

# Medical Assistance BULLETIN

**SUBJECT** 

Medical Assistance (MA) Program Fee Schedule Revisions

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Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-provider-enrollment-information/provider-enrollment-documents.html">https://www.pa.gov/en/agencies/dhs/resources/for-provider-enrollment-information/provider-enrollment-documents.html</a>

#### **PURPOSE:**

The purpose of this bulletin is to advise providers of updates to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of service on and after May 1, 2025, unless otherwise noted.

#### SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled 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 of Human Services (Department) is adding new procedure codes and end-dating procedure codes based on clinical review and provider request. In addition, the Department is making updates to units and limits for procedure codes for compliance with National Correct Coding Initiative (NCCI) recommendations. The Department is also making changes to procedure codes currently on the MA Program Fee Schedule as a result of clinical review and provider requests, which include updates to prior authorization requirements, fee adjustments, and updates to provider type (PT), provider specialty (Spec), place of service (POS), and modifiers.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at: https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

#### DISCUSSION:

## **Procedure Codes Being Added or End-Dated**

The Department is adding the following procedure codes to the MA Program Fee Schedule based upon clinical review or provider request. For procedure code 90740, providers should follow the Advisory Committee on Immunization Practices recommendations and the package insert to determine the correct population, dosage, and instructions for administration.

Procedure Codes						
55706	55880	90740	0037U	0239U	L2755	
L3310	L3332	L3334	L5785	L5925	L5962	
L5978	L5979	L5980	L5981	L5987		

The Department is end-dating the following procedure codes from the MA Program Fee Schedule as a result of clinical review.

	Procedure Codes						
E0840	E0850	E0856	E0860	E0880	E1031		
E1037	E1039	S4989					

Additionally, the Centers for Medicare & Medicaid Services added the Healthcare Common Procedure Coding System code M0224 on March 22, 2024, to allow billing for a monoclonal antibody product that had been recently approved for use by the U.S. Food and Drug Administration. Therefore, the Department added procedure code M0224 to the MA Program Fee Schedule, effective for dates of service on and after March 22, 2024.

#### **Prior Authorization Requirement Updates**

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, as set forth in Section 443.6(b)(1) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code.

Procedure Codes						
L2755	L3310	L3332	L3334	L5785	L5925	
L5962	L5978	L5979	L5980	L5981	L5987	

The Department is removing the prior authorization requirement from procedure code V5160 as a result of clinical review.

Effective for dates of service on or after September 9, 2024, the Department removed the prior authorization requirement from procedure code A7017 with the NU (purchase) modifier as a result of clinical review.

### Updates to Procedure Codes Currently on the MA Program Fee Schedule

#### Physician Services

The Department is opening the PT/Spec/POS combination 01 (Inpatient Facility)/183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital) for procedure code 36561 based upon clinical review. This procedure code must be billed with RT (right), LT (left), or 50 (bilateral) modifiers.

The Department is adding the 50 modifier to all PT/Spec/POS combinations for procedure code 67028 based upon clinical review.

The Department is end-dating the following PT/Spec/POS combinations for procedure code 67028 based upon clinical review.

<b>Procedure Code</b>	End-dated PT/Spec/POS
	01/ALL/23 (Emergency Room)
67028	31 (Physician)/ALL/22
	31/ALL/23

#### Ambulatory Surgical Center (ASC)/Short Procedure Unit (SPU) Services

The Department is opening PT/Spec/POS combination 01/021 (SPU)/24 (ASC) and 02 (ASC)/020 (ASC)/24 for procedure code 67028 with the SG (ASC/SPU facility support component) modifier, as clinical review determined this procedure can be performed safely in an ASC or SPU.

#### Clinic Services

The Department is end-dating PT/Spec/POS combination 08 (Clinic)/ALL/49 (Independent Clinic) and opening PT/Spec/POS combination 08/082 (Independent Medical/Surgical Clinic)/49, with RT, LT, and 50 modifiers for procedure code 67028 based upon clinical review.

#### Laboratory Services

Effective for dates of service on and after June 27, 2024, the Department opened PT/Spec/POS combinations with and without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) and FP (family planning) modifiers for laboratory test procedure code 87521, which the Centers for Medicare & Medicaid Services identifies as a CLIA waived test. For additional information, see MA Bulletin 01-12-67, entitled "Clinical"

Laboratory Improvement Amendments Requirements" (<a href="https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/p\_033918.pdf">https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/p\_033918.pdf</a>).

Procedure Code	New PT/Spec	POS	Modifier(s)
	01/016 (Emergency Room Arrangement 1)	23	No Modifier;
	01/017 (Emergency Room Arrangement 2)	۷۵	QW
	01/183	22	QW; FP; QW FP
	08/082	49	No Modifier; QW; FP; QW FP
	08/083 (Family Planning Clinic)	22, 49	FP; QW FP
87521	09 (Certified Registered Nurse Practitioner)/All	11 (Office), 27 (Outreach Site/Street)	No Modifier; QW; FP; QW FP
6/321	10 (Mid-Level Practitioner)/100 (Physician Assistant)	11, 27	No Modifier; QW; FP; QW FP
		81	QW;
	28 (Laboratory)/280 (Independent Laboratory)	(Independent	FP;
		Laboratory)	QW FP
	31/AII	11, 27	No Modifier; QW; FP; QW FP
	33 (Certified Nurse Midwife)/335 (Certified Nurse Midwife)	11, 27	No Modifier; QW; FP; QW FP

# Durable Medical Equipment (DME) and Medical Supplies

The Department is opening POS 21 (Inpatient Hospital), 31 (Skilled Nursing Facility), and 32 (Nursing Facility) for all PT/Spec combinations for the following procedure codes based upon clinical review.

Procedure Codes					
L5706	L8615	L8616	L8617	L8618	

The Department is opening PT/Spec combinations in the POS as indicated below for the following procedure codes based upon clinical review. These procedure codes must be billed with the RT and/or LT modifiers.

Procedure Codes	PT/Spec	POS
L8615	24 (Pharmacy)/244 (Long Term Care)	
L8616 L8617	25 (DME/Medical Supplies)/251 (Prosthetist) 25/252 (Orthotist)	11, 12 (Patient's Home), 21,
L8627 L8628 L8629	25/251 25/252	31, 32

The Department is opening the PT/Spec combinations in the POS as indicated below for procedure code L8618 based upon clinic review. This procedure code must be billed with the RT and/or LT modifiers.

Procedure Code	PT/Spec	POS
	24/244	11, 12, 21, 31, 32
L8618	25/251	21, 31, 32
	25/252	11, 12, 21, 31, 32

The Department is end-dating "All" specialty combinations for the following procedure codes and opening specified PT/Spec combinations as indicated below based upon clinical review.

<b>Procedure Codes</b>	End-dated PT/Spec	New PT/Spec
		24/240 (Independent)
L0120		24/241 (Institutional Independent)
L1060	24/AII	24/242 (Chain)
L2360	24/AII	24/243 (Institutional Chain)
L3150		24/244
L4070		24/245 (Mail Order)
L4398		25/250 (DME/Medical Supplies)
L5706	25/All	25/251
		25/252

The Department is adding RT and LT modifiers for all PT/Spec/POS combinations for the following procedure codes based upon clinical review.

Procedure Codes						
L2360	L4070	L4398	L8615	L8616	L8617	
L8618	L8627	L8628	L8629			

The Department is end-dating the following PT/Spec combinations for the procedure codes indicated below based upon clinical review.

Procedure Codes	End-dated PT/Spec
E1821 E2397	03 (Extended Care Facility)/030 (Nursing Facility) 03/031 (County Nursing Facility) 03/040 (Certified Rehab Agency) 03/382 (Inpatient Facility Based Long-Term Care Extended Care Facility)

The Department is removing the NU modifier from procedure codes L8619 and L8692 and adding the RT and LT modifiers based upon clinical review.

The Department is removing the 50 modifier from the following procedure codes based upon clinical review. These procedure codes must be billed with the RT and/or LT modifiers.

Procedure Codes						
L3000	L3002	L3020	L3050	L5706		

#### Behavioral Health Services

The Department is opening PT/Spec/POS combination 08/184 (Outpatient Drug and Alcohol)/57 (Non-residential Substance Abuse Treatment Facility) for procedure code 99452, based upon clinical review and provider request. The limit for procedure code 99452 is 1 per 14 days, as outlined in MA Bulletin 08-24-01, entitled "Interprofessional Consultation Services" (https://www.pa.gov/content/dam/copapwp-

pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2023122701.pdf).

The Department is adding POS 10 (Telehealth Provided in Patient's Home) with the UB (pricing) modifier and UB, FQ (audio-only communication technology) modifier combination to procedure code 90853 for PT/Spec combination 08/110 (Psychiatric Outpatient) based upon clinical review.

#### Unit and Limit Updates

The Department is updating the units for the following procedure codes based upon NCCI edits and clinical review.

Procedure Codes	Former Minimum / Maximum Units	New Minimum / Maximum Units
67028	1:1	1:2
E0100	1:3	1:1
E0105	1:2	1:1
E0158	1:2	1:1
E0190	1:4	1:1
E0202	1:4	1:1
E0275	1:2	1:1
E0325	1:2	1:1
E0326	1:2	1:1
E0444	1:9999	1:1
E0776	1:2	1:1
E0910	1:2	1:1
E0940	1:2	1:1
E1821	1:2	1:1
E2366	1:2	1:1
E2367	1:2	1:1
E2397	1:2	1:1
K0604	1:9999	1:2
K0605	1:30	1:2
L0120	1:2	1:1
L1060	1:2	1:1
L2360	1:8	1:2
L3000	1:8	1:2
L3002	1:8	1:2
L3020	1:8	1:2
L3050	1:8	1:2
L3150	1:2	1:1
L3925	1:10	1:4
L3927	1:10	1:4
L3933	1:10	1:3
L3935	1:10	1:3
L4070	1:4	1:2
L4398	1:9999	1:2
L5706	1:9999	1:2
L7368	1:2	1:1
L8512	1:30	1:9
L8513	1:8	1:6
L8615	1:1	1:2

L8616	1:1	1:2
L8617	1:1	1:2
L8619	1:1	1:2
L8627	1:1	1:2
L8628	1:1	1:2
L8629	1:1	1:2
L8692	1:1	1:2

The Department is updating the limits for the following procedure codes based upon NCCI edits and clinical review. The procedure codes may include RT, LT, NU, or RR (rental) modifiers as indicated below.

Procedure Codes	Limit
A7017 (NU)	1 per three calendar years
E0100 (NU)	1 per three years
E0105 (NU)	1 per three years
E0158 (NU)	1 per three years
E0202 (RR)	1 per calendar month
E0275 (NU)	1 per calendar year
E0325 (NU)	1 per calendar year
E0326 (NU)	1 per calendar year
E0444	1 per 30 days
E0776 (NU)	1 per five calendar years
E0776 (RR)	1 per calendar month
E0910 (RR)	1 per calendar month
E0940 (RR)	1 per calendar month
E1821	1 per 90 days
E2366 (RR)	1 per calendar month
E2367 (RR)	1 per calendar month
L8512	12 per calendar month
L8615 (RT), L8615 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8616 (RT), L8616 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8617 (RT), L8617 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8618 (RT), L8618 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8619 (RT), L8619 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8627 (RT), L8627 (LT)	one per right side and one per left side, per 1825 days (5 years)

L8628 (RT), L8628 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8629 (RT), L8629 (LT)	one per right side and one per left side, per 1825 days (5 years)
L8692 (RT), L8692 (LT)	one per right side and one per left side, per 1825 days (5 years)

# Fee Adjustments

The Department is adjusting the MA Program fees for the following procedure codes.

Procedure Code	Description	Former Fee	New Fee
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	\$938.06	\$1,002.80
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	\$645.00	\$769.24
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	\$885.80	\$1,002.80
J7300	Intrauterine copper contraceptive	\$762.65	\$940.36
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	\$737.57	\$834.99
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	\$796.20	\$1,002.80
L0120	Cervical, flexible, nonadjustable, prefabricated, off-the-shelf (foam collar)	\$15.00	\$24.61
L1060	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, thoracic pad	\$75.00	\$105.94
L2360	Addition to lower extremity, extended steel shank	\$38.95	\$45.54
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	\$75.00	\$288.60
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each	\$10.00	\$148.38
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	\$31.00	\$182.26
L3050	Foot, arch support, removable, premolded, metatarsal, each	\$31.00	\$43.23
L3150	Foot, abduction rotation bar, without shoes	\$29.00	\$74.78
L3925	Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), nontorsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	\$31.72	\$43.28

Finger orthosis (FO), proximal interphalangeal (PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	\$22.50	\$29.23
Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment	\$54.34	\$178.38
Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	\$61.59	\$184.70
Replace proximal and distal upright for KAFO	\$124.00	\$247.70
Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	\$52.55	\$70.98
Custom shaped protective cover, knee disarticulation	\$673.94	\$984.98
Lithium ion battery charger, replacement only	\$397.34	\$464.58
tracheo-esophageal voice prosthesis,	\$1.36	\$1.98
Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal,	\$3.26	\$4.78
Headset/headpiece for use with cochlear implant device, replacement	\$284.06	\$415.17
Microphone for use with cochlear implant device, replacement	\$66.16	\$96.70
Transmitting coil for use with cochlear implant device, replacement	\$57.78	\$84.46
Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement	\$16.51	\$24.13
Cochlear implant, external speech processor and controller, integrated system, replacement	\$7,038.31	\$7,853.57
Cochlear implant, external speech processor, component, replacement	\$5,160.60	\$6,706.04
Cochlear implant, external controller component, replacement	\$879.97	\$1,143.49
Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	\$126.84	\$164.82
	(PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf  Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment  Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment  Replace proximal and distal upright for KAFO  Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf  Custom shaped protective cover, knee disarticulation  Lithium ion battery charger, replacement only  Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10  Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each  Headset/headpiece for use with cochlear implant device, replacement  Transmitting coil for use with cochlear implant device, replacement  Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement  Cochlear implant, external speech processor and controller, integrated system, replacement  Cochlear implant, external speech processor, component, replacement  Cochlear implant, external speech processor, component, replacement  Transmitting coil and cable, integrated, for use	(PIP)/distal interphalangeal (DIP), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf Finger orthosis (FO), without joints, may include soft interface, custom fabricated, includes fitting and adjustment Finger orthosis (FO), nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment Replace proximal and distal upright for KAFO Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf Custom shaped protective cover, knee disarticulation Lithium ion battery charger, replacement only Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10 Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each Headset/headpiece for use with cochlear implant device, replacement Microphone for use with cochlear implant device, replacement Transmitting coil for use with cochlear implant device or auditory osseointegrated device, replacement Cochlear implant, external speech processor and controller, integrated system, replacement Cochlear implant, external speech processor, component, replacement Cochlear implant, external speech processor, component, replacement Cochlear implant, external speech processor, component, replacement Transmitting coil and cable, integrated, for use  \$126.84

# Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary is in need of 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: <a href="https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html">https://www.pa.gov/en/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides.html</a>.

MA MCOs are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. A MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits. MA MCOs may, with advanced written approval from the Department, require prior authorization for services that are subject to limits on the MA Program Fee Schedule.

#### PROCEDURE:

Attached is the list of procedure codes being added, end-dated, and updated. Included in this document are procedure codes, code descriptions, provider types and specialties, place of service, modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

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

#### **ATTACHMENT:**

Medical Assistance Bulletin 99-25-02 Fee Schedule Revisions, Effective May 1, 2025

# Medical Assistance Bulletin 99-25-02 Fee Schedule Revisions, Effective May 1, 2025

This chart is divided into two sections. The first section includes procedure codes being added to the MA Program Fee Schedule based upon clinical review and provider request. The second section includes updates to procedure codes currently on the fee schedule being updated based upon clinical review and provider requests which include prior authorization requirements, fee adjustments, and updates to provider type, specialty, place of service, units, and limits. Included for each procedure code is a description of the service, modifers, fees, prior authorization requirements, limitations, and post-operative days associated with that code.

		<b>-</b> ··		code						<u> </u>	
Procedure		Provider		Place of	Pricing	Info		l			
Code	Description	Туре	Specialty	Service	Modifier	Modifier	MA Fee	Prior Auth	MA units	Limits	Post op days
	Intravenous infusion, pemivibart, for the pre-							1 1			
	exposure prophylaxis only, for certain adults and							1 1			
	adolescents (12 years of age and older weighing at							1 1			
	least 40 kg) with no known SARS-CoV-2 exposure,										
	who either have moderate-to-severe immune										
	compromise due to a medical condition or receipt of										
	immunosuppressive medications or treatments,										
M0224	includes infusion and post administration monitoring	01	183	22			\$360.00	No	per infusion	once per day	N/A
ĺ											
	Intravenous infusion, pemivibart, for the pre-										
	exposure prophylaxis only, for certain adults and										
	adolescents (12 years of age and older weighing at							1 1			
	least 40 kg) with no known SARS-CoV-2 exposure,										
	who either have moderate-to-severe immune										
	compromise due to a medical condition or receipt of										
	immunosuppressive medications or treatments,										
M0224	includes infusion and post administration monitoring	08	082	49			\$360.00	No	per infusion	once per day	N/A
	Intravenous infusion, pemivibart, for the pre-										
	exposure prophylaxis only, for certain adults and										
	adolescents (12 years of age and older weighing at										
	least 40 kg) with no known SARS-CoV-2 exposure,										
	who either have moderate-to-severe immune										
	compromise due to a medical condition or receipt of										
	immunosuppressive medications or treatments,							1 1			
M0224	includes infusion and post administration monitoring	31	All	11, 99			\$360.00	No	per infusion	once per day	N/A
				, , , , , , , , , , , , , , , , , , ,				No, but	•	, ,,	
								AUR and			
	Biopsies, prostate, needle, transperineal, stereotactic							PSR			
	template guided saturation sampling, including							process			
55706	imaging guidance	01	021	24	SG		\$776.00	applies		N/A	N/A

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								No, but			
								AUR and			
	Biopsies, prostate, needle, transperineal, stereotactic							PSR			
	template guided saturation sampling, including							process			
55706	imaging guidance	02	020	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
	Biopsies, prostate, needle, transperineal, stereotactic							PSR			
	template guided saturation sampling, including							process			
55706	imaging guidance	31	All	21, 24			\$290.14	applies	per procedure	once per day	10 days
								No, but			
								AUR and			
	Biopsies, prostate, needle, transperineal, stereotactic							PSR			
	template guided saturation sampling, including							process			
55706	imaging guidance	31	All	21, 24	80		\$46.42	applies	per procedure	once per day	10 days
	0.00			,			·	No, but		. ,	,
								AUR and			
	Ablation of malignant prostate tissue, transrectal,							PSR			
	with high intensity-focused ultrasound (HIFU),							process			
55880	including ultrasound guidance	01	021	24	SG		\$776.00	applies		N/A	N/A
33000	including artifusound galdanee	01	021	24	30		\$770.00	No, but		14/74	IV/A
								AUR and			
	Ablation of malignant prostate tissue, transrectal,							PSR			
	with high intensity-focused ultrasound (HIFU),							process			
55880	including ultrasound guidance	02	020	24	SG		\$776.00	applies		N/A	N/A
33660	ilicidding diti asodnu guidance	UZ	020	24	30		\$776.00			IN/A	IN/A
								No, but			
	Ablatica of auditorant are state times a transmistal							AUR and			
	Ablation of malignant prostate tissue, transrectal,							PSR			
	with high intensity-focused ultrasound (HIFU),						4=== 40	process			00.1
55880	including ultrasound guidance	31	All	21, 24			\$755.43	applies	per procedure	once per day	90 days
	Hepatitis B vaccine (HepB), dialysis or										
	immunosuppressed patient dosage, 3 dose schedule,										_
90740	for intramuscular use	01	183	22			\$10.00	No	per administration	once per day	N/A
	Hepatitis B vaccine (HepB), dialysis or										
	immunosuppressed patient dosage, 3 dose schedule,										
90740	for intramuscular use	08	082	49			\$10.00	No	per administration	once per day	N/A
	Hepatitis B vaccine (HepB), dialysis or										
	immunosuppressed patient dosage, 3 dose schedule,										
90740	for intramuscular use	09	All	11, 12, 27			\$10.00	No	per administration	once per day	N/A
	Hepatitis B vaccine (HepB), dialysis or										
	immunosuppressed patient dosage, 3 dose schedule,										
90740	for intramuscular use	10	100	11, 12, 27			\$10.00	No	per administration	once per day	N/A
	Hepatitis B vaccine (HepB), dialysis or									-	
	immunosuppressed patient dosage, 3 dose schedule,										
90740	for intramuscular use	10	247	11, 12			\$10.00	No	per administration	once per day	N/A

	Hepatitis B vaccine (HepB), dialysis or							1		
	1 ' ' ' ' ' '									
00740	immunosuppressed patient dosage, 3 dose schedule,	24	A.II	44 42 27		640.00	<b>N</b> 1 -			21/2
90740	for intramuscular use	31	All	11, 12, 27		\$10.00	No	per administration	once per day	N/A
	Hepatitis B vaccine (HepB), dialysis or									
	immunosuppressed patient dosage, 3 dose schedule,					4				
90740	for intramuscular use	33	335	11, 12, 27		\$10.00	No	per administration	once per day	N/A
	Targeted genomic sequence analysis, solid organ									
	neoplasm, DNA analysis of 324 genes, interrogation									
	for sequence variants, gene copy number									
	amplifications, gene rearrangements, microsatellite									_
0037U	instability and tumor mutational burden	01	183	22		\$2,800.00	No	per test	once per day	N/A
	Targeted genomic sequence analysis, solid organ									
	neoplasm, DNA analysis of 324 genes, interrogation									
	for sequence variants, gene copy number									
	amplifications, gene rearrangements, microsatellite									
0037U	instability and tumor mutational burden	28	280	81		\$2,800.00	No	per test	once per day	N/A
	Targeted genomic sequence analysis panel, solid									
	organ neoplasm, cell-free DNA, analysis of 311 or									
	more genes, interrogation for sequence variants,									
	including substitutions, insertions, deletions, select									_
0239U	rearrangements, and copy number variations	01	183	22		\$2,800.00	No	per test	once per day	N/A
	Targeted genomic sequence analysis panel, solid									
	organ neoplasm, cell-free DNA, analysis of 311 or									
	more genes, interrogation for sequence variants,									
	including substitutions, insertions, deletions, select					4				
0239U	rearrangements, and copy number variations	28	280	81		\$2,800.00	No	per test	once per day	N/A
	Addition to lower extremity orthosis, high strength,									
	lightweight material, all hybrid lamination/prepreg									
	composite, per segment, for custom fabricated		240, 241, 242,			4			per medical	
L2755	orthosis only	24	243, 244, 245	31, 32	RT-LT	\$150.03	Yes	each	necessity	N/A
	Addition to lower extremity orthosis, high strength,									
	lightweight material, all hybrid lamination/prepreg								_	
	composite, per segment, for custom fabricated			11, 12, 21,					per medical	_
L2755	orthosis only	25	250, 251, 252	31, 32	RT-LT	\$150.03	Yes	each	necessity	N/A
			240 244 245	44 42 24						
			240, 241, 242,			400	l ,,		per medical	
L3310	Lift, elevation, heel and sole, neoprene, per in	24	243, 244, 245		RT-LT	\$93.48	Yes	per inch	necessity	N/A
10015			250 254 255	11, 12, 21,	DT : -	400.45			per medical	
L3310	Lift, elevation, heel and sole, neoprene, per in	25	250, 251, 252	31, 32	RT-LT	\$93.48	Yes	per inch	necessity	N/A

				1	I					1	
			240 241 242	11, 12, 21,						nor modical	
L3332	Lift elevation incide these tangened was to one half in	2.4	240, 241, 242,			DTIT	¢04.60	Vos	ooch	per medical	NI/A
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	24	243, 244, 245			RT-LT	\$84.69	Yes	each	necessity	N/A
12222	Life algorithm inside the attenued on to one helf in	25	250 254 252	11, 12, 21,		DTIT	604.60	V.		per medical	21/2
L3332	Lift, elevation, inside shoe, tapered, up to one-half in	25	250, 251, 252	31, 32		RT-LT	\$84.69	Yes	each	necessity	N/A
			240, 241, 242,				4			per medical	
L3334	Lift, elevation, heel, per in	24	243, 244, 245			RT-LT	\$43.83	Yes	per inch	necessity	N/A
				11, 12, 21,			4			per medical	
L3334	Lift, elevation, heel, per in	25	250, 251, 252	31, 32		RT-LT	\$43.83	Yes	per inch	necessity	N/A
	Addition, exoskeletal system, below knee (BK), ultra-		240, 241, 242,							per medical	_
L5785	light material (titanium, carbon fiber or equal)	24	243, 244, 245	31, 32		RT-LT	\$608.98	Yes	each	necessity	N/A
	Addition, exoskeletal system, below knee (BK), ultra-			11, 12, 21,						per medical	
L5785	light material (titanium, carbon fiber or equal)	25	250, 251, 252	31, 32		RT-LT	\$608.98	Yes	each	necessity	N/A
	Addition, endoskeletal system, above knee (AK), knee		240, 241, 242,							per medical	
L5925	disarticulation or hip disarticulation, manual lock	24	243, 244, 245	31, 32		RT-LT	\$393.84	Yes	each	necessity	N/A
	Addition, endoskeletal system, above knee (AK), knee			11, 12, 21,						per medical	
L5925	disarticulation or hip disarticulation, manual lock	25	250, 251, 252	31, 32		RT-LT	\$393.84	Yes	each	necessity	N/A
	Addition, endoskeletal system, below knee (BK),		240, 241, 242,	11, 12, 21,						per medical	
L5962	flexible protective outer surface covering system	24	243, 244, 245	31, 32		RT-LT	\$688.95	Yes	each	necessity	N/A
	Addition, endoskeletal system, below knee (BK),			11, 12, 21,						per medical	
L5962	flexible protective outer surface covering system	25	250, 251, 252	31, 32		RT-LT	\$688.95	Yes	each	necessity	N/A
	All lower extremity prostheses, foot, multiaxial		240, 241, 242,	11, 12, 21,						per medical	
L5978	ankle/foot	24	243, 244, 245	31, 32		RT-LT	\$342.05	Yes	each	necessity	N/A
	All lower extremity prostheses, foot, multiaxial			11, 12, 21,						per medical	
L5978	ankle/foot	25	250, 251, 252	31, 32		RT-LT	\$342.05	Yes	each	necessity	N/A
	All lower extremity prostheses, multiaxial ankle,		240, 241, 242,	11, 12, 21,						per medical	
L5979	dynamic response foot, one-piece system	24	243, 244, 245			RT-LT	\$2,744.78	Yes	each	necessity	N/A
										,	
	All lower extremity prostheses, multiaxial ankle,			11, 12, 21,						per medical	
L5979	dynamic response foot, one-piece system	25	250, 251, 252			RT-LT	\$2,744.78	Yes	each	necessity	N/A
										<u> </u>	
			240, 241, 242,	11, 12, 21.						per medical	
L5980	All lower extremity prostheses, flex-foot system	24	243, 244, 245			RT-LT	\$4,345.85	Yes	each	necessity	N/A
		<u> </u>	1, = 1 ., = 13	11, 12, 21,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			per medical	,
L5980	All lower extremity prostheses, flex-foot system	25	250, 251, 252	l		RT-LT	\$4,345.85	Yes	each	necessity	N/A
23300	7.11. TOWER CALLETTING PROSERVESCO, TICK TOOL SYSTERIT	23	230, 231, 232	31, 32	l .		71,575.05	103	Cucii	Hecessity	14//1

	T		1	Ι		<del>,                                    </del>				<u> </u>	
	All laway automatic graph and flag walls agatom as		240 241 242	11 12 21						non modical	
1.5004	All lower extremity prostheses, flex-walk system or	24	240, 241, 242,			DTIT	ć2 7FC 44	Vas		per medical	N1 / A
L5981	equal	24	243, 244, 245			RT-LT	\$3,756.41	Yes	each	necessity	N/A
15004	All lower extremity prostheses, flex-walk system or	25	250 254 252	11, 12, 21,		DTIT	62.756.44		1.	per medical	N1 / A
L5981	equal	25	250, 251, 252	31, 32		RT-LT	\$3,756.41	Yes	each	necessity	N/A
	All la construction and fortunation		240 244 242	44 42 24							
15007	All lower extremity prostheses, shank foot system	2.4	240, 241, 242,			DT LT	40 277 52			per medical	21/2
L5987	with vertical loading pylon	24	243, 244, 245			RT-LT	\$8,277.53	Yes	each	necessity	N/A
. = 0.0=	All lower extremity prostheses, shank foot system			11, 12, 21,			40.0====			per medical	
L5987	with vertical loading pylon	25	250, 251, 252			RT-LT	\$8,277.53	Yes	each	necessity	N/A
	PROCEDURE CO	DES CURRE	NTLY ON THE FE	E SCHEDULE	BEING UPD	DATED AS A	RESULT OF CLIN		<i>N</i>	1	
								No, but			
								AUR and			
	Insertion of tunneled centrally inserted central							PSR			
	venous access device, with subcutaneous port; age 5							process			
36561	years or older	01	021	24	SG		\$776.00	applies		N/A	N/A
	Insertion of tunneled centrally inserted central									once per R side	
	venous access device, with subcutaneous port; age 5						4			and once per L	
36561	years or older	01	183	22		RT-LT-50	\$319.32	No	per procedure	side per day	10 days
								No, but			
								AUR and			
	Insertion of tunneled centrally inserted central							PSR		once per R side	
	venous access device, with subcutaneous port; age 5							process		and once per L	
36561	years or older	31	All	21, 24		RT-LT-50	\$319.32	applies	per procedure	side per day	10 days
								No, but			
								AUR and			
								PSR			
	Intravitreal injection of a pharmacologic agent							process			
67028	(separate procedure)	01	021	24	SG		\$776.00	applies		N/A	N/A
								No, but			
								AUR and			
								PSR			
	Intravitreal injection of a pharmacologic agent							process			
67028	(separate procedure)	02	020	24	SG		\$776.00	applies		N/A	N/A
										once per R side	
	Intravitreal injection of a pharmacologic agent									and once per L	
67028	(separate procedure)	01	183	22		RT-LT-50	\$105.88	No	per procedure	side per day	0 days
										once per R side	
	Intravitreal injection of a pharmacologic agent									and once per L	
67028	(separate procedure)	08	082	49		RT-LT-50	\$105.88	No	per procedure	side per day	0 days
								No, but			
								AUR and			
								PSR		once per R side	
	Intravitreal injection of a pharmacologic agent			11, 21, 24,				process		and once per L	
67028	(separate procedure)	31	All	99		RT-LT-50	\$105.88	applies	per procedure	side per day	0 days

			ı	ı	1	1				I	
	Infectious agent detection by nucleic acid (DNIA or										
	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes										
87521		01	016 017	22			¢20.21	No	nor tost	once nor day	N/A
8/521	reverse transcription when performed	01	016, 017	23			\$38.21	NO	per test	once per day	N/A
	Infortious agent detection by muchic acid (DNIA or										
	Infectious agent detection by nucleic acid (DNA or										
07524	RNA); hepatitis C, amplified probe technique, includes	04	046 047	22		0147	¢20.24	NI -			21/2
87521	reverse transcription when performed	01	016, 017	23		QW	\$38.21	No	per test	once per day	N/A
	Infortious agent detection by muchic acid (DNIA or										
	Infectious agent detection by nucleic acid (DNA or										
07524	RNA); hepatitis C, amplified probe technique, includes	01	102	22			¢20.21	Na			N1 / A
87521	reverse transcription when performed	01	183	22			\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
07524	RNA); hepatitis C, amplified probe technique, includes	01	102	22		014	¢20.21	Na			N1 / A
87521	reverse transcription when performed	01	183	22		QW	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521		01	183	22		FP	\$38.21	No	nortost	ance nor day	NI / A
8/521	reverse transcription when performed	01	183	22		FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521		01	183	22		OW ED	\$38.21	No	nortost	ance nor day	NI / A
8/321	reverse transcription when performed	01	105	22		QW, FP	\$30.21	INO	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	08	082	49			\$38.21	No	nor tost	once nor day	N/A
8/321	reverse transcription when performed	08	082	49			\$30.21	NO	per test	once per day	IN/A
	Infectious agent detection by nucleic acid (DNA or										
	,										
07524	RNA); hepatitis C, amplified probe technique, includes	00	002	40		014	¢20.21	Na			N1 / A
87521	reverse transcription when performed	80	082	49		QW	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	, , ,										
07534	RNA); hepatitis C, amplified probe technique, includes	00	002	40		[	620.21	NI a	nortest	0000 505 450	N1 / A
87521	reverse transcription when performed	08	082	49		FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	, ,										
07524	RNA); hepatitis C, amplified probe technique, includes	00	002	40		004/ 50	¢20 21	No	nortest	onco nor do:	NI/A
87521	reverse transcription when performed	80	082	49		QW, FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	08	083	22, 49		FP	\$38.21	No	per test	once per day	N/A
0/3/1	reverse transcription when performed	Uδ	U83	22, 49	<u> </u>		\$36.ZI	INO	per test	once per day	IN/A

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	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	08	083	22, 49		QW, FP	\$38.21	No	per test	once per day	N/A
87321	reverse transcription when performed	00	083	22,49		QVV, IF	Ş36.Z1	INO	per test	once per day	IV/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	09	All	11, 27			\$38.21	No	per test	once per day	N/A
87321	reverse transcription when performed	09	All	11, 27			750.21	INO	per test	once per day	IV/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	09	All	11, 27		QW	\$38.21	No	per test	once per day	N/A
0,321	reverse transcription when performed	- 05	7.11	11, 27		QW	750.21	110	per test	once per day	14//1
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	09	All	11, 27		FP	\$38.21	No	per test	once per day	N/A
0,321	reverse transcription when performed	- 05	7.11	11, 27			<b>730.21</b>	110	per test	once per day	14//1
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	09	All	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
						Ψ.,			por coor	оттор рег отту	
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	10	100	11, 27			\$38.21	No	per test	once per day	N/A
	·						•			·	•
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	10	100	11, 27		QW	\$38.21	No	per test	once per day	N/A
									·		
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	10	100	11, 27		FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	10	100	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	28	280	81			\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	28	280	81		QW	\$38.21	No	per test	once per day	N/A

			Ι	1	1	1 1		Г	1	1	
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	28	280	81		FP	\$38.21	No	per test	once per day	N/A
8/321	reverse transcription when performed	20	200	01		l rr	\$30.21	INO	per test	office per day	IN/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	28	280	81		QW, FP	\$38.21	No	per test	once per day	N/A
0,321	reverse dunisaripalen when periorimed	20	200	- 01		ζ.,,,,	ψ00.E1	110	per test	once per day	14/71
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	31	All	11, 27			\$38.21	No	per test	once per day	N/A
0.000							700		por coor	отобраналу	,
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	31	All	11, 27		QW	\$38.21	No	per test	once per day	N/A
									·		
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	31	All	11, 27		FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	31	All	11, 27		QW, FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	33	335	11, 27			\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes						4				
87521	reverse transcription when performed	33	335	11, 27		QW	\$38.21	No	per test	once per day	N/A
	Lefentia anno del del coltra del conte del conte del COMA del										
	Infectious agent detection by nucleic acid (DNA or										
07524	RNA); hepatitis C, amplified probe technique, includes	22	225	44 27			620.24				21/2
87521	reverse transcription when performed	33	335	11, 27		FP	\$38.21	No	per test	once per day	N/A
	Infectious agent detection by nucleic acid (DNA or										
	RNA); hepatitis C, amplified probe technique, includes										
87521	reverse transcription when performed	22	225	11 27		OW ED	\$38.21	No	nor tost	once nor day	NI/A
0/321	reverse transcription when performed	33	335	11, 27		QW, FP	<b>330.21</b>	No	per test	once per day	N/A
	Interprofessional telephone/Internet/electronic										
	health record referral service(s) provided by a										
	treating/requesting physician or other qualified										
99452	health care professional, 30 minutes	01	183	22			\$26.03	No	per procedure	once per day	N/A
JJ4J2	nealth care professional, 30 minutes	OI	103		ļ		720.03	110	per procedure	Unice per day	IN/A

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99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	082	49			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	110	49			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	08	184	57			\$26.03	No	per procedure	once per day	, N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	09	All	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	10	100	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	27	272	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	31	All	11			\$26.03	No	per procedure	once per day	N/A
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	33	335	11			\$26.03	No	per procedure	ance per day	N/A
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	24	240, 241, 242, 243, 245	11, 12	NU		\$102.28	No	each	once per day one per three calendar years	N/A
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	25	250	11, 12	NU		\$102.28	No	each	one per three calendar years	N/A

	Cane, includes canes of all materials, adjustable or		240, 241, 242,						one per three	
E0100	fixed, with tip	24	243, 245	11, 12	NU	\$14.00	No	each	years	N/A
20100	Cane, includes canes of all materials, adjustable or	- 1	2 10, 2 13	11, 12	110	Ψ1.100	110	cacii	one per three	14//1
E0100	fixed, with tip	25	250	11, 12	NU	\$14.00	No	each	years	N/A
20100	Cane, quad or three-prong, includes canes of all	23	240, 241, 242,	11, 12	110	714.00	140	Cacii	one per three	N/A
E0105	materials, adjustable or fixed, with tips	24	243, 245	11, 12	NU	\$35.00	No	each	years	N/A
L0103	Cane, quad or three-prong, includes canes of all	24	243, 243	11, 12	NO	\$33.00	INO	eacii	one per three	IN/A
E0105	materials, adjustable or fixed, with tips	25	250	11 12	NU	\$35.00	No	aaah	·	N/A
50103	illaterials, adjustable of fixed, with tips	25	240, 241, 242,	11, 12	NO	\$55.00	INO	each	years one per three	N/A
F01F0	Log outonsions for walker, nor set of four	24		11 12	NU	¢20.00	No	aaah	·	N/A
E0158	Leg extensions for walker, per set of four	24	243, 245	11, 12	NU	\$29.09	No	each	years	N/A
F01F0	Lag automaione for wellion, now set of form	25	250	11 12	NII I	¢20.00	Na	a a a b	one per three	N1 / A
E0158	Leg extensions for walker, per set of four	25	250	11, 12	NU	\$29.09	No	each	years	N/A
	Desitioning analysis of all south and a south and a south		240 244 242						f	
50400	Positioning cushion/pillow/wedge, any shape or size,	2.4	240, 241, 242,	44.42		624.00	N.		four per three	N1 / A
E0190	includes all components and accessories	24	243, 245	11, 12	NU	\$31.00	No	each	years	N/A
=0.400	Positioning cushion/pillow/wedge, any shape or size,					404.00	l		four per three	
E0190	includes all components and accessories	25	250	11, 12	NU	\$31.00	No	each	years	N/A
							No, but			
							PA			
							required			
							after 3			
			240, 241, 242,				months		one per calendar	
E0202	Phototherapy (bilirubin) light with photometer	24	243, 245	11, 12	RR	\$62.61	rental	each	month	N/A
							No, but			
							PA			
							required			
							after 3			
							months		one per calendar	
E0202	Phototherapy (bilirubin) light with photometer	25	250	11, 12	RR	\$62.61	rental	each	month	N/A
			240, 241, 242,						one per calendar	
E0275	Bed pan, standard, metal or plastic	24	243, 245	11, 12	NU	\$9.50	No	each	year	N/A
									one per calendar	
E0275	Bed pan, standard, metal or plastic	25	250	11, 12	NU	\$9.50	No	each	year	N/A
			240, 241, 242,						one per calendar	
E0325	Urinal; male, jug-type, any material	24	243, 245	11, 12	NU	 \$6.00	No	each	year	N/A
									one per calendar	
E0325	Urinal; male, jug-type, any material	25	250	11, 12	NU	\$6.00	No	each	year	N/A
			240, 241, 242,						one per calendar	
E0326	Urinal; female, jug-type, any material	24	243, 245	11, 12	NU	\$6.00	No	each	year	N/A
				-					one per calendar	-
E0326	Urinal; female, jug-type, any material	25	250	11, 12	NU	\$6.00	No	each	year	N/A
	Portable oxygen contents, liquid, 1 month's supply = 1		240, 241, 242,			-				•
E0444	unit	24	243, 245	11, 12		\$21.34	No	one month supply	one per 30 days	N/A

	Portable oxygen contents, liquid, 1 month's supply = 1										
E0444	unit	25	250	11, 12			\$21.34	No	one month supply	one per 30 days	N/A
								No, but			
								PA			
								required			
								after 3			
			240, 241, 242,					months		one per calendar	
E0776	IV pole	24	243, 245	11, 12	RR		\$18.65	rental	each	month	N/A
			240, 241, 242,							one per five	
E0776	IV pole	24	243, 245	11, 12	NU		\$98.86	Yes	each	calendar years	N/A
								No, but			
								PA			
								required			
								after 3			
								months		one per calendar	
E0776	IV pole	25	250	11, 12	RR		\$18.65	rental	each	month	N/A
										one per five	
E0776	IV pole	25	250	11, 12	NU		\$98.86	Yes	each	calendar years	N/A
								No, but			
								PA			
								required			
								after 3			
	Trapeze bars, also known as Patient Helper, attached		240, 241, 242,					months		one per calendar	
E0910	to bed, with grab bar	24	243, 245	11, 12	RR		\$18.08	rental	each	month	N/A
	Trapeze bars, also known as Patient Helper, attached		240, 241, 242,								
E0910	to bed, with grab bar	24	243, 245	11, 12	NU		\$275.00	Yes	each	one per five years	N/A
								No, but			
								PA			
								required			
								after 3			
	Trapeze bars, also known as Patient Helper, attached							months		one per calendar	
E0910	to bed, with grab bar	25	250	11, 12	RR		\$18.08	rental	each	month	N/A
	Trapeze bars, also known as Patient Helper, attached										
E0910	to bed, with grab bar	25	250	11, 12	NU		\$275.00	Yes	each	one per five years	N/A
								No, but			
								PA			
								required			
								after 3			
			240, 241, 242,					months		one per calendar	
E0940	Trapeze bar, freestanding, complete with grab bar	24	243, 245	11, 12	RR		\$25.00	rental	each	month	N/A
			240, 241, 242,								
E0940	Trapeze bar, freestanding, complete with grab bar	24	243, 245	11, 12	NU		\$242.00	Yes	each	one per five years	N/A

	Т		1 1		T	<u> </u>		1	1	1 1	<del></del> 1
								No, but			
								PA			
								required			
								after 3			
								months		one per calendar	
E0940	Trapeze bar, freestanding, complete with grab bar	25	250	11, 12	RR		\$25.00	rental	each	month	N/A
E0940	Trapeze bar, freestanding, complete with grab bar	25	250	11, 12	NU		\$242.00	Yes	each	one per five years	N/A
	Replacement soft interface material/cuffs for bi-		240, 241, 242,				_				
E1821	directional static progressive stretch device	24	243, 245	11, 12	NU		\$84.20	No	each	one per 90 days	N/A
	Replacement soft interface material/cuffs for bi-										
E1821	directional static progressive stretch device	25	250	11, 12	NU		\$84.20	No	each	one per 90 days	N/A
								No, but			
								PA			
								required			
	Power wheelchair accessory, battery charger, single							after 3			
	mode, for use with only one battery type, sealed or		240, 241, 242,					months		one per calendar	
E2366	nonsealed, each	24	243, 245	11, 12	RR		\$17.98	rental	each	month	N/A
	Power wheelchair accessory, battery charger, single										
	mode, for use with only one battery type, sealed or		240, 241, 242,								
E2366	nonsealed, each	24	243, 245	11, 12	NU		\$179.26	Yes	each	two per six years	N/A
								No, but			
								PA			
								required			
	Power wheelchair accessory, battery charger, single							after 3			
	mode, for use with only one battery type, sealed or							months		one per calendar	
E2366	nonsealed, each	25	250	11, 12	RR		\$17.98	rental	each	month	N/A
	Power wheelchair accessory, battery charger, single										
	mode, for use with only one battery type, sealed or										
E2366	nonsealed, each	25	250	11, 12	NU		\$179.26	Yes	each	two per six years	N/A
								No, but			
								PA			
								required			
	Power wheelchair accessory, battery charger, dual							after 3			
	mode, for use with either battery type, sealed or		240, 241, 242,					months		one per calendar	
E2367	nonsealed, each	24	243, 245	11, 12	RR		\$33.53	rental	each	month	N/A
	Power wheelchair accessory, battery charger, dual	<u> </u>									
	mode, for use with either battery type, sealed or		240, 241, 242,								
E2367	nonsealed, each	24	243, 245	11, 12	NU		\$335.26	Yes	each	two per six years	N/A
								No, but			
								PA			
								required			
	Power wheelchair accessory, battery charger, dual							after 3			
	mode, for use with either battery type, sealed or							months		one per calendar	
E2367	nonsealed, each	25	250	11, 12	RR		\$33.53	rental	each	month	N/A

	Power wheelchair accessory, battery charger, dual										
	mode, for use with either battery type, sealed or										
E2367	nonsealed, each	25	250	11, 12	NU		\$335.26	Yes	each	two per six years	N/A
	Power wheelchair accessory, lithium-based battery,		240, 241, 242,								
E2397	each	24	243, 245	11, 12	NU		\$347.87	Yes	each	two per 365 days	N/A
	Power wheelchair accessory, lithium-based battery,										
E2397	each	25	250	11, 12	NU		\$347.87	Yes	each	two per 365 days	N/A
	Levonorgestrel-releasing intrauterine contraceptive										
J7296	system, (Kyleena), 19.5 mg	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
	Levonorgestrel-releasing intrauterine contraceptive										
J7296	system, (Kyleena), 19.5 mg	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
	Levonorgestrel-releasing intrauterine contraceptive			,							•
J7296	system, (Kyleena), 19.5 mg	08	081	72, 99		FP	\$1,002.80	No	each	once per day	N/A
37230	Levonorgestrel-releasing intrauterine contraceptive	- 00	001	72, 33		- ''	71,002.00	110	Cacii	once per day	NA
J7297	system (Liletta), 52 mg	01	010	22		FP	\$769.24	No	each	once per day	N/A
37237		01	010			- ''	\$703.24	110	Cacii	once per day	NA
	Levonorgestrel-releasing intrauterine contraceptive										
J7297	system (Liletta), 52 mg	08	080	50, 99		FP	\$769.24	No	each	once per day	N/A
	Levonorgestrel-releasing intrauterine contraceptive										
J7297	system (Liletta), 52 mg	08	081	72, 99		FP	\$769.24	No	each	once per day	N/A
07.207	Levonorgestrel-releasing intrauterine contraceptive		1002	, =, 00		1	ψ/ CS		- Cuo	one per day	,
J7298	system (Mirena), 52 mg	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
	Levonorgestrel-releasing intrauterine contraceptive						. ,			<u>'</u> '	,,
J7298	system (Mirena), 52 mg	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
37238	Levonorgestrel-releasing intrauterine contraceptive	00	080	30, 33		- ''	71,002.80	INO	eacii	Once per day	N/A
J7298	system (Mirena), 52 mg	08	081	72,99		FP	\$1,002.80	No	each	once per day	N/A
J7300	Intrauterine copper contraceptive	01	010	22		FP	\$1,002.80	No	each	once per day	N/A N/A
J7300	Intrauterine copper contraceptive	08	080	50, 99		FP	\$940.36	No	each	once per day	N/A
J7300	Intrauterine copper contraceptive	08	081	72, 99		FP	\$940.36	No	each	once per day	N/A
37300	Levonorgestrel-releasing intrauterine contraceptive		001	72,33			7540.50	110	Cucii	once per day	14/71
J7301	system (Skyla), 13.5 mg	01	010	22		FP	\$834.99	No	each	once per day	N/A
37301	Levonorgestrel-releasing intrauterine contraceptive		010				φουσο		cacii	onde per day	1471
J7301	system (Skyla), 13.5 mg	08	080	50, 99		FP	\$834.99	No	each	once per day	N/A
37301	Levonorgestrel-releasing intrauterine contraceptive		000	30, 33			ψου που	110	Cucii	once per day	14/71
J7301	system (Skyla), 13.5 mg	08	081	72, 99		FP	\$834.99	No	each	once per day	N/A
37301	Etonogestrel (contraceptive) implant system,		001	72,33			7034.33	110	Cucii	once per day	14/71
J7307	including implant and supplies	01	010	22		FP	\$1,002.80	No	each	once per day	N/A
37307	Etonogestrel (contraceptive) implant system,		010				Ψ1,002.00	110	Cucii	once per day	14/71
J7307	including implant and supplies	08	080	50, 99		FP	\$1,002.80	No	each	once per day	N/A
	Etonogestrel (contraceptive) implant system,			-,			. ,				, :
J7307	including implant and supplies	08	081	72, 99		FP	\$1,002.80	No	each	once per day	N/A
	Replacement battery for external infusion pump		240, 241, 242,							30 per calendar	
K0604	owned by patient, lithium, 3.6 volt, each	24	243, 245	11, 12			\$4.87	No	each	month	N/A

	Replacement battery for external infusion pump		1						30 per calendar	
К0604	owned by patient, lithium, 3.6 volt, each	25	250	11, 12		\$4.87	No	each	month	N/A
110001	Replacement battery for external infusion pump		240, 241, 242,			, -			30 per calendar	
К0605	owned by patient, lithium, 4.5 volt, each	24	243, 245	11, 12		\$11.68	No	each	month	N/A
110000	Replacement battery for external infusion pump			,		7-2-00			30 per calendar	
К0605	owned by patient, lithium, 4.5 volt, each	25	250	11, 12		\$11.68	No	each	month	N/A
110000						7-2-00				
	Cervical, flexible, nonadjustable, prefabricated, off-		240, 241, 242,	11. 12. 21.					two per six	
L0120	the-shelf (foam collar)	24	243, 244, 245			\$24.61	Yes	each	months	N/A
	Cervical, flexible, nonadjustable, prefabricated, off-		, ,	11, 12, 21,		•			two per six	,
L0120	the-shelf (foam collar)	25	250, 251, 252			\$24.61	Yes	each	months	N/A
	, ,		, ,	,		, -				,
	Addition to cervical-thoracic-lumbar-sacral orthosis		240, 241, 242,	11, 12, 21,					per medical	
L1060	(CTLSO) or scoliosis orthosis, thoracic pad	24	243, 244, 245			\$105.94	Yes	each	necessity	N/A
				,		•			,	,
	Addition to cervical-thoracic-lumbar-sacral orthosis			11, 12, 21,					per medical	
L1060	(CTLSO) or scoliosis orthosis, thoracic pad	25	250, 251, 252			\$105.94	Yes	each	necessity	N/A
			240, 241, 242,	11, 12, 21,					per medical	
L2360	Addition to lower extremity, extended steel shank	24	243, 244, 245	31, 32	RT-LT	\$45.54	Yes	each	necessity	N/A
				11, 12, 21,					per medical	
L2360	Addition to lower extremity, extended steel shank	25	250, 251, 252	31, 32	RT-LT	\$45.54	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,		240, 241, 242,	11, 12, 21,					per medical	
L3000	UCB type, Berkeley shell, each	24	243, 244, 245	31, 32	RT-LT	\$288.60	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,			11, 12, 21,					per medical	
L3000	UCB type, Berkeley shell, each	25	250, 251, 252	31, 32	RT-LT	\$288.60	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,		240, 241, 242,	11, 12, 21,					per medical	
L3002	Plastazote or equal, each	24	243, 244, 245	31, 32	RT-LT	\$148.38	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,			11, 12, 21,					per medical	
L3002	Plastazote or equal, each	25	250, 251, 252	31, 32	 RT-LT	\$148.38	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,		240, 241, 242,	11, 12, 21,					per medical	
L3020	longitudinal/metatarsal support, each	24	243, 244, 245		RT-LT	\$182.26	Yes	each	necessity	N/A
	Foot insert, removable, molded to patient model,			11, 12, 21,					per medical	
L3020	longitudinal/metatarsal support, each	25	250, 251, 252	31, 32	RT-LT	\$182.26	Yes	each	necessity	N/A
				]						
	Foot, arch support, removable, premolded,		240, 241, 242,	11, 12, 21,					per medical	
L3050	metatarsal, each	24	243, 244, 245		RT-LT	\$43.23	Yes	each	necessity	N/A
	Foot, arch support, removable, premolded,			11, 12, 21,					per medical	
L3050	metatarsal, each	25	250, 251, 252	31, 32	RT-LT	\$43.23	Yes	each	necessity	N/A
			240, 241, 242,						per medical	
L3150	Foot, abduction rotation bar, without shoes	24	243, 244, 245	31, 32		\$74.78	Yes	each	necessity	N/A

			Τ	11, 12, 21,	I				I	per medical	
L3150	Foot, abduction rotation bar, without shoes	25	250, 251, 252	31, 32			\$74.78	Yes	each	necessity	N/A
L3150	FOOL, abduction rotation bar, without snoes	25	230, 231, 232	31, 32			\$74.78	res	each	Hecessity	IN/A
	5					F4 F0					
	Finger orthosis (FO), proximal interphalangeal					F1, F2,					
	(PIP)/distal interphalangeal (DIP), nontorsion					F4, F5,					
	joint/spring, extension/flexion, may include soft		240, 241, 242,			F7, F8,				1 per finger per	
L3925	interface material, prefabricated, off-the-shelf	24	243, 244, 245	31, 32		F9	\$43.28	Yes	each	365 days	N/A
	Finger orthosis (FO), proximal interphalangeal				FA,	F1, F2,					
	(PIP)/distal interphalangeal (DIP), nontorsion				F3,	F4, F5,					
	joint/spring, extension/flexion, may include soft			11, 12, 21,	F6,	F7, F8,				1 per finger per	
L3925	interface material, prefabricated, off-the-shelf	25	250, 251, 252	31, 32		F9	\$43.28	Yes	each	365 days	N/A
	Finger orthosis (FO), proximal interphalangeal										
	(PIP)/distal interphalangeal (DIP), without				FA,	F1, F2,					
	joint/spring, extension/flexion (e.g., static or ring					F4, F5,					
	type), may include soft interface material,		240, 241, 242,	11 12 21		F7, F8,				1 per finger per	
L3927	prefabricated, off-the-shelf	24	243, 244, 245		I	F9	\$29.23	Yes	each	365 days	N/A
L3927	Finger orthosis (FO), proximal interphalangeal	24	243, 244, 243	31, 32		13	\$25.25	163	eacii	303 days	IV/A
	(PIP)/distal interphalangeal (DIP), without				[ ]	<sub>-1</sub> <sub>-2</sub>					
	1 ' " ' "					F1, F2,					
	joint/spring, extension/flexion (e.g., static or ring					F4, F5,					
	type), may include soft interface material,			11, 12, 21,		F7, F8,				1 per finger per	_
L3927	prefabricated, off-the-shelf	25	250, 251, 252	31, 32		F9	\$29.23	Yes	each	365 days	N/A
					FA,	F1, F2,					
	Finger orthosis (FO), without joints, may include soft				F3,	F4, F5,					
	interface, custom fabricated, includes fitting and		240, 241, 242,	11, 12, 21,	F6,	F7, F8,				1 per finger per	
L3933	adjustment	24	243, 244, 245	31, 32		F9	\$178.38	Yes	each	365 days	N/A
					FA,	F1, F2,					
	Finger orthosis (FO), without joints, may include soft				F3,	F4, F5,					
	interface, custom fabricated, includes fitting and			11, 12, 21,	F6,	F7, F8,				1 per finger per	
L3933	adjustment	25	250, 251, 252	31, 32		F9	\$178.38	Yes	each	365 days	N/A
					İ						
					FA.	F1, F2,					
	Finger orthosis (FO), nontorsion joint, may include					F4, F5,					
	soft interface, custom fabricated, includes fitting and		240, 241, 242,	11, 12, 21		F7, F8,				1 per finger per	
L3935	adjustment	24	243, 244, 245	31, 32		F9	\$184.70	Yes	each	365 days	N/A
23333	aujustinent	۷٦	2 13, 244, 243	51,52	<del>-  </del>	. ,	γ±0 <del>1</del> .70	103	Cacii	303 4433	IV/A
					_^	F1, F2,					
	Finger orthosis (FO), nontorsion joint, may include				II						
				11 12 24		F4, F5,				1	
	soft interface, custom fabricated, includes fitting and	a-		11, 12, 21,	I	F7, F8,		.,		1 per finger per	
L3935	adjustment	25	250, 251, 252	31, 32		F9	\$184.70	Yes	each	365 days	N/A
				,, ,, ,,							
		_	240, 241, 242,				4			per medical	
L4070	Replace proximal and distal upright for KAFO	24	243, 244, 245	31, 32	l R	T-LT	\$247.70	Yes	each	necessity	N/A

				11, 12, 21,			Γ			per medical	
L4070	Replace proximal and distal upright for KAFO	25	250, 251, 252			RT-LT	\$247.70	Yes	each	necessity	N/A
			1 , 1 , 1	, ,			72			,	,
	Foot drop splint, recumbent positioning device,		240, 241, 242,	11, 12, 21,						per medical	
L4398	prefabricated, off-the-shelf	24	243, 244, 245	31, 32		RT-LT	\$70.98	Yes	each	necessity	N/A
	Foot drop splint, recumbent positioning device,		, ,	11, 12, 21,			,			per medical	,
L4398	prefabricated, off-the-shelf	25	250, 251, 252			RT-LT	\$70.98	Yes	each	necessity	N/A
				,						,	•
			240, 241, 242,	11, 12, 21,						per medical	
L5706	Custom shaped protective cover, knee disarticulation	24	243, 244, 245	31, 32		RT-LT	\$984.98	Yes	each	necessity	N/A
	, , , , , , , , , , , , , , , , , , ,		1 ' '	11, 12, 21,						per medical	•
L5706	Custom shaped protective cover, knee disarticulation	25	250, 251, 252	31, 32		RT-LT	\$984.98	Yes	each	necessity	N/A
			240, 241, 242,							per medical	·
L7368	Lithium ion battery charger, replacement only	24	243, 245	11, 12	NU		\$464.58	Yes	each	necessity	N/A
	, , , ,									per medical	·
L7368	Lithium ion battery charger, replacement only	25	250	11, 12	NU		\$464.58	Yes	each	necessity	N/A
	Gelatin capsules or equivalent, for use with tracheo-										
	esophageal voice prosthesis, replacement only, per		240, 241, 242,							12 per calendar	
L8512	10	24	243, 245	11, 12			\$1.98	Yes	per 10	month	N/A
	Gelatin capsules or equivalent, for use with tracheo-										
	esophageal voice prosthesis, replacement only, per									12 per calendar	
L8512	10	25	250, 251, 252	11, 12			\$1.98	Yes	per 10	month	N/A
	Cleaning device used with tracheoesophageal voice										
	prosthesis, pipet, brush, or equal, replacement only,		240, 241, 242,								
L8513	each	24	243, 245	11, 12			\$4.78	Yes	each	eight per month	N/A
	Cleaning device used with tracheoesophageal voice										
	prosthesis, pipet, brush, or equal, replacement only,										
L8513	each	25	250, 251, 252	11, 12			\$4.78	Yes	each	eight per month	N/A
										one per R side	
										and one per L	
	Headset/headpiece for use with cochlear implant		240, 241, 242,							side, per 1825	
L8615	device, replacement	24	243, 244, 245	31, 32		RT-LT	\$415.17	Yes	each	days (5 years)	N/A
										one per R side	
										and one per L	
	Headset/headpiece for use with cochlear implant			11, 12, 21,						side, per 1825	
L8615	device, replacement	25	250, 251, 252	31, 32		RT-LT	\$415.17	Yes	each	days (5 years)	N/A
										one per R side	
										and one per L	
	Microphone for use with cochlear implant device,	_	240, 241, 242,				4.5.		_	side, per 1825	
L8616	replacement	24	243, 244, 245	31, 32		RT-LT	\$96.70	Yes	each	days (5 years)	N/A
										one per R side	
										and one per L	
10015	Microphone for use with cochlear implant device,	2-	250 251 255	11, 12, 21,			400 ==			side, per 1825	
L8616	replacement	25	250, 251, 252	31, 32		RT-LT	\$96.70	Yes	each	days (5 years)	N/A

	1		1	I						
									one per R side	
									and one per L	
	Transmitting coil for use with cochlear implant		240, 241, 242,						side, per 1825	_
L8617	device, replacement	24	243, 244, 245	31, 32	RT-LT	\$84.46	Yes	each	days (5 years)	N/A
									one per R side	
									and one per L	
	Transmitting coil for use with cochlear implant			11, 12, 21,					side, per 1825	
L8617	device, replacement	25	250, 251, 252	31, 32	RT-LT	\$84.46	Yes	each	days (5 years)	N/A
									one per R side	
	Transmitter cable for use with cochlear implant								and one per L	
	device or auditory osseointegrated device,		240, 241, 242,	11, 12, 21,					side, per 1825	
L8618	replacement	24	243, 244, 245	31, 32	RT-LT	\$24.13	Yes	each	days (5 years)	N/A
									one per R side	
	Transmitter cable for use with cochlear implant								and one per L	
	device or auditory osseointegrated device,			11, 12, 21,					side, per 1825	
L8618	replacement	25	250, 251, 252	31, 32	RT-LT	\$24.13	Yes	each	days (5 years)	N/A
	·					·			one per R side	•
									and one per L	
	Cochlear implant, external speech processor and		240, 241, 242,	11, 12, 21,					side, per 1825	
L8619	controller, integrated system, replacement	24	243, 244, 245	31, 32	RT-LT	\$7,853.57	Yes	each	days (5 years)	N/A
	, and a second s		-, , -	- , -		7.7000.0			one per R side	
									and one per L	
	Cochlear implant, external speech processor and			11, 12, 21,					side, per 1825	
L8619	controller, integrated system, replacement	25	250, 251, 252	31, 32	RT-LT	\$7,853.57	Yes	each	days (5 years)	N/A
20013	controller, integrated system, replacement	23	230, 231, 232	31, 32	1(1 21	ψη,033.37	103	Cucii	one per R side	14/73
									and one per L	
	Cochlear implant, external speech processor,		240, 241, 242,	11, 12, 21,					side, per 1825	
L8627	component, replacement	24	243, 244, 245	31, 32	RT-LT	\$6,706.04	Yes	each	days (5 years)	N/A
10027	соттронене, геріасетісті	24	243, 244, 243	31, 32	IVI-FI	70,700.04	163	eacii	one per R side	IN/A
									and one per L	
	Cochlear implant, external speech processor,			11, 12, 21,					side, per 1825	
L8627		25	250 251 252		DTIT	¢c 70c 04	Vaa	a a a b		N/A
L8027	component, replacement	25	250, 251, 252	31, 32	RT-LT	\$6,706.04	Yes	each	days (5 years)	IN/A
									one per R side	
	Cashlasa insalant automatic stratic		240 244 242	14 42 24					and one per L	
10555	Cochlear implant, external controller component,		240, 241, 242,		ST : -	44 4 45 45	.,		side, per 1825	
L8628	replacement	24	243, 244, 245	31, 32	RT-LT	\$1,143.49	Yes	each	days (5 years)	N/A
									one per R side	
									and one per L	
	Cochlear implant, external controller component,			11, 12, 21,				_	side, per 1825	
L8628	replacement	25	250, 251, 252	31, 32	RT-LT	\$1,143.49	Yes	each	days (5 years)	N/A
									one per R side	
									and one per L	
	Transmitting coil and cable, integrated, for use with		240, 241, 242,			_			side, per 1825	_
L8629	cochlear implant device, replacement	24	243, 244, 245	31, 32	RT-LT	\$164.82	Yes	each	days (5 years)	N/A

									one per R side and one per L	
	Transmitting coil and cable, integrated, for use with			11, 12, 21,					side, per 1825	
L8629	cochlear implant device, replacement	25	250, 251, 252	31, 32	RT-LT	\$164.82	Yes	each	days (5 years)	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	24	240, 241, 242, 243, 244, 245		RT-LT	\$3,953.96	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	25	250, 251, 252	11, 12, 21, 31, 32	RT-LT	\$3,953.96	Yes	each	one per R side and one per L side, per 1825 days (5 years)	N/A