

MEDICAL ASSISTANCE BULLETIN

ISSUE DATE

EFFECTIVE DATE

May 28, 2024

May 28, 2024

99-24-03

SUBJECT

2024 Healthcare Common Procedure Coding System (HCPCS) Updates, Fee Adjustments, and Other Procedure Code Changes BY

NUMBER

Sally A. Kozak, Deputy Secretary

Office of Medical Assistance Programs

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IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule based upon the 2024 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations, making fee adjustments, and prior authorization requirements. These changes are effective for dates of service on and after May 28, 2024.

SCOPE:

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

BACKGROUND:

The Department is adding and end-dating procedure codes based upon the 2024 updates published by the Centers for Medicare & Medicaid Services to the HCPCS. The Department is also adding other procedure codes and making changes to procedure codes

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at:

https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx.

currently on the MA Program Fee Schedule, to include setting limitations and making fee adjustments. As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

DISCUSSION:

Procedure Codes Being Added or End-Dated

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon the 2024 HCPCS updates. These procedure codes may include the modifiers SG (ASC/SPU facility support component), RT (right), LT (left), 50 (bilateral), 26 (professional component), FP (family planning), or FQ (audio-only communication technology).

Procedure Codes and Modifiers					
58580	58580 (SG)	61889 (RT)	61889 (LT)	61889 (50)	61891 (SG)
61891 (RT)	61891 (LT)	61891 (50)	61892 (SG)	61892 (RT)	61892 (LT)
61892 (50)	76984 (26)	76987 (26)	76988 (26)	76989 (26)	81457
81458	81459	81517	86041	86042	86043
92622	92623	93584	93585	93586	93587
93588	A4287	D2991	G0136	G0136 (FP)	G0136 (FQ)

The Department is adding the following procedure codes, and procedure code and modifier combinations to the MA Program Fee Schedule based upon the 2024 HCPCS updates. These codes are for lymphedema compression treatment items and are only to be used when an ICD-10 diagnosis of lymphedema is on the claim. These procedure codes may include the modifiers RT or LT.

Procedure Codes					
A6520 (RT)	A6520 (LT)	A6522 (RT)	A6522 (LT)	A6524 (RT)	A6524 (LT)
A6526 (RT)	A6526 (LT)	A6528	A6552 (RT)	A6552 (LT)	A6554 (RT)
A6554 (LT)	A6566	A6568	A6570	A6572 (RT)	A6572 (LT)
A6575 (RT)	A6575 (LT)	A6578 (RT)	A6578 (LT)	A6581 (RT)	A6581 (LT)
A6582 (RT)	A6582 (LT)	A6583 (RT)	A6583 (LT)	A6585 (RT)	A6585 (LT)
A6586 (RT)	A6586 (LT)	A6587 (RT)	A6587 (LT)	A6588 (RT)	A6588 (LT)
A6589	A6594 (RT)	A6594 (LT)	A6595 (RT)	A6595 (LT)	A6596
A6597	A6598	A6599	A6600	A6601	A6602
A6603	A6604	A6605	A6606	A6607	A6608

The Department is adding the following procedure codes to the MA Program Fee Schedule based upon clinical review. Procedure code 61886 may include the modifier SG.

Procedure Codes and Modifiers						
61886	61886 61886 (SG) 90867 90868 90869					

93241	93245	93246	93247	93248
A2019	D0190	D0191	Q4158	

The Department added the following procedure codes to the MA Program Fee Schedule based upon clinical review, effective for dates of service on and after January 1, 2024.

Procedure Codes				
87428 87428 (QW) 90694				

The Department is end-dating the following procedure codes from the MA Program Fee Schedule based upon the 2024 HCPCS updates.

Procedure Codes					
0014M 74710 G2066 K1005					

The Department will not approve any prior authorization requests for procedure codes being end-dated after May 27, 2024. For any of the above procedure codes that had a prior authorization issued before May 28, 2024, providers should submit claims using the end-dated procedure code, as set forth in the prior authorization notice issued by the Department. The Department will accept claims with the end-dated procedure codes until May 28, 2025, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as authorized under to Section 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code.

Procedure Codes			
A2019	Q4158		

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Physician Services

The Department is opening the following Provider Type (PT)/Specialty (Spec)/Place of Service (POS) combinations for the identified procedure codes with and without the TC (technical component) modifier as indicated below based upon clinical review to align with national coding changes.

Procedure Codes and Modifier	New PT/Spec/POS
93297	01 (Inpatient Facility)/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital)
93297	08 (Clinic)/082 (Independent Medical/Surgical Clinic)/ 49 (Independent Clinic)
	01/183/22
93297 (TC)	08/082/49
	31 (Physician)/All/11(Office)
93298	01/183/22
93290	08/082/49
	01/183/22
93298 (TC)	08/082/49
	31/AII/11

The Department is adding the 26 modifier for the following PT/Spec/POS combinations for the procedure codes indicated below based upon clinical review.

Procedure Codes and Modifier	New PT/Spec/POS
	31/AII/11
	31/All/21 (Inpatient Hospital)
93297 (26)	31/AII/22
93297 (26)	31/All/31 (Skilled Nursing Facility)
	31/All/32 (Nursing Facility)
	31/AII/49
	31/AII/11
	31/AII/21
02208 (26)	31/AII/22
93298 (26)	31/AII/31
	31/AII/32
	31/AII/49

The Department is end-dating the following PT/Spec/POS combinations for the below procedure codes without a modifier for the following procedure codes based upon clinical review to align with national coding changes.

Procedure Codes	End-dated PT/Spec/POS	
	31/AII/21	
	31/AII/22	
93297	31/AII/31	
	31/AII/32	
	31/AII/49	

	31/AII/21
	31/AII/22
93298	31/AII/31
	31/AII/32
	31/AII/49

The Department is adjusting the MA Program fees for the following procedure codes when submitted without a modifier for PT/Spec/POS combination 31/All/11 as indicated below.

Procedure Codes	PT/Spec/POS	Former Fee	New Fee
93297	31/AII/11	\$20.64	\$44.94
93298	31/AII/11	\$22.86	\$75.06

The Department is end-dating POS 27 (Outreach Site/Street) for PT/Spec 31/All for procedure codes 93297 and 93298 as this setting was determined not to be clinically appropriate for these services.

Durable Medical Equipment (DME) and Medical Supplies

The Department is adjusting the limits for the following procedure code, as indicated below, to align with similar codes that were addressed in the 2023 HCPCS update.

Procedure Code	Former Limit	New Limit
A4660	1 per 5 calendar years	1 per 3 calendar years

The Department is removing the 50 modifier from the following PT/Spec/POS combinations for the procedure codes listed below based upon clinical review.

Procedure Codes	PT/Spec/POS
A6530	24 (Pharmacy)/240 (Independent)/11,
A6531	24/240/12 (Home)
A6532	24/241 (Institutional Independent)/11,
A6533	24/241/12
A6534	24/242 (Chain)/11,
A6535	24/242/12
A6536	24/243 (Institutional Chain)/11,
A6537	24/243/12
A6538	24/245 (Mail Order)/11,
A6545	24/245/12
S8424	25 (DME/Medical Supplies)/250 (DME/Medical Supplies)/11,
S8428	25/250/12

The Department is updating the unit limitations for the following procedure codes based upon the 2024 HCPCS updates and clinical review. As noted in the chart below, some procedure codes require an ICD-10 diagnosis of lymphedema.

Procedure Code	ICD-10 Code for Lymphedema	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit
A6530	Yes	1:2	1:3
A6531	No	1:2	1:3
A6532	No	1:2	1:3
A6533	Yes	1:2	1:3
A6534	Yes	1:2	1:3
A6535	Yes	1:2	1:3
A6536	Yes	1:2	1:3
A6537	Yes	1:2	1:3
A6538	Yes	1:2	1:3
A6539	Yes	1:2	1:3
A6540	Yes	1:2	1:3
A6541	Yes	1:2	1:3
A6545	No	1:2	1:2
S8424	No	1:2	1:3
S8428	No	1:2	1:3

The Department is updating limits into the combined groupings as indicated below for the following procedure codes based upon the 2024 HCPCS update.

Procedure Codes	Limit
A6524, A6526	Lower Extremity Nighttime Compression Garments with a Combined Limit of 1 Per Right Side and 1 Per Left Per 365 days
A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6545, A6552, A6554, A6583, A6585, A6586	Lower Extremity Compression Garments with a Combined Limit of 3 Per Right Side and 3 Per Left Side per 180 Days

A6539, A6540, A6541	Combined Limit of 3 per 6 calendar months
A6575, A6578, A6581, A6582, A6588, S8424, S8428	Upper Extremity Compression Garments with a Combined Limit of 3 Per Right Side and 3 Per Left Side per 180 Days

Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary needs a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

Managed Care Delivery System MA are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. MA MCOs may not impose limits that are more restrictive than the limits established in the MA FFS delivery system. An MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits.

PROCEDURE:

Attached is the list of procedure code updates, effective May 28, 2024. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the on-line version of the fee schedule at the Department's website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.

ATTACHMENT:

2024 HCPCS and Other Procedure Code Updates

Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs 2024 HCPCS and Other Procedure Code Updates

This chart is divided into three (3) sections. The first section includes the procedure codes being added to the MA Program Fee Schedule as a result of implementing the 2024 HCPCS updates. The second section includes the procedure codes being added based on provider requests or clinical review. The third section includes the procedure codes currently on the fee schedule being updated as a result of implementing the 2024 HCPCS updates and by clinical review. Included for each procedure code is a description of the service, modifiers, fees, prior authorization requirements, limitations and post-operative days associated with that code.

	Tequireme	inco, minicae	ions and post-o	I		with that co	I				
Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
Couc	Description	1,400	opecialty	3017100	Modifier	Wiodinei	IVII/ CC	No, but	ivi/ carres	2	uuys
								AUR and			
	Transcervical ablation of uterine fibroid(s), including							PSR			
	intraoperative ultrasound guidance and monitoring,							process			
58580	radiofrequency	01	Specialty	24	SG		\$776.00	applies		N/A	N/A
			- CP - CHILLION				7	No, but		,	
								AUR and			
	Transcervical ablation of uterine fibroid(s), including							PSR			
	intraoperative ultrasound guidance and monitoring,							process			
58580	radiofrequency	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
	Transcervical ablation of uterine fibroid(s), including							PSR			
	intraoperative ultrasound guidance and monitoring,							process	per		
58580	radiofrequency	31	All	21, 24			\$304.18	applies	procedure	once per day	10 days
	Insertion of skull-mounted cranial neurostimulator pulse							No, but			
	generator or receiver, including craniectomy or							AUR and		once per R	
	craniotomy, when performed, with direct or inductive							PSR		side and	
	coupling, with connection to depth and/or cortical strip							process	per	once per L	
61889	electrode array(s)	31	All	21		RT-LT-50	\$969.90	applies	procedure	side, per day	90 days
								No, but			
	Revision or replacement of skull-mounted cranial							AUR and			
	neurostimulator pulse generator or receiver with							PSR			
	connection to depth and/or cortical strip electrode							process			
61891	array(s)	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
	Revision or replacement of skull-mounted cranial							AUR and		once per R	
	neurostimulator pulse generator or receiver with							PSR		side and	
	connection to depth and/or cortical strip electrode							process	per	once per L	
61891	array(s)	31	All	21, 24		RT-LT-50	\$458.30	applies	procedure	side, per day	90 days

	T			1					1	1	
								No, but			
								AUR and			
	Removal of skull-mounted cranial neurostimulator pulse							PSR			
	generator or receiver with cranioplasty, when							process			
61892	performed	01	021	24	SG		\$776.00	applies		N/A	N/A
						İ		No, but			
								AUR and		once per R	
	Removal of skull-mounted cranial neurostimulator pulse							PSR		side and	
	generator or receiver with cranioplasty, when							process	per	once per L	
61892	performed	31	All	21, 24		RT-LT-50	\$631.31	applies	procedure	side, per day	90 days
01092	performed	31	All	21, 24		KI-LI-30	3031.31	No, but	procedure	side, per day	30 days
								-			
								AUR and			
								PSR			
	Ultrasound, intraoperative thoracic aorta (eg, epiaortic),							process	per		
76984	diagnostic	31	All	21	26		\$23.48	applies	procedure	once per day	N/A
								No, but			
	Intraoperative epicardial cardiac ultrasound (ie,							AUR and			
	echocardiography) for congenital heart disease,							PSR			
	diagnostic; including placement and manipulation of							process	per		
	transducer, image acquisition, interpretation and report	31	All	21	26		\$71.86	applies	procedure	once per day	N/A
	, and a second s						,	No, but	,	o no por any	
	Intraoperative epicardial cardiac ultrasound (ie,							AUR and			
	· · · · · · · · · · · · · · · · · · ·							PSR			
	echocardiography) for congenital heart disease,							1			
	diagnostic; placement, manipulation of transducer, and						4	process	per		
76988	image acquisition only	31	All	21	26		\$45.75	applies	procedure	once per day	N/A
								No, but			
								AUR and			
	Intraoperative epicardial cardiac ultrasound (ie,							PSR			
	echocardiography) for congenital heart disease,							process	per		
76989	diagnostic; interpretation and report only	31	All	21	26		\$26.83	applies	procedure	once per day	N/A
	Solid organ neoplasm, genomic sequence analysis panel,										
	interrogation for sequence variants; DNA analysis,										
	microsatellite instability	01	183	22			\$502.35	No	per test	once per day	N/A
01437	· · · · · · · · · · · · · · · · · · ·	01	103				7302.33	110	per test	once per day	14/71
	Solid organ neoplasm, genomic sequence analysis panel,										
	interrogation for sequence variants; DNA analysis,		200				4-00 0-	l			
81457	microsatellite instability	28	280	81			\$502.35	No	per test	once per day	N/A
	Solid organ neoplasm, genomic sequence analysis panel,										
	interrogation for sequence variants; DNA analysis, copy					1					
	number variants and microsatellite instability	01	183	22			\$502.35	No	per test	once per day	N/A
01430	Transfer variants and microsatemite instability	01	103			1	7302.33	INU	pertest	once per udy	19/74
	Calid agent manufacture and a second a second and a second a second and a second and a second and a second and a second an										
	Solid organ neoplasm, genomic sequence analysis panel,										
	interrogation for sequence variants; DNA analysis, copy					1					
81458	number variants and microsatellite instability	28	280	81		<u> </u>	\$502.35	No	per test	once per day	N/A

	<u> </u>		1		1	1	1		1	
	Solid organ neoplasm, genomic sequence analysis panel,									
	interrogation for sequence variants; DNA analysis or									
	combined DNA and RNA analysis, copy number variants,									
81459	microsatellite instability, tumor mutation burden, and	01	183	22		\$510.29	No	nor tost	once per day	N/A
81459	rearrangements	01	183	22		\$510.29	No	per test	once per day	N/A
	Solid organ neoplasm, genomic sequence analysis panel,									
	interrogation for sequence variants; DNA analysis or									
	combined DNA and RNA analysis, copy number variants,									
	microsatellite instability, tumor mutation burden, and									
81459	rearrangements	28	280	81		\$510.29	No	per test	once per day	N/A
	Liver disease, analysis of 3 biomarkers (hyaluronic acid									
	[HA], procollagen III amino terminal peptide [PIIINP],									
	tissue inhibitor of metalloproteinase 1 [TIMP-1]), using									
	immunoassays, utilizing serum, prognostic algorithm									
04547	reported as a risk score and risk of liver fibrosis and liver-	0.4	400	22		4440.05	l			21/2
81517	related clinical events within 5 years	01	183	22		\$140.95	No	per test	once per day	N/A
	Liver disease, analysis of 3 biomarkers (hyaluronic acid									
	[HA], procollagen III amino terminal peptide [PIIINP],									
	tissue inhibitor of metalloproteinase 1 [TIMP-1]), using									
	immunoassays, utilizing serum, prognostic algorithm									
81517	reported as a risk score and risk of liver fibrosis and liver- related clinical events within 5 years	28	280	81		\$140.95	No	nor tost	once per day	N/A
86041	Acetylcholine receptor (AChR); binding antibody	01	183	22		\$140.93	No	per test per test	once per day once per day	N/A
86041	Acetylcholine receptor (AChR); binding antibody Acetylcholine receptor (AChR); binding antibody	28	280	81		\$14.72	No	per test	once per day	N/A
86042	Acetylcholine receptor (AChR); blocking antibody	01	183	22		\$14.72	No	per test	once per day	N/A
86042	Acetylcholine receptor (AChR); blocking antibody	28	280	81		\$14.72	No	per test	once per day	N/A
	receipton (receipton (receive)) and an access			<u> </u>		- -		p 0. 1001		,
86043	Acetylcholine receptor (AChR); modulating antibody	01	183	22		\$9.64	No	per test	once per day	N/A
						-		'	<u> </u>	•
86043	Acetylcholine receptor (AChR); modulating antibody	28	280	81		\$9.64	No	per test	once per day	N/A
	Diagnostic analysis, programming, and verification of an									
	auditory osseointegrated sound processor, any type;							first 60		
92622	first 60 minutes	20	200, 220	11		\$49.98	No	minutes	once per day	N/A
							No, but			
							AUR and			
	Diagnostic analysis, programming, and verification of an						PSR	first CO		
92622	auditory osseointegrated sound processor, any type; first 60 minutes	31	All	11 21		\$49.98	process	first 60	once nor day	NI/A
92022		21	All	11, 21		Ş49.98	applies	minutes	once per day	N/A
	Diagnostic analysis, programming, and verification of an									
	auditory osseointegrated sound processor, any type;							45		
02622	each additional 15 minutes (List separately in addition	20	200 220	11		612.20	N-	per 15	turo por do:	N1/A
92623	to code for primary procedure)	20	200, 220	11		\$13.26	No	minutes	two per day	N/A

								•		
							No, but			
	Diagnostic analysis, programming, and verification of an						AUR and			
	auditory osseointegrated sound processor, any type;						PSR			
	each additional 15 minutes (List separately in addition						process	per 15		
92623	to code for primary procedure)	31	All	11, 21		\$13.26	applies	minutes	two per day	N/A
51010	The second primary processing,		7			7 = 0 : = 0			in the part and y	,
	Venography for congenital heart defect(s), including									
	catheter placement, and radiological supervision and						No, but			
	interpretation; anomalous or persistent superior vena						AUR and			
	cava when it exists as a second contralateral superior						PSR			
	vena cava, with native drainage to heart (List separately						process	per		
93584	in addition to code for primary procedure)	31	All	21, 24, 99		\$44.30	applies	procedure	once per day	N/A
							No, but			
	Venography for congenital heart defect(s), including						AUR and			
	catheter placement, and radiological supervision and						PSR			
	interpretation; azygos/hemiazygos venous system (List							nor		
02505	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21	A.II	24 24 00		Ċ44 74	process	per		N1/A
93585	separately in addition to code for primary procedure)	31	All	21, 24, 99		\$41.74	applies	procedure	once per day	N/A
							No, but			
	Venography for congenital heart defect(s), including						AUR and			
	catheter placement, and radiological supervision and						PSR			
	interpretation; coronary sinus (List separately in						process	per		
93586	addition to code for primary procedure)	31	All	21, 24, 99		\$52.75	applies	procedure	once per day	N/A
	Venography for congenital heart defect(s), including						No, but			
	catheter placement, and radiological supervision and						AUR and			
	interpretation; venovenous collaterals originating at or						PSR			
								nor		
02507	above the heart (eg, from innominate vein) (List	24	A.II	24 24 00		677.05	process	per		N1 / A
93587	separately in addition to code for primary procedure)	31	All	21, 24, 99		\$77.85	applies	procedure	once per day	N/A
	Venography for congenital heart defect(s), including						No, but			
	catheter placement, and radiological supervision and						AUR and			
	interpretation; venovenous collaterals originating below						PSR			
	the heart (eg, from the inferior vena cava) (List						process	per		
93588	separately in addition to code for primary procedure)	31	All	21, 24, 99		\$78.62	applies	procedure	once per day	N/A
			 						<u> </u>	
	Disposable collection and storage bag for breast milk,		240, 241, 242,						300 per three	_
A4287	any size, any type, each	24	243, 245	11, 12		\$0.21	No	each	months	N/A
	Disposable collection and storage bag for breast milk,								300 per three	
A4287	any size, any type, each	25	250	11, 12		\$0.21	No	each	months	N/A

	T	Г	1		ı	1	1		ı	T	
										D	
										one per R	
	Cradiant compression garment, glave, nadded, for		240 241 242							side and one	
ACE 20	Gradient compression garment, glove, padded, for	24	240, 241, 242,	11 12		RT-LT	¢0E 62	Na	00 ab	per L side per	NI/A
A6520	nighttime use, each	24	243, 245	11, 12		KI-LI	\$95.63	No	each	365 days	N/A
										one per R	
	Condicat communication and and added for									side and one	
A CE 20	Gradient compression garment, glove, padded, for	25	250	11 12		DTIT	¢0Ε C2	NI -		per L side per	N1 / A
A6520	nighttime use, each	25	250	11, 12		RT-LT	\$95.63	No	each	365 days	N/A
										one per R	
	Condicat communication assumed and some		240 241 242							side and one	
٨٥٣٦٦	Gradient compression garment, arm, padded, for	24	240, 241, 242,	11 12		DTIT	¢222.20	Na	00 ab	per L side per	NI/A
A6522	nighttime use, each	24	243, 245	11, 12		RT-LT	\$232.38	No	each	365 days	N/A
										one per R	
										side and one	
	Cradiant compression garment arm nadded for										
ACE 22	Gradient compression garment, arm, padded, for	25	250	11 12		RT-LT	(222.20	No	ooob	per L side per	NI/A
A6522	nighttime use, each	25	250	11, 12		KI-LI	\$232.38	INO	each	365 days	N/A
										one per B	
										one per R side and one	
	Condicate second section as a s		240 241 242								
ACE24	Gradient compression garment, lower leg and foot,	24	240, 241, 242,	11 12		RT-LT	\$289.91	No	ooob	per L side per	NI/A
A6524	padded, for nighttime use, each	24	243, 245	11, 12		KI-LI	\$289.91	INO	each	365 days	N/A
										one per R	
										side and one	
	Gradient compression garment, lower leg and foot,									per L side per	
A6524	padded, for nighttime use, each	25	250	11 12		RT-LT	\$289.91	No	oach	1.	NI/A
A0524	padded, for nighttime use, each	25	250	11, 12		KI-LI	\$209.91	INO	each	365 days	N/A
										one per R	
										side and one	
	Gradient compression garment, full leg and foot,		240, 241, 242,							per L side per	
A6526	padded, for nighttime use, each	24	243, 245	11 12		RT-LT	\$524.14	No	each	365 days	N/A
A0320	padded, for filgrittime use, each	24	243, 243	11, 12		NI-LI	3324.14	INU	Edill	303 uays	IN/A
										one per R	
										side and one	
	Gradient compression garment, full leg and foot,									per L side per	
A6526	padded, for nighttime use, each	25	250	11, 12		RT-LT	\$524.14	No	each	365 days	N/A
70320	Gradient compression garment, bra, for nighttime use,	25	240, 241, 242,	11, 14		IVI-FI	7524.14	140	Cacii	two per 365	11/ /\
A6528	each	24	243, 245	11, 12			\$504.00	No	each	days	N/A
70320	Gradient compression garment, bra, for nighttime use,	24	273, 273	11, 14			7504.00	140	Cacii	two per 365	11/ /\
A6528	each	25	250	11, 12			\$504.00	No	each	days	N/A
A0320	Cucii	25	230	±±, ±4			750 4 .00	140	Cacii	uays	11/ /

					1	I	<u> </u>			1.1	 1
										three per R	
										side and	
										three per L	
	Gradient compression stocking, below knee, 30-40		240, 241, 242,				4			side, per 180	
A6552	mmhg, each	24	243, 245	11, 12		RT-LT	\$43.85	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression stocking, below knee, 30-40									side, per 180	
A6552	mmhg, each	25	250	11, 12		RT-LT	\$43.85	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression stocking, below knee, 40 mmhg or		240, 241, 242,							side, per 180	
A6554	greater, each	24	243, 245	11, 12		RT-LT	\$60.29	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression stocking, below knee, 40 mmhg or									side, per 180	
A6554	greater, each	25	250	11, 12		RT-LT	\$60.29	No	each	days	N/A
										three per six	
			240, 241, 242,							calendar	
A6566	Gradient compression garment, neck/head, each	24	243, 245	11, 12			\$192.66	No	each	months	N/A
										three per six	
										calendar	
A6566	Gradient compression garment, neck/head, each	25	250	11, 12			\$192.66	No	each	months	N/A
										three per six	
	Gradient compression garment, torso and shoulder,		240, 241, 242,							calendar	
A6568	each	24	243, 245	11, 12			\$125.74	No	each	months	N/A
										three per six	
	Gradient compression garment, torso and shoulder,									calendar	
A6568	each	25	250	11, 12			\$125.74	No	each	months	N/A
										three per six	
			240, 241, 242,							calendar	
A6570	Gradient compression garment, genital region, each	24	243, 245	11, 12			\$85.68	No	each	months	N/A
										three per six	
										calendar	
A6570	Gradient compression garment, genital region, each	25	250	11, 12			\$85.68	No	each	months	N/A
										three per R	
										side and	
										three per L	
			240, 241, 242,							side, per 180	
A6572	Gradient compression garment, toe caps, each	24	243, 245	11, 12		RT-LT	\$79.50	No	each	days	N/A

	T	ı	T					Ι	I thurs a see D	
									three per R	
									side and	
									three per L	
						4=0=0			side, per 180	
A6572	Gradient compression garment, toe caps, each	25	250	11, 12	RT-LT	\$79.50	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression arm sleeve and glove		240, 241, 242,						side, per 180	
A6575	combination, each	24	243, 245	11, 12	RT-LT	\$77.94	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression arm sleeve and glove								side, per 180	
A6575	combination, each	25	250	11, 12	RT-LT	\$77.94	No	each	days	N/A
									three per R	
									side and	
									three per L	
			240, 241, 242,						side, per 180	
A6578	Gradient compression arm sleeve, each	24	243, 245	11, 12	RT-LT	\$60.16	No	each	days	N/A
									three per R	
									side and	
									three per L	
									side, per 180	
A6578	Gradient compression arm sleeve, each	25	250	11, 12	RT-LT	\$60.16	No	each	days	N/A
									three per R	
									side and	
									three per L	
			240, 241, 242,						side, per 180	
A6581	Gradient compression glove, each	24	243, 245	11, 12	RT-LT	\$55.20	No	each	days	N/A
									three per R	
									side and	
									three per L	
									side, per 180	
A6581	Gradient compression glove, each	25	250	11, 12	RT-LT	\$55.20	No	each	days	N/A
									three per R	
									side and	
									three per L	
			240, 241, 242,						side, per 180	
A6582	Gradient compression gauntlet, each	24	243, 245	11, 12	RT-LT	\$36.82	No	each	days	N/A
									three per R	
									side and	
									three per L	
									side, per 180	
A6582	Gradient compression gauntlet, each	25	250	11, 12	RT-LT	\$36.82	No	each	days	N/A

	T	1	1			 		I	I	
									three per R	
									side and	
									three per L	
	Gradient compression wrap with adjustable straps,		240, 241, 242,						side, per 180	
A6583	below knee, 30-50 mmhg, each	24	243, 245	11, 12	RT-LT	\$121.10	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression wrap with adjustable straps,								side, per 180	
A6583	below knee, 30-50 mmhg, each	25	250	11, 12	RT-LT	\$121.10	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient pressure wrap with adjustable straps, above		240, 241, 242,						side, per 180	
A6585	knee, each	24	243, 245	11, 12	RT-LT	\$143.39	No	each	days	N/A
				*					three per R	-
									side and	
									three per L	
	Gradient pressure wrap with adjustable straps, above								side, per 180	
A6585	knee, each	25	250	11, 12	RT-LT	\$143.39	No	each	days	N/A
7.0000				,		72.0.00		00.011	three per R	,
									side and	
									three per L	
	Gradient pressure wrap with adjustable straps, full leg,		240, 241, 242,						side, per 180	
A6586	leach	24	243, 245	11, 12	RT-LT	\$422.45	No	each	days	N/A
710300			2 13, 2 13	11, 12	2.	ψ 1221 13	140	Cucii	three per R	14/71
									side and	
									three per L	
	Gradient pressure wrap with adjustable straps, full leg,								side, per 180	
A6586	each	25	250	11, 12	RT-LT	\$422.45	No	each	days	N/A
A0300		23	230	11, 12	IXI EI	7422.43	110	eacii	three per R	IN/ A
									side and	
									three per L	
	Gradient pressure wrap with adjustable straps, foot,		240, 241, 242,						side, per 180	
A6587		24		11 12	RT-LT	¢εε 24	No	oach		N/A
A058/	each	24	243, 245	11, 12	r∖I-LI	\$55.34	INU	each	days three per R	IN/A
									side and	
	Cradient proceure wrap with adjustable strong fact								three per L	
ACE07	Gradient pressure wrap with adjustable straps, foot,	25	350	11 12	רד ו ד	65534	NI.	222	side, per 180	N1 / A
A6587	each	25	250	11, 12	RT-LT	\$55.34	No	each	days	N/A
									three per R	
									side and	
]						three per L	
	Gradient pressure wrap with adjustable straps, arm,		240, 241, 242,	44.45	DT : T	6404.43			side, per 180	
A6588	each	24	243, 245	11, 12	RT-LT	\$184.43	No	each	days	N/A

			1 1		ı	I	 			1.1	<u> </u>
										three per R	
										side and	
										three per L	
	Gradient pressure wrap with adjustable straps, arm,									side, per 180	
A6588	each	25	250	11, 12		RT-LT	\$184.43	No	each	days	N/A
										three per six	
			240, 241, 242,				4			calendar	
A6589	Gradient pressure wrap with adjustable straps, bra, each	24	243, 245	11, 12			\$72.81	No	each	months	N/A
										three per six	
							l .			calendar	,
A6589	Gradient pressure wrap with adjustable straps, bra, each	25	250	11, 12			\$72.81	No	each	months	N/A
										three per R	
										side and	
										three per L	
	Gradient compression bandaging supply, bandage liner,		240, 241, 242,							side, per 180	
A6594	lower extremity, any size or length, each	24	243, 245	11, 12		RT-LT	\$26.51	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression bandaging supply, bandage liner,									side, per 180	
A6594	lower extremity, any size or length, each	25	250	11, 12		RT-LT	\$26.51	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression bandaging supply, bandage liner,		240, 241, 242,							side, per 180	
A6595	upper extremity, any size or length, each	24	243, 245	11, 12		RT-LT	\$26.07	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression bandaging supply, bandage liner,									side, per 180	
A6595	upper extremity, any size or length, each	25	250	11, 12		RT-LT	\$26.07	No	each	days	N/A
										18 per	
	Gradient compression bandaging supply, conforming		240, 241, 242,							calendar	
A6596	gauze, per linear yard, any width, each	24	243, 245	11, 12			\$0.14	No	each	month	N/A
										18 per	
	Gradient compression bandaging supply, conforming									calendar	
A6596	gauze, per linear yard, any width, each	25	250	11, 12			\$0.14	No	each	month	N/A
										18 per	
	Gradient compression bandage roll, elastic long stretch,		240, 241, 242,							calendar	
A6597	linear yard, any width, each	24	243, 245	11, 12			\$1.18	No	each	month	N/A
										18 per	
	Gradient compression bandage roll, elastic long stretch,									calendar	
A6597	linear yard, any width, each	25	250	11, 12			\$1.18	No	each	month	N/A

			T						18 per	
	Gradient compression bandage roll, elastic medium		240, 241, 242,						calendar	
A6598	stretch, per linear yard, any width, each	24	243, 245	11, 12		\$0.57	No	each	month	N/A
	and the state of t					75.51			18 per	
	Gradient compression bandage roll, elastic medium								calendar	
A6598	stretch, per linear yard, any width, each	25	250	11, 12		\$0.57	No	each	month	N/A
7.0000	and the state of t					75.51			18 per	,
	Gradient compression bandage roll, inelastic short		240, 241, 242,						calendar	
A6599	stretch, per linear yard, any width, each	24	243, 245	11, 12		\$1.29	No	each	month	N/A
			,	,		·			18 per	,
	Gradient compression bandage roll, inelastic short								calendar	
A6599	stretch, per linear yard, any width, each	25	250	11, 12		\$1.29	No	each	month	N/A
				,		·			30 per	,
	Gradient compression bandaging supply, high density		240, 241, 242,						calendar	
A6600	foam sheet, per 250 square centimeters, each	24	243, 245	11, 12		\$2.32	No	each	month	N/A
						·			30 per	,
	Gradient compression bandaging supply, high density								calendar	
A6600	foam sheet, per 250 square centimeters, each	25	250	11, 12		\$2.32	No	each	month	N/A
				-					30 per	
	Gradient compression bandaging supply, high density		240, 241, 242,						calendar	
A6601	foam pad, any size or shape, each	24	243, 245	11, 12		\$2.61	No	each	month	N/A
									30 per	
	Gradient compression bandaging supply, high density								calendar	
A6601	foam pad, any size or shape, each	25	250	11, 12		\$2.61	No	each	month	N/A
									18 per	
	Gradient compression bandaging supply, high density		240, 241, 242,						calendar	
A6602	foam roll for bandage, per linear yard, any width, each	24	243, 245	11, 12		\$3.81	No	each	month	N/A
									18 per	
	Gradient compression bandaging supply, high density								calendar	
A6602	foam roll for bandage, per linear yard, any width, each	25	250	11, 12		\$3.81	No	each	month	N/A
									30 per	
	Gradient compression bandaging supply, low density		240, 241, 242,						calendar	
A6603	channel foam sheet, per 250 square centimeters, each	24	243, 245	11, 12		\$1.78	No	each	month	N/A
									30 per	
	Gradient compression bandaging supply, low density								calendar	
A6603	channel foam sheet, per 250 square centimeters, each	25	250	11, 12		\$1.78	No	each	month	N/A
									30 per	
	Gradient compression bandaging supply, low density flat		240, 241, 242,						calendar	
A6604	foam sheet, per 250 square centimeters, each	24	243, 245	11, 12		\$1.04	No	each	month	N/A
									30 per	
	Gradient compression bandaging supply, low density flat								calendar	
A6604	foam sheet, per 250 square centimeters, each	25	250	11, 12		\$1.04	No	each	month	N/A
									18 per	
	Gradient compression bandaging supply, padded foam,		240, 241, 242,						calendar	
A6605	per linear yard, any width, each	24	243, 245	11, 12		\$1.19	No	each	month	N/A

										18 per	
	Gradient compression bandaging supply, padded foam,									calendar	
	per linear yard, any width, each	25	250	11, 12			\$1.19	No	each	month	N/A
							7-1-0			18 per	
	Gradient compression bandaging supply, padded textile,		240, 241, 242,							calendar	
	per linear yard, any width, each	24	243, 245	11, 12			\$3.54	No	each	month	N/A
7.0000							75.5			18 per	,,,
	Gradient compression bandaging supply, padded textile,									calendar	
	per linear yard, any width, each	25	250	11, 12			\$3.54	No	each	month	N/A
	Gradient compression bandaging supply, tubular			11) 12			70.0			18 per	,,,
	protective absorption layer, per linear yard, any width,		240, 241, 242,							calendar	
	leach	24	243, 245	11, 12			\$0.94	No	each	month	N/A
710007	Gradient compression bandaging supply, tubular		213,213	11, 12			70.51	110	cucii	18 per	14,71
	protective absorption layer, per linear yard, any width,									calendar	
	leach	25	250	11, 12			\$0.94	No	each	month	N/A
710007	Gradient compression bandaging supply, tubular		230	11, 12		-	70.51	110	cucii	18 per	14,71
	protective absorption padded layer, per linear yard, any		240, 241, 242,							calendar	
	width, each	24	243, 245	11, 12			\$3.94	No	each	month	N/A
	Gradient compression bandaging supply, tubular	27	243, 243	11, 12			75.54	110	cucii	18 per	IN/A
	protective absorption padded layer, per linear yard, any									calendar	
	width, each	25	250	11, 12			\$3.94	No	each	month	N/A
A0000	application of hydroxyapatite regeneration medicament -		250	11, 12			75.54	110	cucii	month	IN/A
	per tooth; Preparation of tooth surfaces and topical									once per	
	application of a scaffold to guide hydroxyapatite			11, 12, 31,						tooth per	
	regeneration.	27	All	32, 99			\$44.16	No	per tooth	lifetime	N/A
	Administration of a standardized, evidence-based social			,			·		·		,
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
	minutes	01	183	02, 10, 22			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social			, ,			·			,	,
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
G0136	minutes	01	183	02, 10, 22	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social									·	
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
G0136	minutes	08	082	02, 10, 49			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social									· ·	
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
	minutes	08	082	02, 10, 49	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social			,							
	determinants of health risk assessment tool, 5 to 15			02, 10, 22,					per	one per 180	
	minutes	08	083	49	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										· ·
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	09	All	12, 27			\$6.90	No	assessment	days	N/A

	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	09	All	12, 27	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	10	100	12, 27			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	10	100	12, 27	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	19	190	27			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
G0136	minutes	19	190	02, 10	FQ		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	31	All	12, 27			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	31	All	12, 27	FP		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15								per	one per 180	
G0136	minutes	31	339	02, 10	FQ		\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	33	335	12, 27			\$6.90	No	assessment	days	N/A
	Administration of a standardized, evidence-based social										
	determinants of health risk assessment tool, 5 to 15			02, 10, 11,					per	one per 180	
G0136	minutes	33	335	12, 27	FP		\$6.90	No	assessment	days	N/A
	CODES BEI	NG ADDED	BASED UPON F	ROVIDER RE	QUEST OR	CLINICAL REVI	EW				
						Ι Π		No, but			
								AUR and			
	Insertion or replacement of cranial neurostimulator							PSR			
	pulse generator or receiver, direct or inductive coupling;							process			
61886	with connection to 2 or more electrode arrays	01	021	24	SG		\$776.00	applies		N/A	N/A
						Ι Π		No, but			
								AUR and			
	Insertion or replacement of cranial neurostimulator							PSR			
	pulse generator or receiver, direct or inductive coupling;							process			
61886	with connection to 2 or more electrode arrays	02	020	24	SG		\$776.00	applies		N/A	N/A

								1	1	
							No, but			
							AUR and			
	Insertion or replacement of cranial neurostimulator						PSR			
	pulse generator or receiver, direct or inductive coupling;						process	per		
61886	with connection to 2 or more electrode arrays	31	All	21, 24		\$675.14	applies	procedure	once per day	90 days
	·			,						,
	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-					4	l			
87428	CoV-2 [COVID-19]) and influenza virus types A and B	01	016, 017	23		\$30.94	No	per test	once per day	N/A
	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-									
87428	CoV-2 [COVID-19]) and influenza virus types A and B	01	016, 017	23	QW	\$30.94	No	per test	once per day	N/A
	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-									
87428	CoV-2 [COVID-19]) and influenza virus types A and B	01	183	22		\$30.94	No	per test	once per day	N/A
	Control and the syptem and syptem and s					7-2.5		p 2. 0000	21122 p.3. 23y	,
	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
07420	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-	01	102	22	0147	¢20.04		nortest	onco nor deci	NI/A
87428	CoV-2 [COVID-19]) and influenza virus types A and B	01	183	22	QW	\$30.94	No	per test	once per day	N/A

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87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	08	082	49		\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	08	082	49	QW	\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	09	All	11, 27		\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	09	All	11, 27	QW	\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	10	100	11, 27		\$30.94	No	per test	once per day	N/A

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87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	10	100	11, 27	QW	\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	28	280	81		\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	28	280	81	QW	\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	31	All	11, 27		\$30.94	No	per test	once per day	N/A
87428	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B	31	All	11, 27	QW	\$30.94	No	per test	once per day	N/A

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	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-									
87428	CoV-2 [COVID-19]) and influenza virus types A and B	33	335	11, 27		\$30.94	No	per test	once per day	N/A
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	Infectious agent antigen detection by immunoassay									
	technique, (eg, enzyme immunoassay [EIA], enzyme-									
	linked immunosorbent assay [ELISA], fluorescence									
	immunoassay [FIA], immunochemiluminometric assay									
	[IMCA]) qualitative or semiquantitative; severe acute									
	respiratory syndrome coronavirus (eg, SARS-CoV, SARS-									
87428	CoV-2 [COVID-19]) and influenza virus types A and B	33	335	11, 27	QW	\$30.94	No	per test	once per day	N/A
	Influenza virus vaccine, quadrivalent (alIV4), inactivated,							per	once per 270	
	adjuvanted, preservative free, 0.5 mL dosage, for							administratio	days per flu	
90694	intramuscular use	01	183	22		\$10.00	No	n	season	N/A
	Influenza virus vaccine, quadrivalent (alIV4), inactivated,							per	once per 270	
00004	adjuvanted, preservative free, 0.5 mL dosage, for	00	000	40		640.00	NI.	administratio	days per flu	21/2
90694	intramuscular use	80	082	49		\$10.00	No	n	season	N/A
	Influenza virus vaccine, quadrivalent (alIV4), inactivated,							per	once per 270	
90694	adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	09	All	11 12 27		\$10.00	No	administratio	1 ' '	N/A
90094	Influenza virus vaccine, quadrivalent (alIV4), inactivated,	09	All	11, 12, 27		\$10.00	INO	n per	season once per 270	IN/ A
	adjuvanted, preservative free, 0.5 mL dosage, for							administratio	· ·	
90694	intramuscular use	10	100	11, 12, 27		\$10.00	No	n	season	N/A
30031	Influenza virus vaccine, quadrivalent (alIV4), inactivated,	10	100	11, 12, 27		710.00	110	per	once per 270	
	adjuvanted, preservative free, 0.5 mL dosage, for							administratio	days per flu	
90694	intramuscular use	10	247	11, 12		\$10.00	No	n	season	N/A
	Influenza virus vaccine, quadrivalent (aIIV4), inactivated,					-		per	once per 270	
	adjuvanted, preservative free, 0.5 mL dosage, for							administratio	days per flu	
90694	intramuscular use	31	All	11, 12, 27	 	\$10.00	No	n	season	N/A
	Influenza virus vaccine, quadrivalent (alIV4), inactivated,							per	once per 270	
	adjuvanted, preservative free, 0.5 mL dosage, for							administratio	days per flu	
90694	intramuscular use	33	335	11, 12, 27		\$10.00	No	n	season	N/A
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; initial, including cortical mapping,								once per	
	motor threshold determination, delivery and					4404		per	initial	
90867	management	01	183	22		\$101.58	No	procedure	treatment	0 days

	Therapeutic repetitive transcranial magnetic stimulation								1	
	(TMS) treatment; initial, including cortical mapping,								once per	
	motor threshold determination, delivery and							per	initial	
90867	management	08	082	49		\$101.58	No	procedure	treatment	0 days
	Therapeutic repetitive transcranial magnetic stimulation							·		,
	(TMS) treatment; initial, including cortical mapping,								once per	
	motor threshold determination, delivery and							per	initial	
90867	management	08	110	49		\$101.58	No	procedure	treatment	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; initial, including cortical mapping,								once per	
	motor threshold determination, delivery and							per	initial	
90867	management	09	103	11		\$101.58	No	procedure	treatment	0 days
							No, but			
	Therapeutic repetitive transcranial magnetic stimulation						AUR and			
	(TMS) treatment; initial, including cortical mapping,						PSR		once per	
	motor threshold determination, delivery and			11, 21, 24,			process	per	initial	
90867	management	31	All	99		\$101.58	applies	procedure	treatment	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent delivery and management,							per		
90868	per session	01	183	22		\$19.89	No	procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent delivery and management,							per		
90868	per session	08	082	49		\$19.89	No	procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent delivery and management,							per		
90868	per session	08	110	49		\$19.89	No	procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent delivery and management,							per		
90868	per session	09	103	11		\$19.89	No	procedure	once per day	0 days
							No, but			
							AUR and			
	Therapeutic repetitive transcranial magnetic stimulation						PSR			
	(TMS) treatment; subsequent delivery and management,			11, 21, 24,		١.	process	per		_
90868	per session	31	All	99		\$19.89	applies	procedure	once per day	0 days
	The same state of the same sta									
	Therapeutic repetitive transcranial magnetic stimulation									
00000	(TMS) treatment; subsequent motor threshold re-	01	102	22		¢02.00	NI-	per		0 dava
90869	determination with delivery and management	01	183	22		\$83.89	No	procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent motor threshold re-							per		
90869	determination with delivery and management	08	082	49		\$83.89	No	procedure	once per day	0 days
20003	determination with delivery and management	VO	002	l 43		בס.כטק	INU	Procedure	Joined her day	o uays

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	Therapeutic repetitive transcranial magnetic stimulation									
	(TMS) treatment; subsequent motor threshold re-							per		
90869	determination with delivery and management	08	110	49		\$83.89	No	procedure	once per day	0 days
	Therapeutic repetitive transcranial magnetic stimulation									
00000	(TMS) treatment; subsequent motor threshold re-	00	102	11		¢02.00	N.	per		O dovo
90869	determination with delivery and management	09	103	11		\$83.89	No No, but	procedure	once per day	0 days
							AUR and			
	Therapeutic repetitive transcranial magnetic stimulation						PSR			
	(TMS) treatment; subsequent motor threshold re-			11, 21, 24,			process	per		
90869	determination with delivery and management	31	All	99		\$83.89	applies	procedure	once per day	0 days
									. ,	,
	External electrocardiographic recording for more than							per		
	48 hours up to 7 days by continuous rhythm recording							procedure,	one per	
	and storage; includes recording, scanning analysis with							minimum of	rolling seven	
93241	report, review and interpretation	01	016, 017	23		\$189.15	No	48 hours	days	N/A
	External electrocardiographic recording for more than							per	ano nor	
	48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with							procedure, minimum of	one per rolling seven	
93241	report, review and interpretation	01	183	22		\$189.15	No	48 hours	days	N/A
552.12	reperty remain and interpretation					7200.20		10 110 0110	2275	
	External electrocardiographic recording for more than							per		
	48 hours up to 7 days by continuous rhythm recording							procedure,	one per	
	and storage; includes recording, scanning analysis with							minimum of	rolling seven	
93241	report, review and interpretation	08	082	49		\$189.15	No	48 hours	days	N/A
	External electrocardiographic recording for more than							per		
	48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with							procedure,	one per	
93241	report, review and interpretation	31	All	11		\$189.15	No	minimum of 48 hours	rolling seven days	N/A
93241	report, review and interpretation	31	All	11		\$105.13	INO	48 110013	uays	IN/A
	External electrocardiographic recording for more than 7							per		
	days up to 15 days by continuous rhythm recording and							procedure,		
	storage; includes recording, scanning analysis with							minimum of	one per 15	
93245	report, review and interpretation	01	016, 017	23		\$198.96	No	seven days	days	N/A
	External electrocardiographic recording for more than 7							per		
	days up to 15 days by continuous rhythm recording and							procedure,		
02245	storage; includes recording, scanning analysis with	01	102	1 22		¢100.00	Nic	minimum of	one per 15	N1/A
93245	report, review and interpretation	01	183	22		\$198.96	No	seven days	days	N/A

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	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and							per procedure,	ana nau 15	
93245	storage; includes recording, scanning analysis with report, review and interpretation	08	082	49		\$198.96	No	minimum of seven days	one per 15 days	N/A
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	31	All	11		\$198.96	No	per procedure, minimum of seven days	one per 15 days	, N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	01	016, 017	23		\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	01	183	22		\$8.74	No	per procedure, minimum of seven days	one per 15 days	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial	08	082	49		\$8.74	No	per procedure, minimum of	one per 15	N/A
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	31	All	11		\$8.74	No	per procedure, minimum of seven days	days one per 15 days	N/A N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	01	016, 017	23		\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	01	183	22		\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	08	082	49		\$170.95	No	per procedure, minimum of seven days	one per 15 days	N/A

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									per			
	External electrocardiographic recording for more than 7								procedure,			
	days up to 15 days by continuous rhythm recording and								minimum of	one per 15		
93247	storage; scanning analysis with report	31	All	11			\$170.95	No	seven days	days	N/A	
									per			
	External electrocardiographic recording for more than 7								procedure,			
	days up to 15 days by continuous rhythm recording and						l .		minimum of	one per 15	_	
93248	storage; review and interpretation	01	016, 017	23			\$19.26	No	seven days	days	N/A	
	External electrocardiographic recording for more than 7								per			
	days up to 15 days by continuous rhythm recording and								procedure, minimum of	one per 15		
	storage; review and interpretation	01	183	22			\$19.26	No	seven days	days	N/A	
33240	storage, review and interpretation	01	103	22			719.20	INO	seven days	uays	IN/A	
									per			
	External electrocardiographic recording for more than 7								procedure,			
	days up to 15 days by continuous rhythm recording and								minimum of	one per 15		
	storage; review and interpretation	08	082	49			\$19.26	No	seven days	days	N/A	
							7			2375		
									per			
	External electrocardiographic recording for more than 7								procedure,			
	days up to 15 days by continuous rhythm recording and								minimum of	one per 15		
93248	storage; review and interpretation	31	All	11			\$19.26	No	seven days	days	N/A	
			240, 241, 242,						per square			
A2019	Kerecis Omega3 MariGen Shield, per sq cm	24	243, 245	11, 12			\$13.90	Yes	centimeters		N/A	
									per square			
A2019	Kerecis Omega3 MariGen Shield, per sq cm	25	250	11, 12			\$13.90	Yes	centimeters		N/A	
	screening of a patient; A screening, including state or											
	federally mandated screenings, to determine an	27		27			420.00	١			21/2	
D0190	individual's need to be seen by a dentist for diagnosis	27	All	27			\$20.00	No	per screening	once per year	N/A	
	assessment of a patient; A limited clinical inspection that											
	is performed to identify possible signs of oral or systemic											
	disease, malformation, or injury, and the potential need								per			
	for referral for diagnosis and treatment.	27	All	27			\$20.00	No	1 '	once per year	N/A	
50151	and the state of t		240, 241, 242,				720.00	.,,	per square	zes per jeur	,,,	
Q4158	Kerecis Omega3, per sq cm	24	243, 245	11, 12			\$13.90	Yes	centimeter		N/A	
				*					per square			
0.4450	Kerecis Omega3 ner sa cm	25	250	11, 12			\$13.90	Yes	centimeter		N/A	
Q4158	Q4158 Kerecis Omega3, per sq cm 25 250 11, 12 \$13.90 Yes centimeter N/A PROCEDURE CODES CURRENTLY ON THE FEE SCHEDULE BEING UPDATED AS A RESULT OF THE IMPLEMENTING OF THE 2024 UPDATES OR BY CLINICAL REVIEW											

	Interrogation device evaluation(s), (remote) up to 30									
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
	report(s) by a physician or other qualified health care							per	once per 30	
93297	professional	01	183	22		\$44.94	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30									
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
	report(s) by a physician or other qualified health care							per	once per 30	
93297	professional	01	183	22	TC	\$26.22	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30					·			,	,
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
	report(s) by a physician or other qualified health care							per	once per 30	
93297	professional	08	082	49		\$44.94	No	evaluation	days	N/A
30237	Interrogation device evaluation(s), (remote) up to 30		002	.5		ψ · · · · ·	110		22,5	,,,
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
	report(s) by a physician or other qualified health care							per	once per 30	
93297	professional	08	082	49	TC	\$26.22	No	evaluation	days	N/A
33237	Interrogation device evaluation(s), (remote) up to 30	06	062	49	10	\$20.22	INO	evaluation	uays	IN/ A
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	, , ,									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
00007	report(s) by a physician or other qualified health care	24	• 11					per	once per 30	21/2
93297	professional	31	All	11		\$44.94	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30									
	days; implantable cardiovascular physiologic monitor									
	system, including analysis of 1 or more recorded									
	physiologic cardiovascular data elements from all									
	internal and external sensors, analysis, review(s) and									
	report(s) by a physician or other qualified health care					l .		per	once per 30	
93297	professional	31	All	11	TC	\$26.22	No	evaluation	days	N/A

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	Interrogation device evaluation(s), (remote) up to 30										
	days; implantable cardiovascular physiologic monitor										
	system, including analysis of 1 or more recorded							No, but			
	physiologic cardiovascular data elements from all							AUR and			
	internal and external sensors, analysis, review(s) and							PSR			
	report(s) by a physician or other qualified health care			11, 21, 22,				process	per	once per 30	
93297	professional	31	All	31, 32, 49	26		\$18.72	applies	evaluation	days	N/A
33237	professional	31	All	31, 32, 43	20		710.72	аррпсз	Cvaluation	days	14/7
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other								per	once per 30	
93298	qualified health care professional	01	183	22			\$75.06	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other								per	once per 30	
93298	qualified health care professional	01	183	22	TC		\$56.34	No	evaluation	days	N/A
30230	quantica freath care professional		100			1	φ30.3 1	110	Craidation	auys	14/74
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other						4		per	once per 30	
93298	qualified health care professional	08	082	49			\$75.06	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other								per	once per 30	
93298	qualified health care professional	08	082	49	TC		\$56.34	No	evaluation	days	N/A
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other								per	once per 30	
93298	qualified health care professional	31	All	11			\$75.06	No	evaluation	days	N/A
33230		21	All	11		1	7/3.00	INU	evaluation	uays	IN/ A
	Interrogation device evaluation(s), (remote) up to 30										
	days; subcutaneous cardiac rhythm monitor system,										
	including analysis of recorded heart rhythm data,										
	analysis, review(s) and report(s) by a physician or other						4		per	once per 30	
93298	qualified health care professional	31	All	11	TC		\$56.34	No	evaluation	days	N/A

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02200	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other	24	All	11, 21, 22,	26		Ć10.72	No, but AUR and PSR process	per	once per 30	N/A
93298	qualified health care professional	31	All	31, 32, 49	26		\$18.72	applies	evaluation	days	N/A
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	24	240, 241, 242, 243, 245	11, 12			\$29.50	No	each	one per three calendar years	N/A
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	25	250	11, 12			\$29.50	No	each	one per three calendar years	N/A
	Gradient compression stocking, below knee, 18-30		240, 241, 242,							three per R side and three per L side, per 180	
A6530	mmhg, each	24	243, 245	11, 12		RT-LT	\$31.11	No	each	days	N/A
46520	Gradient compression stocking, below knee, 18-30	25	250	44.42		DTIT	624.44	N		three per R side and three per L side, per 180	21/2
A6530	mmhg, each	25	250	11, 12		RT-LT	\$31.11	No	each	days	N/A
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$38.07	No	each	three per R side and three per L side, per 180 days	N/A
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, used as a surgical dressing, each	25	250	11 12		RT-LT	\$38.07	No	each	three per R side and three per L side, per 180 days	N/A
A0551	ing, used as a surgical dressing, each		230	11, 12		NI-LI	\$30.U/	INO	edCII	three per R side and three per L	IV/ A
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each	24	240, 241, 242, 243, 245	11, 12		RT-LT	\$49.66	No	each	side, per 180 days three per R	N/A
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, used as a surgical dressing, each	25	250	11, 12		RT-LT	\$49.66	No	each	side and three per L side, per 180 days	N/A

	Т		 		Γ	1		ı	Aleman man D	
									three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 18-30 mm		240, 241, 242,						side, per 180	
A6533	Hg, each	24	243, 245	11, 12	RT-LT	\$40.35	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 18-30 mm								side, per 180	
A6533	Hg, each	25	250	11, 12	RT-LT	\$40.35	No	each	days	N/A
- 110000	0,					,			three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 30-40 mm		240, 241, 242,						side, per 180	
ACE 24		24		11 12	DTIT	641 54	No	0006		N1 / A
A6534	Hg, each	24	243, 245	11, 12	RT-LT	\$41.54	NO	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 30-40 mm								side, per 180	
A6534	Hg, each	25	250	11, 12	RT-LT	\$41.54	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 40 mm Hg		240, 241, 242,						side, per 180	
A6535	or greater, each	24	243, 245	11, 12	RT-LT	\$55.17	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, thigh length, 40 mm Hg								side, per 180	
A6535	or greater, each	25	250	11, 12	RT-LT	\$55.17	No	each	days	N/A
710333	g. catch, cach		230	11, 12		γ55.17	140	cucii	three per R	14//1
									side and	
									three per L	
	Condinate company and a standing full length /show at the 10		240 241 242						1	
4.6526	Gradient compression stocking, full-length/chap style, 18	24	240, 241, 242,	44 42	DT 1.T	647.00	A 1.		side, per 180	N1 / A
A6536	30 mm Hg, each	24	243, 245	11, 12	RT-LT	\$47.08	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, full-length/chap style, 18								side, per 180	
A6536	30 mm Hg, each	25	250	11, 12	RT-LT	\$47.08	No	each	days	N/A
									three per R	
									side and	
									three per L	
	Gradient compression stocking, full-length/chap style, 30		240, 241, 242,						side, per 180	
A6537	40 mm Hg, each	24	243, 245	11, 12	RT-LT	\$53.76	No	each	days	N/A

	<u> </u>				1		1			three per R	
										side and	
	Cradient compression stacking full length /chan stule 20									three per L	
A CE 27	Gradient compression stocking, full-length/chap style, 30-		250	11 12		RT-LT	¢52.70	NI.		side, per 180	N1 / A
A6537	40 mm Hg, each	25	250	11, 12		KI-LI	\$53.76	No	each	days	N/A
										three per R	
										side and	
			242 244 242							three per L	
	Gradient compression stocking, full length/chap style, 40		240, 241, 242,				40			side, per 180	
A6538	mm Hg or greater, each	24	243, 245	11, 12		RT-LT	\$64.71	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression stocking, full length/chap style, 40									side, per 180	
A6538	mm Hg or greater, each	25	250	11, 12		RT-LT	\$64.71	No	each	days	N/A
										three per six	
	Gradient compression stocking, waist length, 18-30 mm		240, 241, 242,							calendar	
A6539	Hg, each	24	243, 245	11, 12			\$65.67	No	each	months	N/A
										three per six	
	Gradient compression stocking, waist length, 18-30 mm									calendar	
A6539	Hg, each	25	250	11, 12			\$65.67	No	each	months	N/A
										three per six	
	Gradient compression stocking, waist length, 30-40 mm		240, 241, 242,							calendar	
A6540	Hg, each	24	243, 245	11, 12			\$86.46	No	each	months	N/A
										three per six	
	Gradient compression stocking, waist length, 30-40 mm									calendar	
A6540	Hg, each	25	250	11, 12			\$86.46	No	each	months	N/A
										three per six	
	Gradient compression stocking, waist length, 40 mm Hg		240, 241, 242,							calendar	
A6541	or greater, each	24	243, 245	11, 12			\$89.18	No	each	months	N/A
										three per six	
	Gradient compression stocking, waist length, 40 mm Hg									calendar	
A6541	or greater, each	25	250	11, 12			\$89.18	No	each	months	N/A
										three per R	
										side and	
										three per L	
	Gradient compression wrap, nonelastic, below knee, 30-		240, 241, 242,							side, per 180	
A6545	50 mm Hg, used as a surgical dressing, each	24	243, 245	11, 12		RT-LT	\$71.56	No	each	days	N/A
										three per R	
										side and	
										three per L	
	Gradient compression wrap, nonelastic, below knee, 30-									side, per 180	
A6545	50 mm Hg, used as a surgical dressing, each	25	250	11, 12		RT-LT	\$71.56	No	each	days	N/A

	1	ı	1			1			I.i. 5	
									three per R	
									side and	
									three per L	
			240, 241, 242,						side, per 180	
S8424	Gradient pressure aid (sleeve), ready made	24	243, 245	11, 12	RT-LT	\$24.50	No	each	days	N/A
									three per R	
									side and	
									three per L	
									side, per 180	
S8424	Gradient pressure aid (sleeve), ready made	25	250	11, 12	RT-LT	\$24.50	No	each	days	N/A
									three per R	
									side and	
									three per L	
			240, 241, 242,						side, per 180	
S8428	Gradient pressure aid (gauntlet), ready made	24	243, 245	11, 12	RT-LT	\$6.00	No	each	days	N/A
									three per R	
									side and	
									three per L	
									side, per 180	
S8428	Gradient pressure aid (gauntlet), ready made	25	250	11, 12	RT-LT	\$6.00	No	each	days	N/A