01-01-2021
96119	CAREGIVER HEALTH RISK ASSMT	01-01-2021
96120	PRO FEE/RAD/RX	01-01-2021
96125	PRO FEE/RAD/RX	01-01-2021
96127	PRO FEE/NUC MED	01-01-2021
96150	PRO FEE/OPER ROOM	01-01-2021
96151	PRO FEE/RESPIRATORY	01-01-2021
96152	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION	01-01-2021
96153	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION	01-01-2021
96154	NEG PRESSURE WOUND TX,ASSESS/INSTRUCT, PER SESS; SURFACE AREA <= 50 SQ C	01-01-2021
96155	NEG PRESSURE WOUND TX,ASSESS/INSTRUCT, PER SESS; SURFACE AREA >50 SQ CM	01-01-2021
96160	LOW FREQ, NON-CONTACT, NON-THERMAL U/S, ASSESS WOUND, PER DAY	01-01-2021
96161	PRO FEE/PHYSICAL THERAPY	01-01-2021
97605	PRO FEE/OCCUPATIONAL THERAPY	01-01-2021
97606	MEDICAL NUTRITION TX, INDIV, INITIAL, EA 15 MIN.	01-01-2021
97607	MED NUTRITION, INDIV, SUBSEQ	01-01-2021
97608	MEDICAL NUTRITION, GROUP	01-01-2021
97610	PRO FEE/SPEECH PATH	01-01-2021
97802	PRO FEE/SOC SVC	01-01-2021
97803	PRO FEE/EKG	01-01-2021
97804	PRO FEE/EEG	01-01-2021
99153	HOME INFUSION THERAPY NURSING - CONTINUOUS CARE	01-07-2019
99154	MOD SED OTH PHYS/QHP <5 YRS	01-07-2019
99155	MOD SED OTH PHYS/QHP 5/>YRS	01-07-2019
99156	HOME VISIT, ESTAB PATIENT	01-07-2019
99199	UNLISTED SPECIAL SERVICE,PROCEDURE OR REPORT	01-01-2021
99341	HOME VISIT, NEW PATIENT,HISTORY,EXAM,STRAIGHTFORWARD LOW SEVERITY	01-07-2019
99342	HOME VISIT, NEW PATIENT,HISTORY,EXAM, LOW COMPLEXITY	01-07-2019

PROC Number	Description	PA Effective Date
99343	HOME VISIT, NEW PATIENT,HISTORY,EXAM, MODERATE COMPLEXITY	01-07-2019
99344	HOME VISIT-COMPREHENSIVE HISTORY/EXAM- MODERATE COMPLEXITY	01-07-2019
99345	HOME VISIT-COMPREHENSIVE HISTORY/EXAM - HIGH COMPLEXITY	01-07-2019
99347	HOME VISIT - INTERVAL HISTORY/EXAM-STRAIGHTFORWARD MED DECISION MAKING	01-07-2019
99348	HOME VISIT-ESTABLISHED PATIENT - LOW COMPLEXITY	01-07-2019
99349	HOME VISIT ESTABLISHED PATIENT DETAILED INTERVAL HX- MODERATE COMPLEXITY	01-07-2019
99350	HOME VISIT ESTAB PT-COMPREHENSIVE INTERVAL HX MODERATE/ HIGH COMPLEXITY	01-07-2019
99351	HOME VISIT, ESTAB PATIENT	01-07-2019
99352	HOME VISIT, ESTAB PATIENT	01-07-2019
99353	UNLISTED HOME VISIT OR PROCEDURE	01-07-2019
99483	ASSMT & CARE PLAN PT COG IMP	01-01-2021
99484	CARE MGMT SVC BHVL HLTH COND	01-01-2021
99487	COMPLEX CHRONIC CARE COORDINATION SVC, 1ST HR,NO FACE-TO-FACE VST/PER MO	01-01-2021
99489	COMPLEX CHRONIC CARE COORDINATION SVCS, EA ADDED 30 MIN, PER MONTH	01-01-2021
99490	CHRONIC CARE MGMT SVCS, >= 20 MIN CLINICAL STAFF TIME, PER CALENDAR MO	01-01-2021
99492	1ST PSYC COLLAB CARE MGMT	01-01-2021
99493	SBSQ PSYC COLLAB CARE MGMT	01-01-2021
99494	1ST/SBSQ PSYC COLLAB CARE	01-01-2021
99495	TRANSITIONAL CARE MGMT SVCS, WITHIN 2 BUS. DAYS OF D/C, MOD. COMPLEXITY	01-07-2019
99496	TRANSITIONAL CARE MGMT SVCS, WITHIN 2 BUS. DAYS OF D/C, HIGH COMPLEXITY	01-07-2019
99497	ADVANCE CARE PLANNING, BY HEALTH CARE PROF, 1ST 30 MIN, FACE-TO-FACE	01-07-2019
99498	ADVANCE CARE PLANNING, BY HEALTH CARE PROF,FACE-TO-FACE, EA ADDED 30 MIN	01-01-2021
99499	UNLISTED E/M SERVICE	01-01-2021
99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART	01-07-2019
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	01-07-2019
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	01-07-2019
99503	HOME VISIT FOR RESPIRATORY THERAPY ARE (EG, BRONCHODILATOR, OXYGEN THERA	01-07-2019
99504	HOME VISIT FOR PATIENTS RECEIVING MECHANICAL VENTILATION	01-07-2019
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOS	01-07-2019
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	01-07-2019

PROC Number	Description	PA Effective Date
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S)(EG, URINARY, DRAINAGE	01-07-2019
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL C	01-07-2019
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	01-07-2019
99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION	01-01-2021
99512	HOME VISIT FOR HEMODIALYSIS, PER DIEM	01-07-2019
99539	DIRECT SKILLED NURSING SERVICES OF RN PROVIDED IN COMP OUTPT REHAB	01-07-2019
99600	Unlisted home visit service or procedure	01-07-2019
B4100	Food thickener, administered orally, per ounce	01-01-2021
G0128	DIRECT SVCS OF SKILLED NURSE -HOME HEALTH OR HOSPICE SETTING, EA15 MIN.	01-07-2019
G0151	SERVICES OF PHYSICAL THERAPIST IN HOME OR HOSPICE SETTING, EA 15 MIN.	01-01-2021
G0152	SVCS OF OCCUPATIONAL THERAPIST IN HOME OR HOSPICE SETTING, EA 15 MIN.	01-01-2021
G0154	SKILLED SVCS BY RN OR LPN, E&M PLAN SVS, EA 15 MIN	01-07-2019
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH SETTING, EACH 15 MIN	01-07-2019
G0156	SERVICES OF HOME HEALTH AID IN HOME HEALTH SETTING, EACH 15 MINUTES	01-07-2019
G0157	SVCS BY PT ASSISTANT-HOME HEALTH OR HOSPICE SETTING, EA 15 MIN	01-01-2021
G0158	SVCS BY OT ASSISTANT-HOME HEALTH OR HOSPICE SETTING, EA 15 MIN	01-01-2021
G0159	SVCS BY PT-HOME HEALTH SETTING, MAINT TX, EA 15 MIN	01-01-2021
G0160	SVCS BY OT-HOME HEALTH SETTING, MAINT TX, EA 15 MIN	01-01-2021
G0162	SKILLED SVCS BY RN, E&M PLAN SVS, EA 15 MIN	01-07-2019
G0163	SKILLED SVCS LICENS NURSE, HOME HEALTH OR HOSPICE, TRAINING, EA 15 MIN	01-07-2019
G0164	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	01-07-2019
G0168	WOUND CLOSURE BY ADHESIVE	01-01-2021
G0175	OPPS SERVICE,SCHED TEAM CONF	01-01-2021
G0176	OPPS/PHP;ACTIVITY THERAPY	01-01-2021
G0177	TRAIN/EDUC SVC RELATED TO CARE/TRMT OF PT'S MH PROB, PER SESSION	01-01-2021
G0237	THERAPEUTIC PROCD STRG ENDUR RESP MUSCLES, INDIV, EA 15 MIN.	01-01-2021
G0238	OTH RESP PROC, INDIV	01-01-2021
G0239	OTH RESP PROC, GROUP	01-01-2021
G0270	Med nutrition tx, reassessment, for chg in dig, med cond, tx regimen, in	01-01-2021

PROC Number	Description	PA Effective Date
G0271	Med nutrition tx, reassessment, for chg in dig, med cond, tx regimen, gr	01-01-2021
G0299	DIRECT SKILLED NURSING SVCS OF RN IN HOME HEALTH OR HOSPICE SETTING, EA	01-07-2019
G0300	DIRECT SKILLED NURSING SVCS OF LPN IN HOME HEALTH OR HOSPICE SETTING, EA	01-07-2019
G0409	SOCIAL / PSYCHOLOGICAL SVCS RELATED TO REHAB GOALS, 15 MINS EA, FACE-TO-	01-01-2021
G0410	GROUP PSYCH, OTHER THAN MULT FAMILY GRP, PARTIAL HOSP 45-50 MIN	01-01-2021
G0411	INTERACTIVE GROUP PSYCH, PARTIAL HOSP 45-50 MIN	01-01-2021
G0490	Face-to-face home health nursing visit by RHC or FQHC (RN/LPN only)	01-01-2021
G0493	RN CARE / EVAL, EA 15 MIN, FOR POSS. MOVE TO HH/HOSPICE	01-07-2019
G0494	LPN CARE / EVAL, EA 15 MIN, FOR POSS. MOVE TO HH/HOSPICE	01-07-2019
G0495	RN TRNG / EDUC OF PT. OR FAMILY, EA 15 MIN, HH/ HOSPICE SETTING	01-07-2019
G0496	LPN TRNG / EDUC OF PT. OR FAMILY, EA 15 MIN, HH/ HOSPICE SETTING	01-07-2019
G0506	COMP ASSES SCARE PLAN CCM SVC, ADD-ON	01-01-2021
G0659	DRUG TEST DEFINITIVE, SIMPLE, PER DAY, ANY NBR CLASSES	01-01-2021
H0001	Alcohol and/or drug assessment	01-01-2021
H0002	Behavioral health screening-determine eligibility for admission to tx	01-01-2021
H0003	Alcohol and/or drug screening- laboratory analysis of specimens	01-01-2021
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	01-01-2021
H0005	Alcohol and/or drug services- group counseling by a clinician	01-01-2021
H0006	Alcohol and/or drug services-case management	01-01-2021
H0007	Alcohol and/or drug services-crisis intervention (outpatient)	01-01-2021
H0031	Mental health assessment, by non-physician	01-01-2021
H0032	Mental health service plan development by non-physician	01-01-2021
H0034	Medication training and support, per 15 minutes	01-01-2021
H0046	Mental health services, not otherwise specified	01-01-2021
H0047	Alcohol and/or other drug abuse services, not otherwise specified	01-01-2021
H0048	Alcohol and/or other drug testing: collection and handling only, specime	01-01-2021
H0049	ALCOHOL/DRUG SCREENING	01-01-2021
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	01-01-2021
H1000	Prenatal care, at-risk assessment	01-01-2021
H1001	Prenatal care, at-risk enhanced service; antepartum management	01-01-2021
H1002	Prenatal care, at risk enhanced service, care coordination	01-01-2021
H1003	Prenatal care, at-risk enhanced service-education	01-01-2021
H1004	Prenatal care, at-risk enhanced servicem follow-up home visit	01-01-2021
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	01-01-2021
H1011	Family assessment, licensed behavioral health prof,state-defined purpose	01-01-2021
H2000	Comprehensive multidisciplinary evaluation	01-01-2021

PROC Number	Description	PA Effective Date
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	01-01-2021
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	01-01-2021
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	01-01-2021
H2019	UNIT/HOME HEALTH/OTHER	01-07-2019
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	01-01-2021
H2037	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PE	01-01-2021
P9612	CATHETERIZATION FOR SPEC COLLECTION, SINGLE PT (SEE CPT 53670)	01-01-2021
P9615	CATHETERIZATION FOR SPEC COLLECTION, MULT PATIENTS (SEE 53670)	01-01-2021
Q2052	Services, supplies and accessories used in the home for administration o	01-01-2021
R0023	HIPPS - HH PPS (HRG)	01-01-2021
R229	OTHER SPECIAL CHARGES	01-01-2021
R230	INCREMENTAL NURSING CHARGE-GENERAL	01-01-2021
R236	PROFESSIONAL CHARGES	01-01-2021
R237	PROFESSIONAL CHARGES	01-01-2021
R238	PROFESSIONAL CHARGES	01-01-2021
R239	INCREMENTAL NURSING CHARGE-OTHER	01-01-2021
R249	ALL INCLUSIVE ANCILLARY-OTHER	01-01-2021
R303	LABORATORY - RENAL PATIENT (HOME)	01-01-2021
R304	LABORATORY - NON-ROUTINE DIALYSIS	01-01-2021
R305	LABORATORY - HEMATOLOGY	01-01-2021
R306	LABORATORY - BACTERIOLOGY & MICROBIOLOGY	01-01-2021
R307	LABORATORY - UROLOGY	01-01-2021
R309	LABORATORY - OTHER	01-01-2021
R320	DX RADIOLOGY	01-01-2021
R411	HOME RESPIRATORY THERAPY	01-07-2019
R412	INHALATION SVC	01-01-2021
R413	HYPERBARIC O2	01-01-2021
R419	OTHER RESPIRATORY SVS	01-01-2021
R430	OCCUPATIONAL THERAPY- GENERAL CLASSIFICATION	01-01-2021
R431	OCCUP THERP/VISIT	01-01-2021
R432	OCCUP THERP/HOUR	01-01-2021
R433	OCCUP THERP/GROUP	01-01-2021
R434	OCCUP THERP/EVAL	01-01-2021
R473	PROFESSIONAL CHARGES	01-01-2021
R474	PROFESSIONAL CHARGES	01-01-2021
R475	PROFESSIONAL CHARGES	01-01-2021
R476	PROFESSIONAL CHARGES	01-01-2021
R477	PROFESSIONAL CHARGES	01-01-2021
R478	PROFESSIONAL CHARGES	01-01-2021
R489	OTHER CARDIOLOGY	01-01-2021
R522	RURAL/HOME	01-01-2021

PROC Number	Description	PA Effective Date
R550	SKILLED NURSING SERVICE	01-07-2019
R551	SKILLED NURS/VISIT	01-07-2019
R552	SKILLED NURS/HOUR	01-07-2019
R559	SKILLED NURS/OTHER	01-07-2019
R560	MEDICAL SOCIAL SERVICES - GENERAL CLASSIFICATION	01-01-2021
R561	MEDICAL SOCIAL WORKER	01-01-2021
R562	MEDICAL SOCIAL SERVICES / HOURLY CHARGES	01-01-2021
R570	AID/HOME HEALTH	01-07-2019
R571	AIDE/HOME HEALTH/VISIT	01-07-2019
R572	AIDE/HOME HEALTH/HOUR	01-07-2019
R579	AIDE/HOME HEALTH/OTHER	01-07-2019
R580	VISIT/HOME HEALTH	01-07-2019
R581	VISIT/HOME HEALTH/VISIT	01-07-2019
R582	VISIT/HOME HEALTH/HOUR	01-07-2019
R583	HOME HEALTH ASSESSMENT	01-07-2019
R589	VISIT/HOME HEALTH/OTHER	01-07-2019
R590	UNIT/HOME HEALTH	01-07-2019
R599	UNIT/HOME HEALTH/OTHER	01-01-2021
R599	RESPIRE CARE	01-07-2019
R600	O2/HOME HEALTH	01-01-2021
R641	NON RT NURSING/CENTRAL	01-07-2019
R642	IV SITE CARE/CENTRAL	01-07-2019
R643	IV START/CHNG/PERIPHAL	01-07-2019
R644	NONRT NURSING/PERIPHRL	01-07-2019
R645	TRNG PT/CAREGVR/CENTRAL	01-07-2019
R646	TRAINING, DISABLED PATIENT, CENTRAL LINE	01-07-2019
R647	TRAINING PATIENT/CAREGIVER/PERIPHRL	01-07-2019
R648	TRAINING/DISABLED PATIENT/PERIPHERAL	01-07-2019
R660	RESPIRE/SKILLED NURSE	01-07-2019
R661	RESPIRE/HME AID/HOMEMAKER	01-07-2019
R662	PHYSICIAN VISIT AT MBR'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	01-07-2019
R730	EKG/ECG	01-01-2021
R731	HOLTER MONITOR	01-01-2021
R732	TELEMETRY	01-01-2021
R739	OTHER EKG/ECG	01-01-2021
R834	PERITONEAL/HOME/100%	01-01-2021
R835	PERITONEAL/HOME/SUPSERV	01-01-2021
R839	PERITONEAL/HOME/OTHER	01-01-2021
R840	CAPD/OP OR HOME	01-01-2021
R841	CAPD/COMPOSITE	01-01-2021
R844	CARD/HOME/100%	01-01-2021
R845	CARD/HOME/SUPSERV	01-01-2021
R849	CAPD/HOME/OTHER	01-01-2021
R850	CONTINUOUS CYCLING PERITONEAL DIALYSIS/OP OR HOME	01-01-2021

PROC Number	Description	PA Effective Date
R851	CCPD/COMPOSITE	01-01-2021
R854	CCPD/HOME/100%	01-01-2021
R855	CCPD/HOME/SUPPORT SERVICES	01-01-2021
R859	CCPD/HOME/OTHER	01-01-2021
R880	DIALYSIS/MISC	01-01-2021
R881	DIALYSIS/ULTRAFILT	01-01-2021
R882	HOME DIALYSIS AID VISIT	01-01-2021
R889	DIALYSIS/MISC/OTHER	01-01-2021
R909	OTHER PSYCH TREATMENT	01-01-2021
R910	PSYCH SERVICES	01-01-2021
R911	PSYCH REHAB	01-01-2021
R914	PSYCH/INDIVID THERAPY	01-01-2021
R916	PSYCH/FAMILY THERAPY	01-01-2021
R918	PSYCH TESTING	01-01-2021
R919	PSYCH/OTHER	01-01-2021
R920	OTHER DIAGNOSTIC SERVICES/PROF SERVICE	01-01-2021
R926	PROFESSIONAL CHARGES	01-01-2021
R927	PROFESSIONAL CHARGES	01-01-2021
R928	PROFESSIONAL CHARGES	01-01-2021
R929	ADDITIONAL DX SERVICES	01-01-2021
R930	PROFESSIONAL CHARGES	01-01-2021
R931	PROFESSIONAL CHARGES	01-01-2021
R932	PROFESSIONAL CHARGES	01-01-2021
R933	PROFESSIONAL CHARGES	01-01-2021
R934	PROFESSIONAL CHARGES	01-01-2021
R935	PROFESSIONAL CHARGES	01-01-2021
R936	PROFESSIONAL CHARGES	01-01-2021
R937	PROFESSIONAL CHARGES	01-01-2021
R938	PROFESSIONAL CHARGES	01-01-2021
R939	PROFESSIONAL CHARGES	01-01-2021
R940	OTHER THERAPEUTIC SVS	01-01-2021
R941	OTHER THERAPEUTIC SVC-RECREATIONAL THERAPY	01-01-2021
R942	OTHER THERAPEUTIC SVC-EDUCATION/TRAINING	01-01-2021
R954	PROFESSIONAL CHARGES	01-01-2021
R955	PROFESSIONAL CHARGES	01-01-2021
R956	PROFESSIONAL CHARGES	01-01-2021
R957	PROFESSIONAL CHARGES	01-01-2021
R958	PROFESSIONAL CHARGES	01-01-2021
R959	PROFESSIONAL CHARGES	01-01-2021
R960	PROFESSIONAL CHARGES	01-01-2021
R961	PSYCH PROFESSIONAL FEE	01-01-2021
R970	PRO FEE/LAB	01-01-2021
R971	PRO FEE/RAD/DX	01-01-2021
R972	PRO FEE/RAD/RX	01-01-2021
R973	PRO FEE/RAD/RX	01-01-2021

PROC Number	Description	PA Effective Date
R976	PRO FEE/RESPIRATORY	01-01-2021
R977	PRO FEE/PHYSICAL THERAPY	01-01-2021
R978	PRO FEE/OCCUPATIONAL THERAPY	01-01-2021
R979	PRO FEE/SPEECH PATH	01-01-2021
R984	PRO FEE/SOC SVC	01-01-2021
R985	PRO FEE/EKG	01-01-2021
S3601	STAT LAB HOME/NF	01-01-2021
S3620	NEWBORN METABOLIC SCREENING	01-01-2021
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	01-07-2019
S5151	RESPITE CARE, IN THE HOME, P	01-07-2019
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	01-01-2021
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	01-01-2021
S5522	Home infusion tx, insert PICC, nursing services only (no supplies/cath)	01-01-2021
S5523	Home infusion tx, insert midline venous cath, nursing svcs only	01-07-2019
S9001	HOME UTERINE MONITOR WITH OR	01-01-2021
S9097	HOME VISIT FOR WOUND CARE	01-07-2019
S9098	HOME PHOTOTHERAPY VISIT	01-07-2019
S9110	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUSIVE PER MONTH	01-01-2021
S9122	HOME HEALTH AIDE OR CERTIFIE	01-07-2019
S9123	NURSING CARE, IN THE HOME, RN, PER HOUR	01-07-2019
S9124	NURSING CARE, IN THE HOME, LPN, PER HOUR	01-07-2019
S9125	GEST HYPER W NURS DIEM	01-07-2019
S9127	SOCIAL WORK VISIT, IN THE HO	01-01-2021
S9128	SPEECH THERAPY, IN THE HOME,	01-01-2021
S9208	HOME MGMT PRETERM LABOR,PER DIEM (drugs, nursing vsts separate)	01-01-2021
S9209	Home mgmt premature rupture of membranes, per diem (nurse vst separate)	01-01-2021
S9211	HOME MGMT GEST HYPERTENSION, PER DIEM (drugs / nursing visits separate)	01-01-2021
S9212	HOME MGMT POSTPAR HYPER PER DIEM (drugs /nursing visits separate)	01-01-2021
S9213	HOME MGMT PREECLAMP PER DIEM (drugs /nursing services separate)	01-01-2021
S9214	HOME MGMT GEST DM PER DIEM (drugs/ nursing services separate)	01-01-2021
S9216	POSTPAR HYPER W NURS DIEM	01-07-2019
S9217	PREECLAMP W NURS DIEM	01-07-2019
S9218	NURSING SERVICES AND ALL NEC	01-07-2019
S9220	NURSING SERVICES AND ALL NEC	01-07-2019
S9225	NURSING SERVICES AND ALL NEC	01-07-2019
S9230	NURSING SERVICES AND ALL NEC	01-07-2019
S9300	NURSING SERVICES AND ALL NEC	01-07-2019
S9308	NURSING SERVICES AND ALL NEC	01-07-2019
S9310	NURSING SERVICES AND ALL NEC	01-07-2019

PROC Number	Description	PA Effective Date
S9395	NURSING SERVICES AND ALL NEC	01-07-2019
S9420	NURSING SERVICES, PATIENT AS	01-07-2019
S9423	NURSING SERVICES AND ALL NEC	01-07-2019
S9425	SKILLED NURSING VISITS FOR	01-07-2019
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	01-01-2021
S9465	DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT	01-01-2021
S9470	NUTRITIONAL COUNSELING, DIET	01-01-2021
S9472	CARDIAC REHABILITATION PROGR	01-01-2021
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem	01-01-2021
S9474	ENTEROSTOMAL THERAPY BY A RE	01-01-2021
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	01-01-2021
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	01-01-2021
S9485	Crisis intervention mental health services, per diem	01-01-2021
S9526		01-07-2019
T1001	NURSING ASSESSMENT/EVALUATION	01-01-2021
T1002	RN SERVICES UP TO 15 MINUTES	01-01-2021
T1003	LPN/LVN SERVICES UP TO 15MIN	01-01-2021
T1004	Services of a qualified nursing aide, up to 15 minutes	01-01-2021
T1021	Home health aide or certified nurse assistant, per visit	01-01-2021
T1022	Contracted home health agency svcs, all svcs provided under contract, pe	01-01-2021
T1028	Assessment of home, physical and family environment, to determine suitab	01-01-2021
T1030	Nursing care, in the home, by registered nurse, per diem	01-07-2019
T1031	Nursing care, in the home, by licensed practical nurse, per diem	01-07-2019
T2022	Case management, per month	01-01-2021
T2023	Targeted case mgmt, per month	01-01-2021
T2024	Service assessment/plan of care development, waiver	01-01-2021

HOSPICE

PROC Number	Description	PA Effective Date
	LOCATION 34	01-01-2022
650	HOSPICE	01-01-2022
651	HOSPICE/ROUTINE HOME	01-01-2022
652	HOSPICE/CONTINUOUS HOME	01-01-2022
653	INPATIENT HOSPICE CHARGES	01-01-2022
654	INPATIENT HOSPICE CHARGES	01-01-2022
655	HOSPICE/IP RESPITE	01-01-2022
656	HOSPICE/IP NON-RESPITE	01-01-2022
657	HOSPICE/PHYSICIAN	01-01-2022
658	HOSPICE ROOM AND BOARD - NURSING FACILITY	01-01-2022
659	HOSPICE/OTHER	01-01-2022
G0182	HOSPICE CARE SUPERVISION BY MD, MO, >= 30 MIN	01-01-2022
G9473	SERVICES PERFORMED BY CHAPLAIN IN THE HOSPICE SETTING, EACH 15 MINUTES	01-01-2022

PROC Number	Description	PA Effective Date
G9474	SERVICES PERFORMED BY DIETARY COUNSELOR IN THE HOSPICE SETTING, EACH 15	01-01-2022
G9475	SERVICES PERFORMED BY OTHER COUNSELOR IN THE HOSPICE SETTING, EACH 15 MI	01-01-2022
G9476	SERVICES PERFORMED BY VOLUNTEER IN THE HOSPICE SETTING, EACH 15 MINUTES	01-01-2022
G9477	SERVICES PERFORMED BY CARE COORDINATOR IN THE HOSPICE SETTING, EACH 15 M	01-01-2022
G9478	SERVICES PERFORMED BY OTHER QUALIFIED THERAPIST IN THE HOSPICE SETTING,	01-01-2022
G9479	SERVICES PERFORMED BY QUALIFIED PHARMACIST IN THE HOSPICE SETTING, EACH	01-01-2022
Q5001	HOSPICE IN PATIENT HOME	01-01-2022
Q5002	HOSPICE IN ASSIST LIVING	01-01-2022
Q5003	HOSPICE IN LT/NON-SKILLED NF	01-01-2022
Q5004	HOSPICE IN SNF	01-01-2022
Q5005	HOSPICE, INPATIENT HOSPITAL	01-01-2022
Q5006	HOSPICE IN HOSPICE FACILITY	01-01-2022
Q5007	HOSPICE IN LTCH	01-01-2022
Q5008	HOSPICE IN INPATIENT PSYCH	01-01-2022
Q5009	HOSPICE, NOS	01-01-2022
Q5010	Hospice home care provided in a Hospice facility	01-01-2022
R650	HOSPICE	01-01-2022
R651	HOSPICE/ROUTINE HOME	01-01-2022
R652	HOSPICE/CONTINUOUS HOME	01-01-2022
R653	INPATIENT HOSPICE CHARGES	01-01-2022
R654	INPATIENT HOSPICE CHARGES	01-01-2022
R655	HOSPICE/IP RESPITE	01-01-2022
R656	HOSPICE/IP NON-RESPITE	01-01-2022
R657	HOSPICE/PHYSICIAN	01-01-2022
R658	HOSPICE ROOM AND BOARD NURSING FACILITY	01-01-2022
R659	HOSPICE/OTHER	01-01-2022
S9126	HOSPICE CARE, IN THE HOME, P	01-01-2022
T2042	Hospice routine home care, per diem	01-01-2022

IP HOSPITAL

PROC Number	Description	PA Effective Date
	LOCATIONS 21, EXCLUDING MATERNITY DRGs	01-07-2019

IP MENTAL HOSPITAL

PROC Number	Description	PA Effective Date
	LOCATION 51, OR 21 WITH SP A8 (PSYCHIATRIC HOSPITAL)	01-07-2019

IP REHAB

PROC Number	Description	PA Effective Date
	LOCATION 61, OR 21 WITH SP RH (PHYSICAL REHABILITATION FACILITY)	01-07-2019

LTC

PROC Number	Description	PA Effective Date
	LOCATIONS 21,31,32,33,51,61,55,56 WITH SP LT (LONG TERM ACUTE CARE HOSPITAL)	01-07-2019

MH - PARTIAL HOSPITALIZATION

PROC Number	Description	PA Effective Date
	LOCATION 52	01-07-2019
905	INTENSIVE OUTPATIENT - PSYCHIATRIC CARE	01-07-2019
906	INTENSIVE OUTPATIENT SERVICES-CHEMICAL DEPENDENCY	01-07-2019
90816	INDIV PSYCHOTHERAPY 20-30 MIN IN-PATIENT/PARTIAL HOSP/ RESIDENTIAL FAC	01-07-2019
90817	INDIV PSYCHOTHERAPY 20-30 W/MED EVAL/MANAGEMENT INPT/ PARTIAL/RESIDENTIAL	01-07-2019
90818	INDIV PSYCHOTHERAPY 45-50 MIN INPT/PARTIAL HOSP/ RESIDENTIAL FACILITY	01-07-2019
90819	INDIV PSYCHOTHERAPY 45-50 W/MED EVAL/MANAGEMENT IP/PART HOSP/RESIDENTIAL	01-07-2019
90821	INDIV PSYCHOTHERAPY 75-80 MIN IN-PT/PARTIAL HOSP/ RESIDENTIAL FACILITY	01-07-2019
90822	INDIV PSYCHOTHERAPY 75-80 W/MED EVAL/MGMT INPT/PART HOSP/ RESIDENTIAL	01-07-2019
90823	INDIV PSYCHOTHERAPY INTERACTIVE 20-30 IN-PT/PART HOSP/ RESIDENTIAL FAC	01-07-2019
90824	INDIV PSYCHOTHERAPY INTERACTIVE 20-30 W/MED EVAL/MGMT INPT/PART/RESIDENT	01-07-2019
90826	INDIV PSYCHOTHERAPY INTERACTIVE 45-50 INPT/PART HOSP/ RESIDENTIAL FACILIT	01-07-2019
90827	INDIV PHYCHOTHERAPY INTERACTIVE 45-50 W/MED EVAL/MGMT IP/ PART/RESIDENTIA	01-07-2019
90828	INDIV PSYCHOTHERAPY INTERACTIVE 75-80 INPT/PART HOSP/ RESIDENTIAL FACILIT	01-07-2019
90829	INDIV PSYCHOTHERAPY INTERACTIVE 75-80 W/MED EVAL/MGMT IP/ PART/RESIDENTIA	01-07-2019
912	PARTIAL HOSPITALIZATION - LESS INTENSIVE (FULL DAY)	01-07-2019
913	PARTIAL HOSPITALIZATION - INTENSIVE (1/2 DAY)	01-07-2019
G0410	GROUP PSYCH, OTHER THAN MULT FAMILY GRP, PARTIAL HOSP 45-50 MIN	01-07-2019
G0411	INTERACTIVE GROUP PSYCH, PARTIAL HOSP 45-50 MIN	01-07-2019
H0015	Alcohol and/or drug svcs-intensive outpatient	01-07-2019
H0035	Mental health partial hospitalization, treatment, less than 24 hours	01-07-2019
R905	INTENSIVE OUTPATIENT - PSYCHIATRIC CARE	01-07-2019

PROC Number	Description	PA Effective Date
R906	behavioral health treatment/services-intensive op services chemical depe	01-07-2019
R912	PARTIAL HOSPITALIZATION - LESS INTENSIVE (FULL DAY)	01-07-2019
R913	PARTIAL HOSPITALIZATION - INTENSIVE (1/2 DAY)	01-07-2019
S9480	Intensive outpatient psychiatric services, per diem	01-07-2019

PORTWINE/HEMANGIOMA

PROC Number	Description	PA Effective Date
17106	DESTRUCTION OF SKIN LESIONS	01-08-2023
17107	DESTRUCTION OF SKIN LESIONS	01-08-2023
17108	DESTRUCTION OF SKIN LESIONS	01-08-2023

PROSTHETICS

PROC Number	Description	PA Effective Date
L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	01-07-2019
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE,	01-07-2019
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEA	01-07-2019
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, I	01-07-2019
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABL	01-07-2019
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ON	01-07-2019

RESIDENTIAL TREATMENT

PROC Number	Description	PA Effective Date
	LOCATIONS 55/56, OR LOCATIONS 21,31,32,51,52,53,61,55,56,57,58 WITH SP MH,SA (RESIDENTIAL TREATMENT FACILITY - BEHAVIORAL HEALTH CENTER, RESIDENTIAL TREATMENT FACILITY - SUBSTANCE ABUSE CENTER)	01-07-2019
R1001	BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL TX - PSYCH	01-07-2019
R1002	BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL TX - CHEMICAL DEP	01-07-2019
R1003	BEHAVIORAL HEALTH ACCOMMODATIONS - SUPERVISED LIVING	01-07-2019
R1004	BEHAVIORAL HEALTH ACCOMMODATIONS - HALFWAY HOUSE	01-07-2019
R1005	BEHAVIORAL HEALTH ACCOMMODATIONS - GROUP HOME	01-07-2019
1001	BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTAL TX - PSYCH	01-07-2019
1002	BEHAVIORAL HEALTH ACCOMMODATIONS - RESIDENTIAL TX - CHEMICAL DEP	01-07-2019
1003	BEHAVIORAL HEALTH ACCOMMODATIONS - SUPERVISED LIVING	01-07-2019
1004	BEHAVIORAL HEALTH ACCOMMODATIONS - HALFWAY HOUSE	01-07-2019
1005	BEHAVIORAL HEALTH ACCOMMODATIONS - GROUP HOME	01-07-2019

rTMS

PROC Number	Description	PA Effective Date
90867	THERAPEUTIC REPEAT TRANSCRANIAL MAGNETIC STIM TX PLANNING	01-01-2019
90868	THERAPEUTIC REPEAT TRANSCRANIAL MAGNETIC STIM TX DELIVERY, PER SESS	01-01-2019
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIM TX; SUBSEQ MOTOR THRES	01-01-2019

SNF

PROC Number	Description	PA Effective Date
	LOCATIONS 31,32	01-07-2019

SURGERY

PROC Number	Description	PA Effective Date
797	ANESTH-INTRAPERITONEAL, UPPER ABD, FOR GASTRIC RESTRICT-MORBID OBES	01-07-2019
15780	Dermabrasion, total face (eg, for acne scarring, fine wrinkling, etc)	01-07-2019
15781	Dermabrasion, segmental, face	01-07-2019
15782	Dermabrasion, regional, other than face	01-07-2019
15783	Dermabrasion, superficial, any site (eg, tattoo removal)	01-07-2019
15786	Abrasion, single lesion (eg, keratosis, scar)	01-07-2019
15787	ABRASION, EACH ADDITIONAL FOUR LESIONS OR LESS, USE W/ CODE 15786	01-07-2019
15788	Chemical peel, facial, epidermal	01-07-2019
15789	DERMAL, CHEMICAL PEEL, FACIAL	01-07-2019
15792	CHEMICAL PEEL, NONFACIAL, EPIDERMAL	01-07-2019
15793	CHEMICAL PEEL, NONFACIAL, DERMAL	01-07-2019
15820	Blepharoplasty, lower eyelid	01-07-2019
15821	Blepharoplasty, lower eyelid, with extensive herniated fat pad	01-07-2019
15822	Blepharoplasty, upper eyelid	01-07-2019
15823	Blepharoplasty, upper eyelid, with excessive skin weighting down lid	01-07-2019
15830	EXCISE EXCESSIVE SKIN/SUBCUT TISSUE, INCL LIPECTOMY, ABD, PANNICULECTOMY	01-07-2019
15847	Excise excessive skin and subcutaneous tissue (abdominoplasty), ADD-ON	01-07-2019
19300	MASTECTOMY FOR GYNECOMASTIA	01-07-2019
30400	Rhinoplasty, primary,lateral/alar cartilages and/or elevation nasal tip	01-07-2019
30410	Rhinoplasty, primary,complete,external parts,and/or elevation nasal tip	01-07-2019
30420	Rhinoplasty, primary, including major septal repair	01-07-2019
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	01-07-2019
30435	Rhinoplasty, secondary, intermediate revision (bony work w/ osteotomies)	01-07-2019
30450	Rhinoplasty, secondary, major revision (nasal tip work and osteotomies)	01-07-2019

PROC Number	Description	PA Effective Date
30520	Septoplasty or submucous resection, w/or w/o cartilage scoring, contour	01-07-2019
36470	INJECTION, SCLEROSING AGENT, SINGLE VEIN	01-07-2019
36471	INJECTION, SCLEROSING AGENT, MULTIPLE VEINS, SAME LEG	01-07-2019
36475	RADIOFREQ ABLATION VEIN, EXTREMITY, 1st VEIN, INCLUSIVE	01-07-2019
36476	RADIOFREQ ABLATION VEIN, EXTREMITY, 2nd or SUBSEQ VEIN, INCLUSIVE	01-07-2019
36478	ENDOVENOUS ABLATION VEIN, LASER, EXTREMITY, 1st VEIN, INCLUSIVE	01-07-2019
36479	ENDOVENOUS ABLATION VEIN, LASER, EXTREMITY, 2nd & SUBSEQ VEIN, INCLUSIVE	01-07-2019
37700	LIGATION/DIVISION-LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION	01-07-2019
37718	Ligation, division, and stripping, short saphenous vein	01-07-2019
37722	Ligation, division, stripping, greater saphenous veins, to knee or below	01-07-2019
37735	LIGAT/DIVIS/STRIP-LONG OR SHORT SAPHENOUS VEINS,SKIN GRAFT,EXCIS FASCIA	01-07-2019
37760	LEG VEINS-LIGATION OF PERFORATORS,SUBFASCIAL,RADICAL-W/OR W/O SKIN GRAFT	01-07-2019
37761	LIGATE PERFORATOR VEIN(S), SUBFASCIAL, OPEN, 1 LEG, INCL U/S	01-07-2019
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	01-07-2019
37766	Stab phlebectomy varicose veins, one extremity, more than 20 incisions	01-07-2019
37780	LIGATE/DIVIDE SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION	01-07-2019
37785	LIGATE,DIVIDE,AND/OR EXCISE-RECUR/SECONDARY VARICOSE VEINS, ONE LEG	01-07-2019
42145	Palatopharyngoplasty (uvulopalatopharyngoplasty, uvulopharyngoplasty)	01-07-2019
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPAS	01-07-2019
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPAS	01-07-2019
43647	LAP, IMPLANT NEUROSTIM ELECTRODE, ANTRUM	01-07-2019
43648	LAP, REVISE/REMOV NEUROSTIM ELTRODES, ANTRUM	01-07-2019
43770	LAPAROSCOPY, GASTRIC RESTRICTIVE, PLACE ADJUSTABLE RESTRICT DEVICE	01-07-2019
43771	LAPAROSCOPY, GASTRIC RESTRICT PROC; REVISE ADJUSTABLE DEVICE COMPONENT	01-07-2019
43772	LAPAROSCOPY, GASTRIC RESTRICTIVE; REMOVE ADJUSTABLE RESTRICT DEVICE	01-07-2019
43773	LAPAROSCOPY, GASTRIC RESTRICT; REMOVE / REPLACE ADJUST RESTRICT DEVICE	01-07-2019

PROC Number	Description	PA Effective Date
43774	LAPAROSCOPY, GASTRIC RESTRICT, REMOVE ADJUSTABLE RESTRICT DEVICE & PORT	01-07-2019
43775	LAPAROSCOPY, GASTRIC RESTRICTIVE, LONGITUDINAL GASTRECTOMY	01-07-2019
43842	GASTRIC RESTRICT PROC, W/O BYPASS, OBESITY, VERTICAL-BANDGASTROPLASTY	01-07-2019
43843	GASTRIC RESTRICT SURG, W/O BYPASS,OBESITY,OTH THAN VERT-BAND GASTROPLASTY	01-07-2019
43845	GASTRIC RESTRICT PROC W/ PARTIAL GASTRECTOMY TO LIMIT ABSORPTION	01-07-2019
43846	GASTRIC BYPASS FOR OBESITY, SHORT LIMB ROUX-EN-Y GASTROENTEROSTOMY	01-07-2019
43847	GASTRIC BYPASS FOR OBESITY, W/SMALL BOWEL RECONSTR TO LIMIT ABSORPTION	01-07-2019
43848	OPEN REVISION GASTRIC RESTRICT PROC, OBESITY, OTH THAN ADJUSTABLE DEV	01-07-2019
43881	IMPL/REDO ELECTRD, ANTRUM	01-07-2019
43882	REVISE/REMOVE ELECTRD ANTRUM	01-07-2019
43886	GASTRIC RESTRICTIVE PROC, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT	01-07-2019
43887	GASTRIC RESTRICTIVE PROC, OPEN; REMOVE SUBCUTANEOUS PORT COMPONENT	01-07-2019
43888	GASTRIC RESTRICTIVE PROC, OPEN; REMOVE / REPLACE SUBCUTAN PORT ONLY	01-07-2019
63650	PERCUTANEOUS IMPLANT OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	01-07-2019
63655	LAMINECTOMY FOR IMPLANT OF NEUROSTIM ELECTRODES, PLATE/ PADDLE, EPIDUR	01-07-2019
64590	Insert peripheral or gastric neurostimulator pulse generator or receiver	01-07-2019
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	01-07-2019
67901	REPAIR BLEPHAROPTOSIS,FRONTALIS MUSCLE TECH w/ SUTURE OR OTHER	01-07-2019
67902	REPAIR BLEPHAROPTOSIS, FRONTALIS MUSCLE TECH W/ AUTOLOGOUS FASCIAL SLING	01-07-2019
67903	Repair blepharoptosis,levator resection or advancement,internal approach	01-07-2019
67904	Repair blepharoptosis,levator resection or advancement,external approach	01-07-2019
67906	Repair of blepharoptosis, superior rectus technique with fascial sling	01-07-2019
67908	Repair blepharoptosis, conjunctivo-tarso-Muller's muscle-levator resect	01-07-2019
67909	Reduction of overcorrection of ptosis	01-07-2019
0155T	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATIO	01-07-2019

PROC Number	Description	PA Effective Date
0156T	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTR	01-07-2019
0157T	LAPAROTOMY; IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATION ELECTRODE	01-07-2019
0158T	LAPAROTOMY; REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTRODES, LESSE	01-07-2019

THERAPY

PROC Number	Description	PA Effective Date
420	PHYSICAL THERAPY-GENERAL CLASSIFICATION	01-07-2019
421	PHYS THERAPY/VISIT	01-07-2019
422	PHYS THERP/HOUR	01-07-2019
423	PHYS THERP/GROUP	01-07-2019
424	PHYS THERP/EVAL	01-07-2019
429	OTHER PHYS THERAPY	01-07-2019
430	OCCUPATIONAL THERAPY- GENERAL CLASSIFICATION	01-07-2019
431	OCCUP THERP/VISIT	01-07-2019
432	OCCUP THERP/HOUR	01-07-2019
433	OCCUP THERP/GROUP	01-07-2019
434	OCCUP THERP/EVAL	01-07-2019
439	OTHER OCCUP THERAPY	01-07-2019
440	SPEECH-LANGUAGE PATHOLOGY	???
441	SPEECH PATH/VISIT	???
442	SPEECH PATH/HOUR	???
443	SPEECH PATH/GROUP	???
444	SPEECH PATH/EVAL	???
449	OTHER SPEECH PAT	???
92506	Eval speech, language, voice, communication, and/or auditory processing	???
92508	SPEECH/HEARING THERAPY, GROUP, 2 OR MORE INDIVIDUALS	01-07-2019
92520	LARYNGEAL FUNCTION STUDIES-IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING	01-07-2019
92521	EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	01-07-2019
92522	EVALUATION OF SPEECH SOUND PRODUCTION	01-07-2019
92523	EVAL SPEECH SOUND PRODUCTION, W/EVAL LANGUAGE COMPREHENSION/EXPRESSION	01-07-2019
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	01-07-2019
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCITON FOR FEEDING	???
95851	RANGE OF MOTION MEASUREMENTS	01-07-2019
95852	RANGE OF MOTION MEASUREMENTS	01-07-2019
95992	CANALITH REPOSITIONING PROC	01-07-2019
97002	PHYSICAL THERAPY RE-EVALUATION	01-07-2019
97004	OCCUPATIONAL THERAPY RE-EVALUATION	01-07-2019

PROC Number	Description	PA Effective Date
97010	HOT OR COLD PACKS THERAPY	01-07-2019
97012	MECHANICAL TRACTION THERAPY	01-07-2019
97014	ELECTRIC STIMULATION THERAPY	01-07-2019
97016	VASOPNEUMATIC DEVICE THERAPY	01-07-2019
97018	PARAFFIN BATH THERAPY	01-07-2019
97020	MICROWAVE THERAPY	???
97022	APPLICATION OF WHIRLPOOL MODALITY TO 1 OR MORE AREAS	???
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG,MICROWAVE)	???
97026	INFRARED THERAPY	???
97028	ULTRAVIOLET THERAPY	???
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS, ELECTRIC STIMULULATION	???
97033	IONTOPHORESIS EACH 15 MINUTES	???
97034	CONTRAST BATH THERAPY	???
97035	ULTRASOUND, EACH 15 MINUTES	???
97036	HYDROTHERAPY	???
97037	CONSTANT ATTENDANCE PHYSICAL MEDICINE	???
97039	PHYSICAL THERAPY TREATMENT	???
97101	ULTRASOUND	???
97110	THERAPEUTIC EXERCISES, 1 or more areas, each 15 minutes	???
97112	NEUROMUSC REEDUCATION OF MOVEMENT / ACTIVITIES, >= 1 area, ea 15 min	???
97113	AQUATIC THERAPY/EXERCISES	???
97114	FUNCTIONAL ACTIVITY THERAPY	???
97116	GAIT TRAINING THERAPY	???
97118	MANUAL ELECTRIC STIMULATION	???
97120	ELECTRIC CURRENT THERAPY	???
97122	MANUAL TRACTION THERAPY	???
97124	MASSAGE THERAPY	???
97126	CONTRAST BATHS THERAPY	???
97127	TX IVNTJ W/FOCUS COG FUNCJ	???
97128	ULTRASOUND THERAPY	???
97129	THER IVNTJ 1ST 15 MIN	???
97130	THER IVNTJ EA ADDL 15 MIN	???
97139	UNLISTED PHYSICAL MEDICINE PROCEDURE	???
97140	MANUAL THERAPY, ONE OR MORE REGIONS, EACH 15 MIN	???
97145	EXTENDED PHYSIOTHERAPY	???
97150	Therapeutic procedure(s), group (2 or more individuals)	???
97151	BEHAVIOR ID ASSMT BY PHYS/QHP	???
97152	BEHAVIOR ID SUPRT ASSMT BY 1 TECH	???
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL, BY TECH	???
97154	GROUP ADAPTIVE BEHAVIOR TX BY PROTOCOL, BY TECH	???
97155	ADAPTIVE BEHAVIOR TX, PROTOCOL MODIF, BY PHYS/QHP	???
97156	FAMILY ADAPTIVE BEHAVIOR TX GUIDANCE, BY PHY/QHP	???

PROC Number	Description	PA Effective Date
97157	MULTI-FAMILY ADAPTIVE BEHAVIOR TX GUIDANCE, BY PHY/QHP	???
97158	GRP ADAPTIVE BEHAVIOR TX, PROTOCOL MODIF, BY PHYS/QHP	???
97161	PT EVAL LOW COMPLEX 20 MIN	???
97162	PT EVAL MOD COMPLEX 30 MIN	???
97163	PT EVAL HIGH COMPLEX 45 MIN	???
97164	PT RE-EVAL EST PLAN CARE	???
97165	OT EVAL LOW COMPLEX 30 MIN	???
97166	OT EVAL MOD COMPLEX 45 MIN	???
97167	OT EVAL HIGH COMPLEX 60 MIN	???
97168	OT RE-EVAL EST PLAN CARE	???
97169	ATHLETIC TRN EVAL LOW CMPLX	???
97170	ATHLETIC TRN EVAL MOD CMPLX	???
97171	ATHLETIC TRN EVAL HIGH CMPLX	???
97172	ATHLETIC TRN RE-EVAL PLAN CR	???
97220	HYDROTHERAPY	???
97221	EXTENDED HYDROTHERAPY	???
97240	HYDROTHERAPY	???
97241	EXTENDED HYDROTHERAPY	???
97250	MYOFASCIAL RELEASE/SOFT TISS MOBILIZATION, 1 OR MORE REGIONS	???
97260	REGIONAL MANIPULATION	???
97261	SUPPLEMENTAL MANIPULATIONS	???
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)	???
97420	POOL THERAPY OR HUBBARD TANK	01-07-2019
97530	THERAPEUTIC ACTIVITIES,DIRECT PATIENT CONTACT BY PROVIDER	01-07-2019
97533	SENSORY INTEGRATION	01-07-2019
97535	SELF CARE HOME MANAGEMENT TRAINING, EACH 15 MINUTES	01-07-2019
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT,FITTING,TRAINING) EACH 15 MINUTES	01-07-2019
97755	ASSISTIVE TECHNOLOGY ASSESS	01-07-2019
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WH	01-07-2019
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	01-07-2019
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUT	01-07-2019
97763	ORTHC/PROSTC MGMT-EXTREMITIES, TRUNK - SBSQ ENC, EA 15 MIN.	01-07-2019
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE OR PROCEDURE	01-07-2019
G0153	SVCS OF SPEECH-LANGUAGE PATH IN HOME OR HOSPICE SETTING, EA 15 MIN.	01-07-2019
G0283	Electrical stim (unattended), one or more areas for other than wound car	01-07-2019
R420	PHYSICAL THERAPY-GENERAL CLASSIFICATION	01-07-2019

PROC Number	Description	PA Effective Date
R421	PHYS THERAPY/VISIT	01-07-2019
R422	PHYS THERP/HOUR	01-07-2019
R423	PHYS THERP/GROUP	01-07-2019
R424	PHYS THERP/EVAL	01-07-2019
R429	OTHER PHYS THERAPY	01-07-2019
R430	OCCUPATIONAL THERAPY- GENERAL CLASSIFICATION	01-07-2019
R431	OCCUP THERP/VISIT	01-07-2019
R432	OCCUP THERP/HOUR	01-07-2019
R433	OCCUP THERP/GROUP	01-07-2019
R434	OCCUP THERP/EVAL	01-07-2019
R439	OTHER OCCUP THERAPY	01-07-2019
R440	SPEECH-LANGUAGE PATHOLOGY	01-07-2019
R441	SPEECH PATH/VISIT	01-07-2019
R442	SPEECH PATH/HOUR	01-07-2019
R443	SPEECH PATH/GROUP	01-07-2019
R444	SPEECH PATH/EVAL	01-07-2019
R449	OTHER SPEECH PAT	01-07-2019
S9092	Canolith repositioning, per visit	01-07-2019
S9128	SPEECH THERAPY, IN THE HOME,	01-07-2019
S9129	OCCUPATIONAL THERAPY, IN THE	01-07-2019
S9131	PT IN THE HOME PER DIEM	01-07-2019
V5362	SPEECH SCREENING	01-07-2019
V5363	LANGUAGE SCREENING	01-07-2019
V5364	DYSPHAGIA SCREENING	01-07-2019
240	ALL INCLUSIVE ANCILLARY-GENERAL	01-01-2020
64550	Application of surface (transcutaneous) neurostimulator	01-01-2020
90911	BIOFEEDBACK TRNG,PERINEAL MUSCLES,ANORECTAL OR URETHRAL SPHINCTER,EMG	01-01-2020
95831	MUSCLE TESTING, MANUAL WITH REPORT- EXTREMITY OR TRUNK	01-01-2020
95832	HAND MUSCLE TESTING, MANUAL	01-01-2020
95834	BODY MUSCLE TESTING, MANUAL	01-01-2020
97001	PHYSICAL THERAPY EVALUATION	01-07-2019
97003	OCCUPATIONAL THERAPY EVALUATION	01-07-2019
97005	ATHLETIC TRAINING EVALUATION	01-01-2020
97006	ATHLETIC TRAINING RE-EVALUATION	01-01-2020
97531	ADDED KINETIC THERAPY	01-07-2019
97532	COGNITIVE SKILLS DEVELOPMENT	01-07-2019
97545	Work hardening/conditioning; initial 2 hours	01-01-2020
97546	WORK HARDENING/CONDITIONING, EA ADD HR	01-01-2020
97597	OPEN WOUND DEBRIDEMENT / SESSION, FIRST 20 SQ CENT OR LESS	01-01-2020
97598	OPEN WOUND DEBRIDEMENT /SESSION , EACH ADDED 20 SQ CENT OR PART THEREOF	01-01-2020
97602	WOUND CARE NON-SELECTIVE, W/O ANESTH, PER SESSION	01-01-2020
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT W/WRITTEN REPORT, EACH 15 MIN	01-01-2020

PROC Number	Description	PA Effective Date
G0151	SERVICES OF PHYSICAL THERAPIST IN HOME OR HOSPICE SETTING, EA 15 MIN.	01-01-2020
G0152	SVCS OF OCCUPATIONAL THERAPIST IN HOME OR HOSPICE SETTING, EA 15 MIN.	01-01-2020
G8978	DOC MOBILITY FUNCTIONAL LIMITS, CURR. STATUS, AT TX EPISODE OUTSET / RPT	01-01-2020
G8979	DOC MOBILITY FUNCTIONAL LIMITS, GOAL STATUS, AT TX EPISODE OUTSET / RPT	01-01-2020
G8980	DOC MOBILITY FUNCTIONAL LIMITS, D/C STATUS, AT TX D/C OR END REPORTING	01-01-2020
G8981	DOC BODY POSITION FUNCTIONAL LMT, CURR. STATUS, AT TX EPISODE OUTSET / R	01-01-2020
G8982	DOC BODY POSITION FUNCTIONAL LMT, GOAL STATUS, AT TX EPISODE OUTSET / RP	01-01-2020
G8983	DOC BODY POSITION FUNCTIONAL LMT,, D/C STATUS, AT TX D/C OR END REPORTIN	01-01-2020
G8984	DOC HANDLING OBJECTS FUNCTIONAL LMT, CURR. STATUS, AT TX EPISODE OUTSET	01-01-2020
G8985	DOC HANDLING OBJECTS FUNCTIONAL LMT, CURR. STATUS, AT TX EPISODE OUTSET	01-01-2020
G8986	DOC HANDLING OBJECTS FUNCTIONAL LMT, D/C STATUS, AT TX D/C OR END REPORT	01-01-2020
G8987	SELF CARE FNCL LIMITATION, CURRENT STATUS, AT TX OUTSET AND AT RPT INTER	01-01-2020
G8988	SELF CARE FNCL LIMITATION, CURRENT STATUS, AT TX OUTSET, RPT INTERVALS,	01-01-2020
G8989	SELF CARE FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THE	01-01-2020
G8990	DOC OTHER PHYS/OCCUPAT FUNCTIONAL LMT, CURR. STATUS, AT TX EPISODE OUTSE	01-01-2020
G8991	DOC OTHER PHYS/OCCUPAT FUNCTIONAL LMT, GOAL STATUS, AT TX EPISODE OUTSET	01-01-2020
G8992	DOC OTHER PHYS/OCCUPAT FUNCTIONAL LMT, D/C STATUS, AT TX D/C OR END REPO	01-01-2020
G8993	DOC OTHER SUBSEQ PHYS/OCCUPAT FNC LMT, CURR. STATUS, TX EPISODE OUTSET/	01-01-2020
G8994	DOC OTHER SUBSEQ PHYS/OCCUPAT FNC LMT, GOAL STATUS, TX EPISODE OUTSET/R	01-01-2020
G8995	DOC OTHER SUBSEQ PHYS/OCCUPAT FNC LMT, D/C STATUS, AT TX D/C OR END REPO	01-01-2020
R240	ALL INCLUSIVE ANCILLARY-GENERAL	01-01-2020
S9130	PHYSICAL THERAPY IN THE HOME, PER DIEM	01-01-2020
31579	DIAGNOSTIC LARYNGOSCOPY	01-01-2020
90887	OTHER PSYCH TX--CONSULTATION WITH FAMILY	01-01-2020
92610	Evaluation of oral and pharyngeal swallowing function	01-01-2020

PROC Number	Description	PA Effective Date
92611	Motion fluoroscopic eval of swallowing func by cine or video recording	01-01-2020
99201	OFFICE/OUTPATIENT VISIT, NEW, PROBLEM FOCUSED, 10 MINUTES	01-01-2020
99202	OFFICE/OUTPATIENT VISIT, NEW, EXPANDED, 20 MINUTES	01-01-2020
99203	OFFICE/OUTPATIENT VISIT, NEW, DETAILED, 30 MINUTES	01-01-2020
99204	OFFICE/OUTPATIENT VISIT, NEW, COMPREHENSIVE, 45 MINUTES	01-01-2020
99205	OFFICE/OUTPATIENT VISIT, NEW, COMPLEX, 60 MINUTES	01-01-2020
99211	OFFICE/OUTPATIENT VISIT, EST-MINIMAL, MAY NOT REQ PHYSICIAN	01-01-2020
99212	OFFICE/OUTPATIENT VISIT, EST, PROBLEM-FOCUSED, LESS THAN 10 MINUTES	01-01-2020
99213	OFFICE/OUTPATIENT VISIT, EST, EXPANDED PROBLEM FOCUSED, 15 MINUTES	01-01-2020
99214	OFFICE/OUTPATIENT VISIT, EST, DETAILED, 25 MINUTES	01-01-2020
99215	OFFICE/OUTPATIENT VISIT, EST, COMPREHENSIVE, 40 MINUTES	01-01-2020
99241	OFFICE CONSULTATION, PROBLEM FOCUSED, 15 MINUTES	01-01-2020
99242	OFFICE CONSULTATION, EXPANDED, 30 MINUTES	01-01-2020
99243	OFFICE CONSULTATION, DETAILED, 40 MINUTES	01-01-2020
99245	OFFICE CONSULTATION, COMPLEX, 80 MINUTES	01-01-2020
99424	PRIN CARE MGMT PHYS 1ST 30	01-01-2020
92507	SPEECH /OR HEARING THERAPY, INDIV	01-07-2019
97540	TRAINING FOR DAILY LIVING	01-07-2019
97541	SUPPLEMENTAL TRAINING	01-07-2019
97550	CAREGIVER TRAING 1ST 30 MIN	01-07-2019
97551	CAREGIVER TRAING EA ADDL 15	01-07-2019
97552	GROUP CAREGIVER TRAINING	01-07-2019
97601	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), W/O ANESTHESIA	01-07-2019
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION	01-07-2019
97700	TRAINING CHECKOUT	01-07-2019
97701	SUPPLEMENTAL CHECKOUT	01-07-2019
97703	MUSCLE TESTING - CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, EA 15 MINUTES	01-07-2019
97810	ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION; INITIA	01-07-2019
97811	ACUPUNCTURE, ONE OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION; EACH A	01-07-2019
97813	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION; INITIAL 15	01-07-2019
97814	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION;EACH ADDI 15	01-07-2019

TRANSPLANTS

PROC Number	Description	PA Effective Date
	LOCATION 21, CI TR	01-07-2019

WOUND VAC

PROC Number	Description	PA Effective Date
A6550	Wound care set, for negative pressure wound therapy electrical pump, inc	01-07-2019
A6551	CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIO	01-07-2019
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	01-07-2019

DRUGS EBRx
HTR Carelon

CODE SET	DESCRIPTION	PROC CODES
LP##DS	I CARE - PROVIDING DIABETIC SUPPLIES @ COST + 15%	E0607, E0609, A4772, A4258, A4259, A4245
LP##O8	HOME SERVICES THAT DO NOT REQ. HOME HEALH PRE-AUTH	94760-94762, 90918-90925, 90951-90969, 90963-90965, 90970, 99002, E0430, A4215, A4221-A4223, A4230-A4232, A4253, A4259, B4164-B5200, B9004, B9006, B9999, E0779-E0781, E0784, E0786, E0791, E0441-E0444, G0248, G0249, G0320-G0327, K0455, K0552, K0601-K0605, Q0510-Q0514, ##iq, 73502, A4860, A4870, A4880, A4890, A4913, A4918, 74000, R0070, Q0092, 71010, 71046, 73560, 93770, 71045
LP##iq	INJECTION/INFUSION ADMIN CODES	96360, 96361, 96365-96377, 96379, 99601, 99602, C8957, Q0081, Q0083-Q0085, S5497, S5498, S5501, S5502, S9330, S9335, S9338, S9339, S9351, S9357, S9376, S9494, S9500-S9502
LP##DW	DIABETIC FOOTWEAR L CODES DENY	L3000-L3090, L3170, L3201-L3207, L3212-L3259, L3261-L3265