THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A0090	HA	22	NON-EMERGENCY TRANSPORT(NON-ME	NA	$2.90
A0090	HI		TRANSPORTATION NON-MEDICAL MFP	NA	$0.31
A0090	HI	22	NON-EMERGENCY TRANSPORT PER MI	NA	$0.76
A0090	HI	52	DDD FI NONMCD PROVIDER TRANSPO	BY REPORT	BY REPORT
A0130			MAV - ONE WAY	$25.00	$5.00
A0420			AMBULANCE WAITING TIME 1 WAY O	NA	$2.50
A0422			AMB.OXYG.&SUPPLIES,LIFE SUST.S	NA	$12.00
A0422	TP		MAV - O2 - PER OCCURRENCE	NA	$12.00
A0424			EXTRA AMBULANCE ATTENDANT, ALS	BY REPORT	BY REPORT
A0425			GROUND MILEAGE PER MILE 15 OR	NA	$1.50
A0425	ET		GROUND MILEAGE EMERGENCY, PER	CONTRACT PRICING	NA
A0425	TP		PER LOADED MILE ONE WAY TRIP	NA	$3.00
A0425	UC		CLINIC TRANSPORT MILEAGE	NA	$4.76
A0425	22		GROUND MILEAGE PER MILE OVER 1	NA	$2.00
A0427	ET		AMBULANCE SERV, ADVANCED LIFE	CONTRACT PRICING	NA
A0428			AMB.SERV.BLS,NON-EMERG.TRANSP.	NA	$58.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A0429			AMB.SERV.BLS,EMERG.TRANS.NO AL	NA	$200.00
A0430			AIR AMBULANCE-FIXED WING	BY REPORT	BY REPORT
A0431			AIR AMBULANCE-ROTARY WING	NA	$2,676.55
A0433	ET		ADVANCED LIFE SUPPORT, LEVEL 2	CONTRACT PRICING	NA
A0434			SPECIALTY CARE TRANSPORT (SCT)	NA	$562.83
A0436			ROTARY WING AIR MILEAGE, PER S	NA	$16.40
A0998			AMBULANCE RESPONSE AND TREATME	NA	$58.00
A0999			UNLISTED AMBULANCE SERVICE	BY REPORT	BY REPORT
A4206			SYRINGE WITH NEEDLE, STERILE,	BY REPORT	BY REPORT
A4207			SYRINGE WITH NEEDLE,STERILE 2	BY REPORT	BY REPORT
A4208			SYRINGE WITH NEEDLE,STERILE 3	BY REPORT	BY REPORT
A4209			SYRINGE W/NEEDLE,STERILE 5CC O	BY REPORT	BY REPORT
A4210			NEEDLE FREE INJECTION DEVICE	BY REPORT	BY REPORT
A4211			SUPPLIES FOR SELF ADMINISTERED	BY REPORT	BY REPORT
A4212			HUBER-TYPE NEEDLE, EACH	BY REPORT	BY REPORT
A4213			SYRINGE,STERILE,20 CC OR GREAT	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4215			NEEDLE, STERILE, ANY SIZE, EAC	BY REPORT	BY REPORT
A4216			STERILE WATER, SALINE AND/OR D	NA	$0.43
A4217			STERILE WATER/SALINE, 500 ML	NA	$3.00
A4218			STERILE SALINE OR WATER, METER	BY REPORT	BY REPORT
A4222			INFUSION SUPPLIES FOR EXTERNAL	NA	$34.62
A4224			SUPPLIES FOR MAINTENANCE OF IN	NA	$15.50
A4225			SUPPLIES FOR EXTERNAL INSULIN	NA	$2.00
A4226			SUPPLIES FOR MAINTENANCE OF IN	BY REPORT	BY REPORT
A4230			INFUS. SET-EXT. INS.PUMP,CANUL	BY REPORT	BY REPORT
A4231			INFUS.SET-EXT.INSULIN PUMP-NEE	BY REPORT	BY REPORT
A4232			3CC STER.SYRINGE W/NEEDLE-EXT.	BY REPORT	BY REPORT
A4233			REPLACEMENT BATTERY, ALKALINE	$0.36	$0.12
A4234			REPLACEMENT BATTERY, ALKALINE,	$1.65	$0.53
A4235			REPLACEMENT BATTERY, LITHIUM,	$0.70	$0.34
A4236			REPLACEMENT BATTERY, SILVER OX	$0.81	$0.25
A4238			SUPPLY ALLOWANCE FOR ADJUNCTIV	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4239			SUPPLY ALLOWANCE FOR NON-ADJUN	NA	$183.15
A4244			ALCOHOL OR PEROXIDE, PER PINT	NA	$0.75
A4245			ALCOHOL WIPES, PER BOX	NA	$1.75
A4246			BETADINE OR PHISOHEX SOLN.PER	NA	$4.95
A4247			BETADINE OR IODINE SWABS/WIPE	$7.00	$1.40
A4250			URINE TEST STRIPS OR TABS (100	BY REPORT	BY REPORT
A4252			BLOOD KETONE TEST/REGEANT STRI	BY REPORT	BY REPORT
A4253			BLOOD GLUCSTRIPS 50 = 1 UNIT	$5.82	$7.39
A4256			NORMAL, LOW AND HIGH CALIBRAT	NA	$2.37
A4258			SPRING POWERED DEVICE FOR LANC	NA	$1.48
A4259			LANCETS, 100 = 1 UNIT	NA	$0.99
A4265			PARAFFIN	NA	$2.65
A4281			TUBING FOR BREAST PUMP, REPLAC	BY REPORT	BY REPORT
A4282			ADAPTER FOR BREAST PUMP, REPLA	BY REPORT	BY REPORT
A4283			CAP FOR BREAST PUMP BOTTLE, RE	BY REPORT	BY REPORT
A4284			BREAST SHIELD AND SPLASH PROTE	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4285			POLYCARBONATE BOTTLE FOR USE W	BY REPORT	BY REPORT
A4286			LOCKING RING FOR BREAST PUMP,	BY REPORT	BY REPORT
A4300			IMPLANTABLE VASCULAR ACCESS PO	BY REPORT	BY REPORT
A4305			DISP DRG DEL SYS AT 50ML OR GT	BY REPORT	BY REPORT
A4306			DISP DRG DEL SYS AT 5ML OR LES	BY REPORT	BY REPORT
A4310			INSERT TRAY W/O DRAIN BAG/CATH	NA	$6.61
A4311			TWO-WAY LATEX WITH COATING	NA	$12.03
A4312			2-WAY FOLEY INSERT TRAY W/O BA	NA	$14.64
A4313			3-WAY FOLEY INSERT TRAY W/O BA	NA	$17.35
A4314			INSERT TRAY 2-WY LATEX W/COATI	NA	$22.92
A4315			INSERT TRAY 2-WAY ALL SILICONE	NA	$24.65
A4316			INSERT TRAY 3-WAY FOLEY TYPE	NA	$25.74
A4320			BLADDER IRRIGATION TRAY	NA	$5.00
A4322			IRRIGATION SYRINGE,BULB,PISTON	NA	$2.50
A4326			MALE EXT CATH (INFLATE,FCPLTE)	NA	$8.41
A4327			FEMALE EXTER URIN COLLECT DEV	NA	$32.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4328			FEMALE EXT.URINARY COLLECT DEV	NA	$10.00
A4330			PERIANAL FECAL COLLECT. POUCH	NA	$5.58
A4331			EXTENSION DRAINAGE TUBING, ANY	NA	$3.04
A4332			LUBRICANT, INDIVIDUAL STERILE	NA	$0.11
A4333			URINARY CATHETER ANCHORING DEV	NA	$1.72
A4334			URINARY CATHETER ANCHORING DEV	NA	$4.70
A4335			INCONTINENCE SUPPLY, MISCELLAN	BY REPORT	BY REPORT
A4337			INCONTINENCE SUPPLY, RECTAL IN	BY REPORT	BY REPORT
A4338			INDWEL CATH.FOLEY TYP-2WAY LTX	NA	$8.14
A4340			INDWEL CATH.SPECIALTY TYPE	NA	$10.00
A4344			INDWELLING CATHETER, FOLEY TYP	NA	$12.99
A4346			INDWELLING CATHETER FOLEY TYPE	NA	$15.00
A4349			MALE EXTERNAL CATHETER, EACH	NA	$1.92
A4351			INTERMIT.URINARY CATH.STRAIGHT	NA	$1.65
A4352			INTERMIT URINARY CATH.COUDE TI	NA	$5.00
A4353			INTERMITTENT URINARY CATHETER	NA	$6.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4354			INSERTION TRAY W/ DRAIN BAG	NA	$9.00
A4355			3-WAY IRRIGATION SET FOR CATH	NA	$6.86
A4356			INCONTINENCE CLAMP	NA	$37.03
A4357			BEDSIDE DRAINAGE BAG	NA	$7.94
A4358			URINARY LEG BAG W/OR W/O TUBE	NA	$6.34
A4361			OSTOMY FACE PLATE	NA	$17.43
A4362			OSTOMY SKIN BARRIER	NA	$3.32
A4363			OSTOMY CLAMP, ANY TYPE, REPLAC	NA	$1.93
A4364			OSTOMY SKIN BOND OR CEMENT PER	NA	$2.81
A4366			OSTOMY VENT, ANY TYPE, EACH	NA	$1.23
A4367			OSTOMY BELT	NA	$7.03
A4368			OSTOMY FILTER, ANY TYPE, EACH	NA	$0.24
A4369			OSTOMY SKIN BARRIER, LIQUID PE	NA	$2.32
A4371			OSTOMY SKIN BARRIER, POWDER, P	NA	$3.49
A4372			OSTOMY SKIN BARRIER, SOLID 4X4	NA	$3.27
A4373			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4375			OSTOMY POUCH, DRAINABLE, WITH	NA	$15.99
A4376			OSTOMY POUCH, DRAINABLE, WITH	NA	$44.29
A4377			OSTOMY POUCH, DRAINABLE, FOR U	NA	$3.99
A4378			OSTOMY POUCH, DRAINABLE, FOR U	NA	$28.62
A4379			OSTOMY POUCH, URINARY, WITH FA	NA	$13.98
A4381			OSTOMY POUCH, URINARY, FOR USE	NA	$3.96
A4382			OSTOMY POUCH, URINARY, FOR USE	NA	$22.92
A4383			OSTOMY POUCH, URINARY, FOR USE	NA	$26.24
A4384			OSTOMY FACEPLATE EQUIVALENT, S	NA	$8.95
A4385			OSTOMY SKIN BARRIER, SOLID 4X4	NA	$4.74
A4387			OSTOMY POUCH, CLOSED, WITH BAR	NA	$2.09
A4388			OSTOMY POUCH, DRAINABLE, WITH	NA	$3.74
A4390			OSTOMY POUCH, DRAINABLE, WITH	NA	$8.23
A4391			OSTOMY POUCH, URINARY, WITH EX	NA	$6.58
A4392			OSTOMY POUCH, URINARY, WITH ST	NA	$7.61
A4393			OSTOMY POUCH, URINARY, WITH EX	NA	$8.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4394			OSTOMY DEODORANT FOR USE IN OS	NA	$2.42
A4395			OSTOMY DEODORANT FOR USE IN OS	NA	$0.04
A4396			OSTOMY BELT WITH PERISTOMAL HE	NA	$34.66
A4398			IRRIGATION SUPPLIES,BAG	NA	$13.20
A4399			OSTOMY IRRIGATION SUPPLY: CONE	NA	$11.72
A4400			IRRIGATION SET FOR IRRIGATION	NA	$24.61
A4402			OSTOMY LUBRICANT	NA	$1.08
A4404			OSTOMY RINGS	NA	$1.47
A4405			OSTOMY SKIN BARRIER, NON-PECTI	NA	$3.26
A4406			OSTOMY SKIN BARRIER, PECTIN-BA	NA	$5.47
A4407			OSTOMY SKIN BARRIER, WITH FLAN	NA	$6.83
A4408			OSTOMY SKIN BARRIER, WTIH FLAN	NA	$7.69
A4409			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.84
A4410			OSTOMY SKIN BARRIER, WITH FLAN	NA	$7.05
A4411			OSTOMY SKIN BARRIER, SOLID 4X4	NA	$4.87
A4412			OSTOMY POUCH, DRAINABLE, HIGH	NA	$2.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4413			OSTOMY POUCH, DRAINABLE, HIGH	NA	$5.13
A4414			OSTOMY SKIN BARRIER, WITH FLAN	NA	$3.84
A4415			OSTOMY SKIN BARRIER, WITH FLAN	NA	$4.67
A4416			OSTOMY POUCH, CLOSED, WITH BAR	NA	$2.56
A4417			OSTOMY POUCH, CLOSED, WITH BAR	NA	$3.19
A4418			OSTOMY POUCH, CLOSED: WITHOUT	NA	$1.69
A4419			OSTOMY POUCH, CLOSED: FOR USE	NA	$1.48
A4421			OSTOMY SUPPLY, MISCELLANEOUS	BY REPORT	BY REPORT
A4422			OSTOMY ABSORBENT MATERIAL (SHE	NA	$0.11
A4423			OSTOMY POUCH, CLOSED: FOR USE	NA	$1.73
A4424			OSTOMY POUCH, DRAINABLE, WITH	NA	$4.43
A4425			OSTOMY POUCH, DRAINABLE: FOR U	NA	$3.33
A4426			OSTOMY POUCH, DRAINABLE: FOR U	NA	$2.54
A4427			OSTOMY POUCH, DRAINABLE: FOR U	NA	$2.60
A4428			OSTOMY POUCH, URINARY, WITH EX	NA	$6.07
A4429			OSTOMY POUCH, URINARY, WITH BA	NA	$7.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4430			OSTOMY POUCH, URINARY, WITH EX	NA	$7.93
A4431			OSTOMY POUCH, URINARY: WITH BA	NA	$5.78
A4432			OSTOMY POUCH, URINARY: FOR USE	NA	$3.34
A4433			OSTOMY POUCH, URINARY: FOR USE	NA	$3.12
A4434			OSTOMY POUCH, URINARY: FOR USE	NA	$3.50
A4435			OSTOMY POUCH, DRAINABLE, HIGH	NA	$4.70
A4436			IRRIGATION SUPPLY: SLEEVE, REU	NA	$16.42
A4437			IRRIGATION SUPPLY: SLEEVE, DIS	NA	$16.42
A4450			TAPE, NON-WATERPROOF, PER 18 S	$0.07	$0.01
A4452			TAPE, WATERPROOF, PER 18 SQUAR	$0.29	$0.06
A4455			ADHESIVE REMOVER OR SOLVENT	NA	$1.09
A4456			ADHESIVE REMOVER, WIPES, ANY T	NA	$0.20
A4465			NON-ELASTIC BINDER FOR EXTREMI	BY REPORT	BY REPORT
A4467			BELT, STRAP, SLEEVE, GARMENT,	BY REPORT	BY REPORT
A4470			GRAVLEE JET WASHER	BY REPORT	BY REPORT
A4480			VABRA ASPIRATOR	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4483			MOISTURE EXCHANGER, DISPOSABLE	BY REPORT	BY REPORT
A4550			SURGICAL TRAYS	BY REPORT	BY REPORT
A4554			DISPOSABLE UNDERPADS-ALL SIZES	$0.31	$0.06
A4556			ELECTRODES (E.G. APNEA MONITOR	NA	$9.46
A4557			LEAD WIRES (APNEA MONITOR)	NA	$6.84
A4558			CONDUCTIVE PASTE OR GEL	NA	$4.25
A4561			PESSARY, REUSABLE, RUBBER, ANY	NA	$15.55
A4562			PESSARY, REUSABLE, NON RUBBER,	NA	$38.71
A4563			RECTAL CONTROL SYSTEM FOR VAGI	NA	$88.41
A4565			SLINGS	NA	$6.00
A4566			SHOULDER SLING OR VEST DESIGN,	BY REPORT	BY REPORT
A4570			SPLINT	BY REPORT	BY REPORT
A4575			TOPICAL HYPERBARIC OXY.CHAMBER	BY REPORT	BY REPORT
A4595			TENS SUPPLIES,2 LEAD, PER MONT	NA	$8.05
A4604			TUBING WITH INTEGRATED HEATING	NA	$27.32
A4605			TRACHEAL SUCTION CATHETER, CLO	$12.92	$2.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4606			OXYGEN PROBE FOR USE WITH OXIM	NA	$35.44
A4611			HVY DTY BATTERY-PT.OWNED VENIT	NA	$180.00
A4612			BATTERY CABLES-PT.OWNED VENTIL	NA	$44.00
A4613			BATT CHARGER-REPLAE FOR PAT. O	BY REPORT	BY REPORT
A4614			PEAK EXPIR FLOW RATE METER HAN	NA	$18.53
A4615			NASAL CANNULA	NA	$0.70
A4616			TUBING (OXYGEN) PER FOOT	NA	$0.05
A4617			MOUTH PIECE	NA	$2.96
A4618			BREATHING CIRCUITS	$7.11	$1.42
A4619			FACE TENT	$0.97	$0.19
A4620			VARIABLE CONCENTRATION MASK	NA	$0.57
A4623			TRACHEOSTOMY,INNER CANNULA(REP	NA	$6.00
A4624			TRACHEAL SUCTION CATHETER,EACH	NA	$2.00
A4625			TRACHEOSTOMY CARE STARTER KIT	NA	$6.62
A4626			TRACHEOSTOMY CLEANING BRUSH,EA	NA	$3.00
A4627			INHALER SPACER BAG RESERVOIR/M	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4628			ORAL AND/OR OROPHARYNGEAL SUCT	NA	$3.49
A4629			TRACHEOSTOMY CARE KIT-ESTAB. T	NA	$3.62
A4630			REPLACEMENT BATTERIES, MEDICA	NA	$4.42
A4635			UNDERARM REPLACE CRUTCH PAD, E	$3.99	$0.80
A4636			HANDGRIP REPLACEMENT, ANY, EAC	$2.07	$0.41
A4637			TIP REPLACEMENT, ANY EACH	$1.16	$0.23
A4640			REPLACE PAD ALTERNATING PRES P	$34.69	$6.94
A4649			SURGICAL SUPPLIES--MISCELLAN	BY REPORT	BY REPORT
A4651			CALIBRATED MICROCAPILLARY TUBE	BY REPORT	BY REPORT
A4652			MICROCAPILLARY TUBE SEALANT	BY REPORT	BY REPORT
A4653			PERITONEAL DIALYSIS CATHETER A	BY REPORT	BY REPORT
A4657			SYRINGE, WITH OR WITHOUT NEEDL	BY REPORT	BY REPORT
A4660			BLOOD PRES KIT INCLUDING CUFF/	NA	$84.50
A4663			BLOOD PRESSURE CUFF ONLY	NA	$84.50
A4670			AUTO BLOOD PRESSURE MONITOR	BY REPORT	BY REPORT
A4671			DISPOSABLE CYCLER SET USED WIT	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4672			DRAINAGE EXTENSION LINE, STERI	BY REPORT	BY REPORT
A4673			EXTENSION LINE WITH EASY LOCK	BY REPORT	BY REPORT
A4674			CHEMICALS/ANTISEPTICS SOLUTION	BY REPORT	BY REPORT
A4680			ACTIVATED CARBON FILTERS DIALY	BY REPORT	BY REPORT
A4690			ARTIFICIAL KIDNEY ANY BND SZ /	BY REPORT	BY REPORT
A4706			BICARBONATE CONCENTRATE, SOLUT	BY REPORT	BY REPORT
A4707			BICARBONATE CONCENTRATE, POWDE	BY REPORT	BY REPORT
A4708			ACETATE CONCENTRATE SOLUTION,	BY REPORT	BY REPORT
A4709			ACID CONCENTRATE, SOLUTION, FO	BY REPORT	BY REPORT
A4714			TREATED DIALYSIS WATER	BY REPORT	BY REPORT
A4719			"Y SET" TUBING FOR PERITONEAL	BY REPORT	BY REPORT
A4720			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4721			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4722			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4723			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4724			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4725			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4726			DIALYSATE SOLUTION, ANY CONCEN	BY REPORT	BY REPORT
A4730			FISTULA CANNULATION SET FOR DI	BY REPORT	BY REPORT
A4736			TOPICAL ANESTHETIC, FOR DIALYS	BY REPORT	BY REPORT
A4737			INJECTABLE ANESTHETIC, FOR DIA	BY REPORT	BY REPORT
A4740			SHUNT ACCESSORIES-DIALYSIS	BY REPORT	BY REPORT
A4750			BLOOD TUBING,ARTERIAL/VENOUS	BY REPORT	BY REPORT
A4755			BLD TUBING ARTERIAL/VENOUS COM	BY REPORT	BY REPORT
A4760			STD DIALYSATE TEST SLN SUPP	BY REPORT	BY REPORT
A4765			DIALYSATE CONCENTRATE ADDITIVE	BY REPORT	BY REPORT
A4766			DIALYSATE CONCENTRATE, SOLUTIO	BY REPORT	BY REPORT
A4770			BLD TEST SUPPLIES (VACUTAIN)	BY REPORT	BY REPORT
A4771			SERUM CLOTTING TIME TUBE/BOX	BY REPORT	BY REPORT
A4772			DEXTROSTICK NOT FOR MONITOR US	BY REPORT	BY REPORT
A4773			HEMOSTIX PER BOTTLE	BY REPORT	BY REPORT
A4774			AMONNIA TEST PAPER, PER BOX	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A4802			PROTAMINE SULFATE, FOR HEMODIA	BY REPORT	BY REPORT
A4860			DISPOSABLE CATHETER CAPS	BY REPORT	BY REPORT
A4911			DRAIN BAG/BOTTLE, FOR DIALYSIS	BY REPORT	BY REPORT
A4913			MISCELLANEOUS DIALYSIS SUPPLI	BY REPORT	BY REPORT
A4918			VENOUS PRESSURE CLAMPS, EACH	BY REPORT	BY REPORT
A4927			GLOVES, NON-STERILE, PER 100	$9.00	$1.80
A4928			SURGICAL MASK, PER 20	BY REPORT	BY REPORT
A4929			TOURNIQUET FOR DIALYSIS, EACH	BY REPORT	BY REPORT
A4930			GLOVES--STERILE, PER PAIR	$0.60	$0.12
A5051			CLOSED POUCH W/ATTACED BARRIER	NA	$1.97
A5052			CLOSED POUCH W/O ATTACH BARRIE	NA	$1.42
A5053			CLOSED POUCH-USE ON FACEPLATE	NA	$1.65
A5054			CLOSED POUCH-USE ON BARRIER W/	NA	$1.72
A5055			STOMA CAP	NA	$1.35
A5056			OSTOMY POUCH, DRAINABLE, WITH	NA	$3.81
A5057			OSTOMY POUCH, DRAINABLE, WITH	NA	$7.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A5061			DRAIN POUCH W/ATTACH BARRIER-1	NA	$3.37
A5062			DRAIN POUCH W/O ATTACH BARRIER	NA	$2.14
A5063			PCH/DRAIN:ON BARRIER W/FL 2PC	NA	$2.58
A5071			URINARY POUCHE W/BARRIER-1PC	NA	$5.74
A5072			URINARY POUCH W/O BARRIER-1PC	NA	$3.37
A5073			URINARY POUCH-USE ON BARR W/FG	NA	$3.04
A5081			STOMA PLUG OR SEAL, ANY TYPE	NA	$3.16
A5082			CATHERTER FOR CONTINENT STOMA	NA	$11.00
A5083			CONTINENT DEVICE, STOMA ABSORP	NA	$0.52
A5093			CONVEX OSTOMY INSERT	NA	$1.65
A5102			BEDSIDE DRAINAGE BOTTLE/RIGID	NA	$21.39
A5105			URINARY SUSPENSORY WITH LEG BA	NA	$31.90
A5112			URINARY DRAINAGE BAG, LEG OR A	NA	$7.12
A5113			LATEX LEG STRAP,PER SET	NA	$4.00
A5114			FOAM/FABRIC LEG STRAP,PER SET	NA	$8.95
A5120			SKIN BARRIER, WIPES OR SWABS,	$0.15	$0.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A5121			SOLID SKIN BARRIER,6X6,EACH	NA	$6.26
A5122			SOLID SKIN BARRIER,8X8,EACH	NA	$10.42
A5126			ADHESIVE,DISC OR FOAM PAD	NA	$1.25
A5131			APPLIANCE CLEANER PER 16OZ.	NA	$15.14
A5200			CATHETER/TUBE ANCHORING DEVICE	NA	$8.81
A5514			FOR DIABETICS ONLY, MULTIPLE D	NA	$31.54
A6010			COLLAGEN BASED WOUND FILLER, D	NA	$24.14
A6011			COLLAGEN BASED WOUND FILLER, G	NA	$1.78
A6021			COLLAGEN DRESSING, STERILE, SI	NA	$16.38
A6022			COLLAGEN DRESSING, STERILE, SI	NA	$16.38
A6023			COLLAGEN DRESSING, STERILE, SI	NA	$148.30
A6024			COLLAGEN DRESSING WOUND FILLER	NA	$4.82
A6154			WOUND POUCH EACH	NA	$11.21
A6196			ALGINATE OR OTHER FIBER GELLIN	NA	$5.73
A6197			ALGINATE OR OTHER FIBER GELLIN	NA	$12.81
A6198			ALGINATE OR OTHER FIBER GELLIN	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6199			ALGINATE OR OTHER FIBER GELLIN	NA	$4.12
A6203			COMPOSITE DRESSING, STERILE, P	NA	$2.63
A6204			COMPOSITE DRESSING, STERILE, P	NA	$4.85
A6205			COMPOSITE DRESSING, STERILE, P	BY REPORT	BY REPORT
A6206			CONTACT LAYER, STERILE, 16 SQ.	BY REPORT	BY REPORT
A6207			CONTACT LAYER, STERILE, MORE T	NA	$6.17
A6208			CONTACT LAYER, STERILE, MORE T	BY REPORT	BY REPORT
A6209			FOAM DRESSING, WOUND COVER, ST	NA	$5.82
A6210			FOAM DRESSING, WOUND COVER, ST	NA	$15.53
A6211			FOAM DRESSING, WOUND COVER, ST	NA	$22.89
A6212			FOAM DRESSING, WOUND COVER, ST	NA	$7.57
A6213			FOAM DRESSING, WOUND COVER, ST	BY REPORT	BY REPORT
A6214			FOAM DRESSING, WOUND COVER, ST	NA	$8.02
A6215			FOAM DRESSING, WOUND FILLER, S	BY REPORT	BY REPORT
A6216			GAUZE NON-IMP.NON=STER <16"W/O	NA	$0.04
A6217			GAUZE NON-IMP/STER.NO BDR.>16<	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6218			GAUZE NON-IMP/STER.NO BRD >48S	BY REPORT	BY REPORT
A6219			GAUZE, NON-IMPREGNATED, STERIL	NA	$0.75
A6220			GAUZE, NON-IMPREGNATED, STERIL	NA	$2.02
A6221			GAUZE, NON-IMPREGNATED, STERIL	BY REPORT	BY REPORT
A6222			GAUZE, IMPREGNATED WITH OTHER	NA	$1.66
A6223			GAUZE, IMPREGNATED WITH OTHER	NA	$1.89
A6224			GAUZE, IMPREGNATED WITH OTHER	NA	$2.81
A6228			GAUZE, IMPREGNATED, WATER OR N	BY REPORT	BY REPORT
A6229			GAUZE, IMPREGNATED, WATER OR N	NA	$2.81
A6230			GAUZE, IMPREGNATED, WATER OR N	BY REPORT	BY REPORT
A6234			HYDROCOLLOID DRESSING, WOUND C	NA	$5.10
A6235			HYDROCOLLOID DRESSING, WOUND C	NA	$13.10
A6236			HYDROCOLLOID DRESSING, WOUND C	NA	$21.24
A6237			HYDROCOLLOID DRESSING, WOUND C	NA	$6.17
A6238			HYDROCOLLOID DRESSING, WOUND C	NA	$17.77
A6239			HYDROCOLLOID DRESSING, WOUND C	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6240			HYDROCOLLOID DRESSING, WOUND F	NA	$9.54
A6241			HYDROCOLLOID DRESSING, WOUND F	NA	$2.00
A6242			HYDROGEL DRESSING, WOUND COVER	NA	$4.73
A6243			HYDROGEL DRESSING, WOUND COVER	NA	$9.60
A6244			HYDROGEL DRESSING, WOUND COVER	NA	$30.61
A6245			HYDROGEL DRESSING, WOUND COVER	NA	$5.66
A6246			HYDROGEL DRESSING, WOUND COVER	NA	$7.74
A6247			HYDROGEL DRESSING, WOUND COVER	NA	$18.53
A6248			HYDROGEL DRESSING, WOUND FILLE	NA	$12.66
A6250			SKIN SEAL PROT.MOIST.ALL TYPES	BY REPORT	BY REPORT
A6251			SPECIALTY ABSORPTIVE DRESSING,	NA	$1.55
A6252			SPECIALTY ABSORPTIVE DRESSING,	NA	$2.54
A6253			SPECIALTY ABSORPTIVE DRESSING,	NA	$4.94
A6254			SPECIALTY ABSORPTIVE DRESSING,	NA	$0.94
A6255			SPECIALTY ABSORPTIVE DRESSING,	NA	$2.37
A6256			SPECIALTY ABSORPTIVE DRESSING,	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6257			TRANSPARENT FILM, STERILE, 16	NA	$1.20
A6258			TRANSPARENT FILM, STERILE, MOR	NA	$3.36
A6259			TRANSPARENT FILM, STERILE, MOR	NA	$8.53
A6260			WOUND CLEANSERS, ANY TYPE, ANY	BY REPORT	BY REPORT
A6261			WOUND FILLER, GEL/PASTE, PER	BY REPORT	BY REPORT
A6262			WOUND FILLER, DRY FORM, PER GR	BY REPORT	BY REPORT
A6266			GAUZE, IMPREGNATED, OTHER THAN	NA	$1.50
A6402			GAUZE,NONIMPREG.STER.<=16",W/O	NA	$0.09
A6403			GAUZE,NONIMP.STER.>16<=48 NO B	NA	$0.33
A6404			GAUZE,NONIMP,STER.>48 SQ.IN.NO	BY REPORT	BY REPORT
A6413			ADHESIVE BANDAGE, FIRST-AID TY	BY REPORT	BY REPORT
A6441			PADDING BANDAGE, NON-ELASTIC,	NA	$0.65
A6442			CONFORMING BANDAGE, NON-ELASTI	NA	$0.13
A6443			CONFORMING BANDAGE, NON-ELASTI	NA	$0.24
A6444			CONFORMING BANDAGE, NON-ELASTI	NA	$0.43
A6445			CONFORMING BANDAGE, NON-ELASTI	NA	$0.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6446			CONFORMING BANDAGE, NON-ELASTI	NA	$0.32
A6447			CONFORMING BANDAGE, NON-ELASTI	NA	$0.53
A6448			LIGHT COMPRESSION BANDAGE, ELA	NA	$0.90
A6449			LIGHT COMPRESSION BANDAGE, ELA	NA	$1.48
A6450			LIGHT COMPRESSION BANDAGE, ELA	NA	$1.37
A6457			TUBULAR DRESSING WITH OR WITHO	NA	$1.09
A6501			COMPRESSION BURN GARMENT, BODY	BY REPORT	BY REPORT
A6502			COMPRESSION BURN GARMENT, CHIN	BY REPORT	BY REPORT
A6503			COMPRESSION BURN GARMENT, FACI	BY REPORT	BY REPORT
A6504			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6505			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6506			COMPRESSION BURN GARMENT, GLOV	BY REPORT	BY REPORT
A6507			COMPRESSION BURN GARMENT, FOOT	BY REPORT	BY REPORT
A6508			COMPRESSION BURN GARMENT, FOOT	BY REPORT	BY REPORT
A6509			COMPRESSION BURN GARMENT, UPPE	BY REPORT	BY REPORT
A6510			COMPRESSION BURN GARMENT, TRUN	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6511			COMPRESSION BURN GARMENT, LOWE	BY REPORT	BY REPORT
A6512			COMPRESSION BURN GARMENT, NOT	BY REPORT	BY REPORT
A6513			COMPRESSION BURN MASK, FACE AN	BY REPORT	BY REPORT
A6530			GRADIENT COMPRESSION STOCKING,	NA	$25.85
A6531			GRADIENT COMPRESSION STOCKING,	$33.12	$6.36
A6532			GRADIENT COMPRESSION STOCKING,	$46.66	$8.96
A6533			GRADIENT COMPRESSION STOCKING,	NA	$36.30
A6534			GRADIENT COMPRESSION STOCKING,	NA	$41.45
A6535			GRADIENT COMPRESSION STOCKING,	NA	$47.73
A6536			GRADIENT COMPRESSION STOCKING,	NA	$48.94
A6537			GRADIENT COMPRESSION STOCKING,	NA	$58.02
A6538			GRADIENT COMPRESSION STOCKING,	NA	$67.93
A6539			GRADIENT COMPRESSION STOCKING,	NA	$64.76
A6540			GRADIENT COMPRESSION STOCKING,	NA	$77.21
A6541			GRADIENT COMPRESSION STOCKING,	NA	$91.46
A6544			GRADIENT COMPRESSION STOCKING,	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A6545			GRADIENT COMPRESSION WRAP, NON	BY REPORT	BY REPORT
A6549			GRADIENT COMPRESSION GARMENT,	BY REPORT	BY REPORT
A6550			WOUND CARE SET, FOR NEGATIVE P	NA	$21.01
A6590			EXTERNAL URINARY CATHETERS: DI	NA	$291.48
A6591			EXTERNAL URINARY CATHETER: NON	NA	$59.28
A7000			CANISTER, DISPOSABLE, USED WIT	$6.03	$1.21
A7001			CANISTER, NON-DISPOSABLE, USED	$23.86	$4.77
A7002			TUBING, USED WITH SUCTION PUMP	$2.77	$0.55
A7003			ADMINISTRATION SET, WITH SMALL	$1.16	$0.44
A7004			SMALL VOLUME NONFILTERED PNEUM	$1.22	$0.24
A7005			ADMINISTRATION SET, WITH SMALL	$8.27	$4.45
A7006			ADMINISTRATION SET, WITH SMALL	$6.51	$1.30
A7007			LARGE VOLUME NEBULIZER, DISPOS	$2.36	$0.64
A7008			LARGE VOLUME NEBULIZER, DISPOS	$8.80	$1.76
A7009			RESERVOIR BOTTLE, NON-DISPOSAB	$30.32	$6.06
A7010			CORRUGATED TUBING, DISPOSABLE,	$11.75	$3.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A7012			WATER COLLECTION DEVICE, USED	$2.13	$0.57
A7013			FILTER, DISPOSABLE, USED WITH	$0.42	$0.12
A7014			FILTER, NONDISPOSABLE, USED WI	$2.51	$0.65
A7015			AEROSOL MASK, USED WITH DME NE	$0.94	$0.26
A7016			DOME AND MOUTHPIECE, USED WITH	$5.22	$1.04
A7018			WATER, DISTILLED, USED WITH LA	NA	$0.27
A7020			INTERFACE FOR COUGH STIMULAT D	NA	$10.99
A7027			COMBINATION ORAL/NASAL MASK, U	$77.76	$15.82
A7027	HI		ASSISTIVE TECHNOLOGY DEVICES M	$11,000.00	$1,320.00
A7028			ORAL CUSHION FOR COMBINATION O	NA	$22.03
A7029			NASAL PILLOWS FOR COMBINATION	NA	$10.50
A7030			FULL FACE MASK USED WITH POSIT	NA	$61.16
A7031			FACE MASK INTERFACE, REPLACEME	NA	$27.77
A7032			CUSHION FOR USE ON NASAL MASK	NA	$15.41
A7033			PILLOW FOR USE ON NASAL CANNUL	$12.03	$4.55
A7034			NASAL INTERFACE (MASK OR CANNU	$42.39	$18.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A7035			HEADGEAR USED WITH POSITIVE AI	$14.32	$5.67
A7036			CHINSTRAP USED WITH POSITIVE A	$8.09	$2.91
A7037			TUBING USED WITH POSITIVE AIRW	$9.33	$6.27
A7038			FILTER, DISPOSABLE, USED WITH	$1.65	$0.73
A7039			FILTER, NON DISPOSABLE, USED W	$4.74	$2.45
A7046			WATER CHAMBER FOR HUMIDIFIER,	NA	$10.47
A7047			ORAL INTERFACE USED WITH RESPI	NA	$95.26
A7048			VACUUM DRAINAGE COLLECTION UNI	NA	$33.66
A7049			EXPIRATORY POSITIVE AIRWAY PRE	BY REPORT	BY REPORT
A7520			TRACHEOSTOMY/LARYNGECTOMY TUBE	NA	$45.35
A7521			TRACHEOSTOMY/LARYNGECTOMY TUBE	NA	$44.93
A7522			TRACHEOSTOMY/LARYNGECTOMY TUBE	NA	$43.13
A7525			TRACHEOSTOMY MASK, EACH	NA	$1.97
A7526			TRACHEOSTOMY TUBE COLLAR/HOLDE	NA	$3.24
A7527			TRACHEOSTOMY/LARYNGECTOMY TUBE	NA	$3.42
A8000			HELMET, PROTECTIVE, SOFT, PREF	$120.83	$14.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A8001			HELMET, PROTECTIVE, HARD, PREF	$120.83	$14.50
A8002			HELMET, PROTECTIVE, SOFT, CUST	BY REPORT	BY REPORT
A8003			HELMET, PROTECTIVE, HARD, CUST	BY REPORT	BY REPORT
A8004			SOFT INTERFACE FOR HELMET, REP	BY REPORT	BY REPORT
A9155			ARTIFICIAL SALIVA, 30 ML	BY REPORT	BY REPORT
A9274			EXTERNAL AMBULATORY INSULIN DE	BY REPORT	BY REPORT
A9276			SENSOR: INVASIVE (E.G., SUBCUT	BY REPORT	BY REPORT
A9277			TRANSMITTER: EXTERNAL, FOR USE	BY REPORT	BY REPORT
A9278			RECEIVER (MONITOR): EXTERNAL,	BY REPORT	BY REPORT
A9282			WIG, ANY TYPE, EACH	BY REPORT	BY REPORT
A9283			FOOT PRESSURE OFF LOADING/SUPP	BY REPORT	BY REPORT
A9284			SPIROMETER, NON-ELECTRONIC, IN	$10.08	$2.02
A9500			TECHNETIUM TC-99M SESTAMIBI, D	$112.09	$13.45
A9502			TECHNETIUM TC-99M TETROFOSMIN,	$111.49	$13.38
A9503			TECHNETIUM TC-99M MEDRONATE, D	NA	$15.64
A9515			CHOLINE C-11, DIAGNOSTIC, PER	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A9520			TECHNETIUM TC-99M TILMANOCEPT	BY REPORT	BY REPORT
A9552			FLUORODEOXYGLUCOSE F-18 FDG, D	BY REPORT	BY REPORT
A9573			INJECTION, GADOPICLENOL, 1 ML	BY REPORT	BY REPORT
A9575			INJECTION, GADOTERATE MEGLUMIN	NA	$0.11
A9576			INJECTION, GADOTERIDOL, (PROHA	$1.03	$0.88
A9577			INJECTION, GADOBENATE DIMEGLUM	$1.31	$1.12
A9579			INJECTION, GADOLINIUM-BASED MA	$1.12	$0.95
A9581			INJECTION, GADOXETATE DISODIUM	NA	$10.29
A9582			IODINE I-123 IOBENGUANE, DIAGN	BY REPORT	BY REPORT
A9583			INJECTION, GADOFOSVESET TRISOD	BY REPORT	BY REPORT
A9584			IODINE 1-123 IOFLUPANE, DIAGNO	BY REPORT	BY REPORT
A9585			INJECTION, GADOBUTROL, 0.1 ML	NA	$0.24
A9591			FLUOROESTRADIOL F 18, DIAGNOST	BY REPORT	BY REPORT
A9592			COPPER CU-64, DOTATATE, DIAGNO	BY REPORT	BY REPORT
A9593			GALLIUM GA-68 PSMA-11, DIAGNOS	BY REPORT	BY REPORT
A9594			GALLIUM GA-68 PSMA-11, DIAGNOS	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
A9595			PIFLUFOLASTAT F-18, DIAGNOSTIC	BY REPORT	BY REPORT
A9596			GALLIUM GA-68 GOZETOTIDE, DIAG	BY REPORT	BY REPORT
A9597			POSITRON EMISSION TOMOGRAPHY R	BY REPORT	BY REPORT
A9601			FLORTAUCIPIR F 18 INJECTION, D	BY REPORT	BY REPORT
A9602			FLUORODOPA F-18, DIAGNOSTIC, P	BY REPORT	BY REPORT
A9604			SAMARIUM SM-153 LEXIDRONAM, TH	BY REPORT	BY REPORT
A9606			RADIUM RA-223 DICHLORIDE, THER	NA	$112.68
A9607			LUTETIUM LU 177 VIPIVOTIDE TET	BY REPORT	BY REPORT
A9697			INJECTION, CARBOXYDEXTRAN-COAT	BY REPORT	BY REPORT
A9800			GALLIUM GA-68 GOZETOTIDE, DIAG	BY REPORT	BY REPORT
A9900			MISCELLANEOUS DME SUPPLY, ACCE	BY REPORT	BY REPORT
B4034			ENTERAL FEEDING SUPPLY KIT: SY	NA	$150.00
B4035			ENTERAL FEEDING SUPPLY KIT: P	NA	$275.00
B4036			ENTERAL FEEDING SUPPLY KIT: GR	NA	$195.00
B4081			NASOGASTRIC TUBING WITH STYLET	NA	$16.75
B4082			NASOGASTRIC TUBING WITHOUT STY	NA	$12.98

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
B4083			STOMACH TUBE - LEVINE TYPE	NA	$1.90
B4087			GASTROSTOMY/JEJUNOSTOMY TUBE,	NA	$20.04
B4088			GASTROSTOMY/JEJUNOSTOMY TUBE,	NA	$22.62
B4100			FOOD THICKENER, ADMINISTERED O	BY REPORT	BY REPORT
B4103			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4150			ENTERAL FORMULA, NUTRITIONALLY	NA	$0.51
B4152			ENTERAL FORMULA, NUTRITIONALLY	NA	$0.43
B4153			ENTERAL FORMULA, NUTRITIONALLY	NA	$1.50
B4154			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4155			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4157			ENTERAL FORMULA, NUTRITIONALLY	BY REPORT	BY REPORT
B4158			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4159			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4160			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4161			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT
B4162			ENTERAL FORMULA, FOR PEDIATRIC	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
B4164			50% DEXTROSE SOLUTION, (500 ML	NA	$13.26
B4168			AMINO ACID 3.5% HOMEMIX-500ML=	NA	$18.59
B4172			AMINO ACID 5.5%TO7% HOMEMIX/50	NA	$30.50
B4176			AMINO ACID 7%TO8.5% HOMEMIX/50	NA	$43.22
B4178			AMINO ACID GREATER 8.5%-500ML/	NA	$43.22
B4180			IV NUTR.SOL.CARBO.>50%--500ML	NA	$18.30
B4185			PARENTERAL NUTRITION SOLUTION,	NA	$9.51
B4187			OMEGAVEN, 10 GRAMS LIPIDS	NA	$9.51
B4189			PARENTERAL NUTR.SOL.COMPOUND 1	NA	$133.50
B4193			PAREN NUTRI SOLN 52-73 GM PROT	NA	$172.50
B4197			PAREN NUTRI SOLN 74 TO 100 GM-	NA	$210.00
B4199			TPN SOL-PREMIX:>100GRAMS PROTI	NA	$252.69
B4216			IV NUTRIT:ADDITIVES--HOMEMIX-P	NA	$6.73
B4220			IV NUTRITIONAL SUPPLY KIT-1 MO	NA	$182.98
B4222			IV NUTRITIONAL SUPPLY KIT-1MO-	NA	$283.25
B4224			PARENTERAL NUTRI ADMIN KIT PER	NA	$600.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
B5000			PARENTERAL NUTRITION SOLUTION	NA	$9.28
B5100			PARENTERAL NUTRITION SOLUTION	NA	$3.63
B5200			PARENTERAL NUTRITION SOLUTION	NA	$4.94
B9002			ENTERAL NUTRITION INFUSION PUM	$950.00	$114.00
B9004			PARENTERAL INFUSION PUMP PORTA	$1,895.00	$227.40
B9006			PARENTERAL INFUSION PUMP-STATI	$1,895.00	$227.40
B9998			NOC FOR ENTERNAL SUPPLIES	BY REPORT	BY REPORT
B9999			NOC FOR PARENTERAL SUPPLIES	BY REPORT	BY REPORT
C1832			AUTOGRAFT SUSPENSION, INCLUDIN	BY REPORT	BY REPORT
C1833			MONITOR, CARDIAC, INCLUDING IN	BY REPORT	BY REPORT
C9046			COCAINE HYDROCHLORIDE NASAL SO	BY REPORT	BY REPORT
C9088			INSTILLATION, BUPIVACAINE AND	BY REPORT	BY REPORT
C9089			BUPIVACAINE, COLLAGEN-MATRIX I	BY REPORT	BY REPORT
C9143			COCAINE HYDROCHLORIDE NASAL SO	NA	$1.36
C9144			INJECTION, BUPIVACAINE (POSIMI	NA	$0.48
C9145			INJECTION, APREPITANT, (APONVI	NA	$1.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D0120			PERIODIC ORAL EVALUATION	$15.00	$14.00
D0120	22		DENTAL ENCOUNTER	CONTRACT PRICING	NA
D0140			LIMITED ORAL EXAMINATION	$10.00	$10.00
D0150			COMPREHENSIVE ORAL EXAMINATION	$15.00	$14.00
D0160			DETAILED & EXTENSIVE ORAL EVAL	$14.00	$13.00
D0170			RE-EVALUATION-LIMITED, PROB FO	$14.00	$13.00
D0171			RE-EVALUATION - POST-OPERATIVE	$9.00	$9.00
D0180			COMPREHENSIVE PERIODONTAL EVAL	$14.00	$13.00
D0210			INTRAORAL - COMPREHENSIVE SERI	$26.00	$26.00
D0220			INTRAORAL - PERIAPICAL FIRST R	$3.75	$3.75
D0230			INTRAORAL - PERIAPICAL EACH AD	$2.75	$2.75
D0240			INTRAORAL - 0CCLUSAL RADIOGRAP	$5.00	$5.00
D0250			EXTRA-ORAL - 2D PROJECTION RAD	$10.00	$10.00
D0251			EXTRA-ORAL POSTERIOR DENTAL RA	$10.00	$10.00
D0270			BITEWING - SINGLE RADIOGRAPHIC	$3.00	$3.00
D0272			BITEWINGS - TWO RADIOGRAPHIC I	$5.00	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D0273			BITEWINGS - THREE RADIOGRAPHIC	$7.00	$7.00
D0274			BITEWINGS - FOUR RADIOGRAPHIC	$9.00	$9.00
D0277			VERTICAL BITEWINGS - 7 TO 8 RA	$18.00	$18.00
D0310			SIALOGRAPHY	$30.00	$30.00
D0320			TEMPOROMAND JOINT ANTHROGRAM &	$30.00	$30.00
D0321			OTHER TEMPOROMANDIBULAR JOINT	BY REPORT	BY REPORT
D0322			TOMOGRAPHIC SURVEY	$125.00	$90.00
D0330			PANORAMIC RADIOGRAPHIC IMAGE	$15.75	$15.75
D0340			2D CEPHALOMETRIC RADIOGRAPHIC	$22.50	$22.50
D0350			2D ORAL/FACIAL PHOTOGRAPHIC IM	$1.00	$1.00
D0364			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0365			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0366			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0367			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0368			CONE BEAM CT CAPTURE AND INTER	$125.00	$125.00
D0380			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D0381			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0382			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0383			CONE BEAM CT IMAGE CAPTURE WIT	$125.00	$125.00
D0384			CONE BEAM CT IMAGE CAPTURE FOR	$125.00	$125.00
D0393			VIRTUAL TREATMENT SIMULATION U	BY REPORT	BY REPORT
D0394			DIGITAL SUBTRACTION OF TWO OR	BY REPORT	BY REPORT
D0395			FUSION OF TWO OR MORE 3D IMAGE	BY REPORT	BY REPORT
D0411			HBA1C IN-OFFICE POINT OF SERVI	$6.60	$6.60
D0416			VIRAL CULTURE	$8.00	$8.00
D0417			COLLECTION AND PREPARATION OF	$8.00	$8.00
D0470			DIAGNOSTIC CASTS	$11.50	$10.00
D0472			ACCESSING OF TISSUE GROSS EXAM	$9.35	$9.35
D0473			ACCESS OF TISSUE GROSS/MICROSC	$20.85	$20.85
D0474			ACCESS TISSUE GROSS/MICRO EXAM	$40.00	$40.00
D0480			PROCESSING AND INTERPRETATION	$12.00	$12.00
D0502			OTHER ORAL PROCEDURES	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D0601			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0602			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0603			CARIES RISK ASSESSMENT AND DOC	$10.00	$10.00
D0999			UNSPECIFIED DIAGNOSTIC PROCEDU	BY REPORT	BY REPORT
D1110			PROPHYLAXIS - ADULT	$17.00	$16.00
D1206			TOPICAL APPLICATION OF FLUORID	$33.00	$33.00
D1208			TOPICAL APPLICATION OF FLUORID	$10.00	$10.00
D1352			PREVENTIVE RESIN RESTORATION I	$10.00	$9.00
D1354			APPLICATION OF CARIES ARRESTIN	$10.00	$10.00
D1556			REMOVAL OF FIXED UNILATERAL SP	$56.00	$56.00
D1557			REMOVAL OF FIXED BILATERAL SPA	$56.00	$56.00
D1558			REMOVAL OF FIXED BILATERAL SPA	$56.00	$56.00
D1999			UNSPECIFIED PREVENTIVE PROCEDU	BY REPORT	BY REPORT
D2140			AMALGAM-ONE SURFACE-PERMANENT	$32.00	$30.00
D2150			AMALGAM-TWO SURFACES-PERMANENT	$38.00	$35.50
D2160			AMALGAM-THREE SURFACES-PERMANE	$44.00	$41.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D2161			AMALGAM-FOUR OR MORE SURFACES-	$51.00	$46.50
D2330			RESIN-ONE SURFACE	$35.50	$33.00
D2331			RESIN-TWO SURFACES	$42.50	$39.00
D2332			RESIN-THREE SURFACES	$49.50	$45.00
D2335			RESIN-BASED COMPOSITE - FOUR O	$59.50	$54.00
D2390			RESIN-BASED COMPOSITE CROWN AN	$40.00	$35.00
D2391			RESIN-BASED COMPOSITE-1 SURF,	$32.00	$30.00
D2392			RESIN-BASED COMPOSITE-2SURF,PO	$38.00	$35.50
D2393			RESIN-BASED COMPOSITE-3 SURF P	$44.00	$41.00
D2394			RESIN-BASED COMPOSITE-4 OR MOR	$44.00	$41.00
D2542			ONLAY-METALLIC 2 SURFACES	$79.00	$69.00
D2543			ONLAY-METALLIC 3 SURFACES	$98.00	$85.00
D2710			CROWN - RESIN-BASED COMPOSITE	$98.00	$85.00
D2720			CROWN-RESIN WITH HIGH NOBLE ME	$161.00	$140.00
D2721			CROWN-RESIN WITH PREDOMINATELY	$161.00	$140.00
D2722			CROWN-RESIN WITH NOBLE METAL-A	$161.00	$140.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D2740			CROWN - PORCELAIN/CERAMIC	$279.00	$253.00
D2750			CROWN-PORCELAIN FUSED TO HIGH	$279.00	$253.00
D2751			CROWN-PORCELAIN FUSED TO BASE	$279.00	$253.00
D2752			CROWN-PORCELAIN FUSED TO NOBLE	$279.00	$253.00
D2790			CROWN-FULL CAST HIGH NOBLE MET	$161.00	$140.00
D2791			CROWN-FULL CAST PREDOMINATELY	$161.00	$140.00
D2792			CROWN-FULL CAST NOBLE METAL	$161.00	$140.00
D2910			RE-CEMENT OR RE-BOND INLAY, ON	$7.00	$6.00
D2915			RE-CEMENT OR RE-BOND INDIRECTL	$7.00	$6.00
D2920			RE-CEMENT OR RE-BOND CROWN	$7.00	$6.00
D2921			REATTACHMENT OF TOOTH FRAGMENT	$54.00	$54.00
D2929			PREFABRICATED PORCELAIN/CERAMI	$280.00	$252.00
D2930			PREFAB.STAINLESS STEEL CROWN-P	$207.00	$207.00
D2931			PREFAB.STAINLESS STEEL CROWN-P	$250.00	$250.00
D2932			PREFABRICATED RESIN CROWN	$40.00	$35.00
D2933			PREFAB STAINLESS STEEL CROWN W	$280.00	$280.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D2940			SEDATIVE FILLING	$10.00	$9.00
D2941			INTERIM THERAPEUTIC RESTORATIO	$9.00	$9.00
D2950			CORE BUILD-UP, INCLUDING ANY P	$49.00	$45.00
D2951			PIN RETENTION-PER TOOTH	$6.00	$5.00
D2952			CAST POST AND CORE IN ADD. TO	$75.00	$68.00
D2953			EACH ADDITIONAL CAST POST - S	$37.50	$34.00
D2954			PREFAB. POST+CORE IN ADD. TO C	$49.00	$45.00
D2955			POST REMOVAL	$30.00	$30.00
D2957			EACH ADDITIONAL PREFABRICATED	$24.50	$22.50
D2971			ADDITIONAL PROCEDURES TO CUSTO	$50.00	$50.00
D2975			COPING	$161.00	$140.00
D2980			CROWN REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2981			INLAY REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2982			ONLAY REPAIR NECESSITATED BY R	BY REPORT	BY REPORT
D2983			VENEER REPAIR NECESSITATED BY	BY REPORT	BY REPORT
D2999			UNSPECIFIED RESTORATIVE PROCED	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D3220			VITAL PULPOTOMY	$28.00	$26.00
D3221			GROSS PULPAL DEBRIDE PRIM/PERM	$28.00	$26.00
D3310			ENDODONTIC THERAPY, ANTERIOR T	$148.00	$135.00
D3320			ENDODONTIC THERAPY, PREMOLAR T	$190.00	$173.00
D3330			ENDODONTIC THERAPY, MOLAR TOOT	$247.00	$225.00
D3331			TREATMENT OF ROOT CANAL OBSTRU	BY REPORT	BY REPORT
D3332			INCOMPLETE ENDODONTIC THERAPY:	BY REPORT	BY REPORT
D3333			INTERNAL ROOT REPAIR OF PERFOR	BY REPORT	BY REPORT
D3346			RETREATMENT PREV ROOT CANAL TH	$148.00	$135.00
D3347			RETREATMENT OF PREVIOUS ROOT C	$190.00	$173.00
D3348			RETREAT PREV ROOT CANAL THER M	$247.00	$225.00
D3353			APEXIFICATION/RECALCIFICATION-	BY REPORT	BY REPORT
D3355			PULPAL REGENERATION - INITIAL	$268.00	$268.00
D3356			PULPAL REGENERATION - INTERIM	$195.00	$195.00
D3357			PULPAL REGENERATION - COMPLETI	$195.00	$195.00
D3410			APICOECTOMY - ANTERIOR	$79.00	$72.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D3421			APICOECTOMY - PREMOLAR (FIRST	$79.00	$72.00
D3425			APICOECTOMY - MOLAR (FIRST ROO	$79.00	$72.00
D3426			APICOECTOMY (EACH ADDITIONAL R	$44.00	$36.00
D3428			BONE GRAFT IN CONJUNCTION WITH	BY REPORT	BY REPORT
D3429			BONE GRAFT IN CONJUNCTION WITH	BY REPORT	BY REPORT
D3430			RETROGRADE FILLING-PER ROOT IN	$9.00	$7.50
D3450			ROOT AMPUTATION-PER ROOT	$55.00	$48.00
D3471			SURGICAL REPAIR OF ROOT RESORP	$79.00	$72.00
D3472			SURGICAL REPAIR OF ROOT RESOPT	$79.00	$72.00
D3473			SURGICAL REPAIR OF ROOT RESORP	$79.00	$72.00
D3501			SURGICAL EXPOSURE OF ROOT SURF	BY REPORT	BY REPORT
D3502			SURGICAL EXPOSURE OF ROOT SURF	BY REPORT	BY REPORT
D3503			SURGICAL EXPOSURE OF ROOT SURF	BY REPORT	BY REPORT
D3910			SURGICAL PROCEDURE FOR ISOLATI	BY REPORT	BY REPORT
D3920			HEMISECTION (INCLUDING ANY ROO	$55.00	$48.00
D3950			CANAL PREPARATION AND FITTING	$23.00	$20.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D3999			UNSPECIFIED ENDODONTIC PROCEDU	BY REPORT	BY REPORT
D4210			GINGIVECTOMY OR GINGIVOPLASTY	$43.50	$37.50
D4211			GINGIVECTOMY OR GINGIVOPLASTY	$32.60	$28.10
D4212			GINGIVECTOMY OR GINGIVOPLASTY	$9.00	$9.00
D4240			GINGIVAL FLAP PROCEDURE, INCLU	$73.50	$66.00
D4241			GINGIVAL FLAP PROCEDURE, INCLU	$59.00	$52.00
D4245			APICALLY POSITIONED FLAP	$36.00	$31.50
D4249			CLINICAL CROWN LENGTHENING-HAR	$75.00	$64.50
D4260			OSSEOUS SURGERY (INCLUDING ELE	$75.00	$64.50
D4261			OSSEOUS SURGERY (INCLUDING ELE	$56.25	$48.40
D4263			BONE REPLACEMENT GRAFT - RETAI	$261.00	$261.00
D4264			BONE REPLACEMENT GRAFT - RETAI	$130.50	$130.50
D4265			BIOLOGIC MATERIALS TO AID IN S	BY REPORT	BY REPORT
D4266			GUIDED TISSUE REGENERATION, NA	BY REPORT	BY REPORT
D4267			GUIDED TISSUE REGENERATION, NA	BY REPORT	BY REPORT
D4268			SURGICAL REVISION PROCEDURE, P	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D4270			PEDICLE SOFT TISSUE GRAFT PROC	$32.00	$28.00
D4273			AUTOGENOUS CONNECTIVE TISSUE G	BY REPORT	BY REPORT
D4274			MESIAL/DISTAL WEDGE PROCEDURE,	$169.00	$153.00
D4275			NON-AUTOGENOUS CONNECTIVE TISS	BY REPORT	BY REPORT
D4276			COMBINED CONNECTIVE TISSUE AND	BY REPORT	BY REPORT
D4277			FREE SOFT TISSUE GRAFT PROCEDU	$49.00	$49.00
D4278			FREE SOFT TISSUE GRAFT PROCEDU	$24.50	$24.50
D4283			AUTOGENOUS CONNECTIVE TISSUE G	BY REPORT	BY REPORT
D4285			NON-AUTOGENOUS CONNECTIVE TISS	BY REPORT	BY REPORT
D4286			REMOVAL OF NON-RESORBABLE BARR	$18.00	$16.00
D4322			SPLINT - INTRA-CORONAL: NATURA	NA	$18.00
D4323			SPLINT - EXTRA-CORONAL: NATURA	NA	$11.00
D4341			PERIODONTAL SCALING AND ROOT P	$37.50	$34.50
D4342			PERIODONTAL SCALING & ROOT PLA	$30.00	$27.00
D4346			SCALING IN PRESENCE OF GENERAL	$34.50	$34.50
D4355			FULL MOUTH DEBRIDEMENT TO ENAB	$11.00	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D4381			LOCALIZED DELIVERY OF ANTIMICR	$6.00	$5.00
D4910			PERIODONTAL MAINTENANCE	$34.00	$32.00
D4999			UNSPECIFIED PERIODONTAL SERVIC	BY REPORT	BY REPORT
D5110			COMPLETE DENTURE-MAXILLARY	$334.00	$302.00
D5120			COMPLETE DENTURE-MANDIBULAR	$342.00	$311.00
D5130			IMMEDIATE DENTURE-MAXILLARY	$392.00	$353.00
D5140			IMMEDIATE DENTURE-MANDIBULAR	$400.00	$363.00
D5211			MAXILLARY PARTIAL DENTURE - RE	$275.00	$250.00
D5212			MANDIBULAR PARTIAL DENTURE - R	$275.00	$250.00
D5213			MAXILLARY PARTIAL DENTURE - CA	$361.00	$328.00
D5214			MANDIBULAR PARTIAL DENTURE - C	$342.00	$311.00
D5225			MAXILLARY PARTIAL DENTURE - FL	$411.00	$378.00
D5226			MANDIBULAR PARTIAL DENTURE - F	$392.00	$361.00
D5410			ADJUST COMPLETE DENTURE-MAXILL	$10.00	$9.00
D5411			ADJUST COMPLETE DENTURE-MANDIB	$10.00	$9.00
D5421			ADJUST PARTIAL DENTURE-MAXILLA	$10.00	$9.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D5422			ADJUST PARTIAL DENTURE-MANDIBU	$10.00	$9.00
D5511			REPAIR BROKEN COMPLETE DENTURE	$49.50	$45.00
D5512			REPAIR BROKEN COMPLETE DENTURE	$49.50	$45.00
D5520			REPLACE MISSING OR BROKEN TEET	$15.00	$15.00
D5611			REPAIR PARTIAL RESIN DENTURE B	$49.50	$45.00
D5612			REPAIR PARTIAL RESIN DENTURE B	$49.50	$45.00
D5621			REPAIR CAST PARTIAL FRAMEWORK,	$33.00	$30.00
D5622			REPAIR CAST PARTIAL FRAMEWORK,	$33.00	$30.00
D5630			REPAIR OR REPLACE BROKEN RETEN	$76.50	$72.00
D5640			REPLACE BROKEN TEETH-PER TOOTH	$15.00	$15.00
D5650			ADD TOOTH TO EXISTING PARTIAL	$66.00	$60.00
D5660			ADD CLASP TO EXISTING PARTIAL	$76.50	$72.00
D5710			REBASE COMPLETE MAXILLARY DENT	$132.00	$120.00
D5711			REBASE COMPLETE MANDIBULAR DEN	$132.00	$120.00
D5720			REBASE MAXILLARY PARTIAL DENTU	$124.00	$113.00
D5721			REBASE MANDIBULAR PARTIAL DENT	$124.00	$113.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D5725			REBASE HYBRID PROSTHESIS	NA	$124.00
D5730			RELINE COMPLETE MAXILLARY DENT	$29.00	$26.00
D5731			RELINE LOWER COMPLETE MANDIBUL	$29.00	$26.00
D5740			RELINE MAXILLARY PARTIAL DENTU	$29.00	$26.00
D5741			RELINE MANDIBULAR PARTIAL DENT	$29.00	$26.00
D5750			RELINE COMPLETE MAXILLARY DENT	$99.00	$90.00
D5751			RELINE COMPLETE MANDIBULAR DEN	$99.00	$90.00
D5760			RELINE MAXILLARY PARTIAL DENTU	$91.00	$83.00
D5761			RELINE MANDIBULAR PARTIAL DENT	$91.00	$83.00
D5850			TISSUE CONDITIONING, MAXILLARY	$29.00	$26.00
D5851			TISSUE CONDITIONING, MANDIBULA	$29.00	$26.00
D5862			PRECISION ATTACHMENT	$150.00	$150.00
D5863			OVERDENTURE - COMPLETE MAXILLA	$302.00	$302.00
D5864			OVERDENTURE - PARTIAL MAXILLAR	$328.00	$328.00
D5865			OVERDENTURE - COMPLETE MANDIBU	$311.00	$311.00
D5866			OVERDENTURE - PARTIAL MANDIBUL	$311.00	$311.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D5867			REPLACEMENT OF REPLACEABLE PAR	$75.00	$75.00
D5875			MODIFICATION OF REMOVABLE PROS	BY REPORT	BY REPORT
D5899			UNSPECIFIED REMOVABLE PROSTHOD	BY REPORT	BY REPORT
D5911			FACIAL MOULAGE (SECTIONAL)	BY REPORT	BY REPORT
D5912			FACIAL MOULAGE (COMPLETE)	BY REPORT	BY REPORT
D5913			NASAL PROSTHESIS	BY REPORT	BY REPORT
D5914			AURICULAR PROSTHESIS	BY REPORT	BY REPORT
D5915			ORBITAL PROSTHESIS	BY REPORT	BY REPORT
D5916			OCULAR PROSTHESIS	BY REPORT	BY REPORT
D5919			FACIAL PROSTHESIS	BY REPORT	BY REPORT
D5922			NASAL SEPTAL PROSTHESIS	BY REPORT	BY REPORT
D5923			OCULAR PROSTHESIS, INTERIM	BY REPORT	BY REPORT
D5924			CRANIAL PROSTHESIS	BY REPORT	BY REPORT
D5925			FACIAL AUGMENTATION IMPLANT PR	BY REPORT	BY REPORT
D5926			NASAL PROSTHESIS, REPLACEMENT	BY REPORT	BY REPORT
D5927			AURICULAR PROSTHESIS, REPLACEM	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D5928			ORBITAL PROSTHESIS, REPLACEMEN	BY REPORT	BY REPORT
D5929			FACIAL PROSTHESIS, REPLACEMENT	BY REPORT	BY REPORT
D5931			OBTURATOR PROSTHESIS, SURGICAL	$250.00	$250.00
D5932			OBTURATOR PROSTHESIS, DEFINITI	BY REPORT	BY REPORT
D5933			OBTURATOR PROSTHESIS, MODIFICA	BY REPORT	BY REPORT
D5934			MANDIBULAR RESECTION PROSTHESI	BY REPORT	BY REPORT
D5935			MANDIBULAR RESECTION PROSTHESI	BY REPORT	BY REPORT
D5936			OBTURATOR PROSTHESIS, INTERIM	$200.00	$200.00
D5937			TRISMUS APPLIANCE	$125.00	$125.00
D5951			FEEDING AID	$500.00	$500.00
D5953			SPEECH AID PROSTHESIS, ADULT	$450.00	$450.00
D5954			PALATAL AUGMENTATION PROSTHESI	BY REPORT	BY REPORT
D5955			PALATAL LIFT PROSTHESIS, DEFIN	BY REPORT	BY REPORT
D5958			PALATAL LIFT PROSTHESIS, INTER	BY REPORT	BY REPORT
D5959			PALATAL LIFT PROSTHESIS, MODIF	BY REPORT	BY REPORT
D5960			SPEECH AID PROSTHESIS, MODIFIC	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D5982			SURGICAL STENT	$50.00	$43.00
D5983			RADIATION CARRIER	BY REPORT	BY REPORT
D5984			RADIATION SHIELD	BY REPORT	BY REPORT
D5985			RADIATION CONE LOCATOR	BY REPORT	BY REPORT
D5986			FLUORIDE GEL CARRIER	$30.00	$30.00
D5987			COMMISSURE SPLINT	BY REPORT	BY REPORT
D5988			SURGICAL SPLINT	$250.00	$250.00
D5991			VESICULOBULLOUS DISEASE MEDICA	$30.00	$30.00
D5992			ADJUST MAXILLOFACIAL PROSTHETI	$10.00	$9.00
D5993			MAINTENANCE AND CLEANING OF A	BY REPORT	BY REPORT
D5999			UNSPECIFIED MAXILLOFACIAL PROS	BY REPORT	BY REPORT
D6010			SURGICAL PLACEMENT ENDOSTEAL I	$500.00	$500.00
D6011			SURGICAL ACCESS TO AN IMPLANT	$45.00	$45.00
D6055			DENTAL IMPLANT SUPPORTED CONNE	BY REPORT	BY REPORT
D6080			IMPLANT MAINTENANCE PROCEDURES	BY REPORT	BY REPORT
D6081			SCALING AND DEBRIDEMENT IN THE	$27.00	$27.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D6090			REPAIR IMPLANTSUPPORTED PROSTH	BY REPORT	BY REPORT
D6091			REPLACEMENT OF REPLACEABLE PAR	$279.00	$253.00
D6092			RE-CEMENT OR RE-BOND IMPLANT/A	$7.00	$6.00
D6095			REPAIR IMPLANT ABUTMENT, BY RE	BY REPORT	BY REPORT
D6096			REMOVE BROKEN IMPLANT RETAININ	BY REPORT	BY REPORT
D6100			SURGICAL REMOVAL OF IMPLANT BO	NA	$114.00
D6101			DEBRIDEMENT OF A PERI-IMPLANT	$52.00	$52.00
D6102			DEBRIDEMENT AND OSSEOUS CONTOU	$48.00	$48.00
D6103			BONE GRAFT FOR REPAIR OF PERI-	$261.00	$261.00
D6105			REMOVAL OF IMPLANT BODY	$32.00	$30.00
D6106			GUIDED TISSUE REGENERATION - R	$49.00	$49.00
D6107			GUIDED TISSUE REGENERATION - N	$49.00	$49.00
D6110			IMPLANT/ABUTMENT SUPPORTED REM	BY REPORT	BY REPORT
D6111			IMPLANT/ABUTMENT SUPPORTED REM	BY REPORT	BY REPORT
D6191			SEMI-PRECISION ABUTMENT PLACEM	NA	$125.00
D6192			SEMI-PRECISION ATTACHMENT PLAC	NA	$25.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D6199			UNSPECIFIED IMPLANT PROCEDURE	BY REPORT	BY REPORT
D6210			PONTIC-CAST HIGH NOBLE METAL	$76.00	$66.00
D6211			PONTIC-CAST PREDOMINANTLY BASE	$76.00	$66.00
D6212			PONTIC-CAST NOBLE METAL	$76.00	$66.00
D6240			PONTIC-PORCELAIN FUSED TO HIGH	$170.00	$165.00
D6241			PONTIC-PORCELAIN FUSED TO PRED	$170.00	$165.00
D6242			PONTIC-PORCELAIN FUSED TO NOBL	$170.00	$165.00
D6250			PONTIC-RESIN WITH HIGH NOBLE M	$90.00	$80.00
D6251			PONTIC-RESIN WITH PREDOMINANTL	$90.00	$80.00
D6252			PONTIC-RESIN WITH NOBLE METAL	$90.00	$80.00
D6545			RETAINER-CAST METAL RES BONDED	$75.00	$75.00
D6720			RETAINER CROWN-RESIN WITH HIGH	$161.00	$140.00
D6721			RETAINER CROWN-RESIN WITH PRED	$161.00	$140.00
D6722			RETAINER CROWN - RESIN WITH NO	$161.00	$140.00
D6750			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00
D6751			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D6752			RETAINER CROWN - PORCELAIN FUS	$279.00	$253.00
D6790			RETAINER CROWN - FULL CAST HIG	$161.00	$140.00
D6791			RETAINER CROWN - FULL CAST PRE	$161.00	$140.00
D6792			RETAINER CROWN - FULL CAST NOB	$161.00	$140.00
D6920			CONNECTOR BAR	BY REPORT	BY REPORT
D6930			RE-CEMENT OR RE-BOND FIXED PAR	$14.00	$12.00
D6940			STRESS BREAKER	BY REPORT	BY REPORT
D6950			PRECISION ATTACHMENT	$150.00	$150.00
D6980			FIXED PARTIAL DENTURE REPAIR N	BY REPORT	BY REPORT
D6999			UNSPECIFIED FIXED PROSTHODONTI	BY REPORT	BY REPORT
D7111			EXTRACTION, CORONAL REMNANTS -	$19.50	$18.00
D7140			EXTRACT ERUPTED TOOTH/EXPOSED	$32.00	$30.00
D7210			EXTRACTION, ERUPTED TOOTH REQU	$33.00	$31.00
D7220			REMOVAL OF IMPACTED TOOTH-SOFT	$43.00	$40.00
D7230			REMOVAL OF IMPACTED TOOTH-PART	$114.00	$106.00
D7240			REMOVAL OF IMPACTED TOOTH-COMP	$114.00	$106.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7241			REMOVAL OF IMPACTED TOOTH-COMP	BY REPORT	BY REPORT
D7250			REMOVAL OF RESIDUAL TOOTH ROOT	$43.00	$39.00
D7251			CORONECTOMY - INTENTIONAL PART	$114.00	$106.00
D7260			OROANTRAL FISTULA CLOSURE	$108.00	$99.00
D7261			PRIMARY CLOSURE SINUS PERFORAT	$108.00	$99.00
D7270			TOOTH REIMPLANTATION INC. STAB	$410.00	$410.00
D7285			INCISIONAL BIOPSY OF ORAL TISS	$30.00	$26.00
D7286			INCISIONAL BIOPSY OF ORAL TISS	$18.00	$16.00
D7287			EXFOLIATIVE CYTOLOGICAL SAMPLE	$10.00	$10.00
D7288			BRUSH BIOPSY - TRANSEPITHELIAL	$10.00	$10.00
D7295			HARVEST OF BONE FOR USE IN AUT	BY REPORT	BY REPORT
D7298			REMOVAL OF TEMPORARY ANCHORAGE	BY REPORT	BY REPORT
D7299			REMOVAL OF TEMPORARY ANCHORAGE	BY REPORT	BY REPORT
D7300			REMOVAL OF TEMPORARY ANCHORAGE	BY REPORT	BY REPORT
D7310			ALVEOPLASTY IN CONJUNCTION WIT	$62.50	$56.50
D7311			ALVEOLOPLASTY IN CONJUNCTION W	$31.00	$28.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7320			ALVEOLOPLASTY NOT IN CONJUNCTI	$62.50	$56.50
D7321			ALVEOLOPLASTY NOT IN CONJUNCTI	$31.00	$28.00
D7340			VESTIBULOPLASTY - RIDGE EXTENS	$65.00	$59.00
D7350			VESTIBULOPLASTY-RIDGE EXTEN(IN	$169.00	$153.00
D7410			EXCISION OF BENIGN LESION UP T	$30.00	$26.00
D7411			EXCISION BENIGN LESION > 1.25	$42.00	$37.00
D7412			EXCISION BENIGN LESION, COMPLI	$100.00	$86.00
D7413			EXCISION MALIGNANT LESION UP T	$100.00	$86.00
D7414			EXCISION MALIGNANT LESION>1.25	$274.00	$256.00
D7415			EXCISION MALIGNANT LESION,COMP	$473.00	$413.00
D7440			EXCISION OF MALIGNANT TUMOR, U	$100.00	$86.00
D7441			EXCISION OF MALIGNANT TUMOR, O	$274.00	$256.00
D7450			REMOVAL OF ODONTOGENIC CYST OR	$50.00	$43.00
D7451			REMOVAL OF ODONTOGENIC CYST OR	$150.00	$130.00
D7460			REMOVAL OF NON-ODONTOGENIC CYS	$50.00	$43.00
D7461			REMOVAL OF NON-ODONTOGENIC CYS	$150.00	$130.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7465			DESTRUCT OF LESION BY ELECTROS	$18.00	$15.00
D7471			REMOVAL OF EXOSTOSIS PER SITE	$109.00	$98.00
D7472			REMOVAL OF TORUS PALATINUS	$109.00	$98.00
D7473			REMOVAL OF TORUS MANDIBULARIS	$62.50	$56.50
D7485			REDUCTION OF OSSEOUS TUBEROSIT	$62.50	$56.50
D7490			RADICAL RESECTION OF MAXILLA O	$807.00	$807.00
D7509			MARSUPIALIZATION OF ODONTOG	$48.00	$42.00
D7510			INCISION + DRAINAGE OF ABSCESS	$28.00	$26.00
D7511			INCISION AND DRAINAGE OF ABSCE	BY REPORT	BY REPORT
D7520			INCISION + DRAINAGE OF ABSCESS	$42.00	$37.00
D7521			INCISION AND DRAINAGE OF ABSCE	BY REPORT	BY REPORT
D7530			REMOVAL OF FOREIGN BODY, SKIN,	$18.00	$16.00
D7540			RMVL REACTION PRODUCING FOREIG	$51.00	$45.00
D7550			SEQUESTRECTOMY FOR OSTEOMYELIT	$90.00	$75.00
D7560			MAXILLARY SINUSOTOMY FOR REM O	$242.00	$210.00
D7610			MAXILLA-OPEN REDUCTION (TEETH	$273.00	$249.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7620			MAXILLA - CLOSED REDUCTION (TE	$182.00	$166.00
D7630			MANDIBLE - OPEN REDUCTION (TEE	$363.00	$331.00
D7640			MANDIBLE-CLOSED REDUCTION (TEE	$182.00	$166.00
D7650			MALAR AND/OR ZYGOMATIC ARCH -	$182.00	$166.00
D7660			MALAR AND/OR ZYGOMATIC ARCH -	$63.00	$58.00
D7670			ALVEOLUS-CLOSED REDUCTION/STAB	$92.00	$84.00
D7671			ALVEOLUS-OPEN REDUCTION	$138.00	$126.00
D7680			FACIAL BONES-COMPLCTD REDUCTN	$363.00	$331.00
D7710			MAXILLA - OPEN REDUCTION - TEE	$273.00	$249.00
D7720			MAXILLA - CLOSED REDUCTION - T	$182.00	$166.00
D7730			MANDIBLE - OPEN REDUCTION - TE	$363.00	$331.00
D7740			MANDIBLE - CLOSED REDUCTION -	$182.00	$166.00
D7750			MALAR AND/OR ZYGOMATIC ARCH -	$182.00	$166.00
D7760			MALAR AND/OR ZYGOMATIC ARCH -	$63.00	$58.00
D7770			ALVEOLUS-STABLZTN OF TEETH OPE	$138.00	$126.00
D7771			ALVEOLUS CLOSED REDUCTION	$92.00	$84.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7780			FACIAL BONES-COMPLICATED REDUC	$363.00	$331.00
D7810			OPEN REDUCTION OF DISLOCATION	$273.00	$249.00
D7820			CLOSED REDUCTION OF DISLOCATIO	$27.00	$25.00
D7830			MANUPULATION UNDER ANESTHESIA	$27.00	$25.00
D7840			CONDYLECTOMY	$362.00	$315.00
D7850			MENISECTOMY	$362.00	$315.00
D7852			DISC REPAIR	$362.00	$308.00
D7854			SYNOVECTOMY	$200.00	$173.00
D7856			MYOTOMY	BY REPORT	BY REPORT
D7858			JOINT RECONSTRUCTION	$623.00	$623.00
D7860			ARTHROTOMY	$182.00	$155.00
D7865			ARTHROPLASTY	$362.00	$308.00
D7870			ARTHROCENTESIS - INJECTION OR	$18.00	$16.00
D7871			NON-ARTHROSCOPIC LYSIS/LAVAGE	$190.00	$190.00
D7872			ARTHROSCOPY-DIAGNOSIS W/WO BI	$75.00	$65.00
D7873			ARTHROSCOPY: LAVAGE AND LYSIS	$200.00	$200.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7874			ARTHROSCOPY: DISC REPOSITIONIN	$500.00	$425.00
D7875			ARTHROSCOPY: SYNOVECTOMY	$264.00	$224.00
D7876			ARTHROSCOPY: DISCECTOMY	BY REPORT	BY REPORT
D7877			ARTHROSCOPY: DEBRIDEMENT	$160.00	$136.00
D7880			OCCLUSAL ORTHOTIC DEVICE	BY REPORT	BY REPORT
D7881			OCCLUSAL ORTHOTIC DEVICE ADJUS	BY REPORT	BY REPORT
D7899			UNSPECIFIED TMD THERAPY	BY REPORT	BY REPORT
D7910			SUTURE OF RECENT SMALL WOUNDS	$35.00	$32.00
D7911			COMPLICATED SUTURE-UP TO 5 CM	$138.00	$138.00
D7912			COMPLICATED SUTURE GREATER THA	$242.00	$242.00
D7920			SKIN GRAFT	$70.50	$70.50
D7940			OSTEOPLASTY - FOR ORTHOGNATHIC	$225.00	$191.00
D7941			OSTEOTOMY-MANDIBULAR RAMI	$726.00	$726.00
D7943			OSTEOTOMY-MANDIBULAR RAMI W/BO	$1,058.00	$1,058.00
D7944			OSTEOTOMY-SEGMENTED PER QUADRA	$332.00	$289.00
D7945			OSTEOTOMY-BODY OF MANDIBLE	$332.00	$289.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7946			LEFORT I (MAXILLA TOTAL)	$546.00	$546.00
D7947			LEFORT I (MAXILLA-SEGMENTED)	$365.00	$365.00
D7948			LEFORT II OR LEFORT III	$1,095.00	$1,095.00
D7949			LEFORT II OR LEFORT III W/BONE	$1,427.00	$1,427.00
D7950			GRAFT OF MANDIBLE/FACIAL BONES	$575.00	$489.00
D7951			SINUS AUGMENTATION WITH BONE O	$203.00	$176.00
D7952			SINUS AUGMENTATION VIA A VERTI	$176.00	$176.00
D7955			REPAIR OF MAXILLOFACIAL SOFT A	$203.00	$176.00
D7956			GUIDED TISSUE REGENERATION, ED	BY REPORT	BY REPORT
D7957			GUIDED TISSUE REGENERATION, ED	BY REPORT	BY REPORT
D7961			BUCCAL-LABIAL FRENECTOMY(FRENU	$60.00	$56.00
D7962			LINGUAL FRENECTOMY (FRENULECTO	$60.00	$56.00
D7963			FRENULOPLASTY	$84.50	$76.50
D7970			EXCISION HYPERPLASTIC TISS PER	$45.00	$39.00
D7971			EXCISION PERCORONAL GINGIVA	$42.00	$37.00
D7972			SURGICAL REDUCTION FIBROUS TUB	$64.00	$59.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D7979			NON-SURGICAL SIALOLITHOTOMY	$16.00	$14.00
D7980			SURGICAL SIALOLITHOTOMY	$48.00	$42.00
D7981			EXCISION OF SALIVARY GLAND	$182.00	$158.00
D7982			SIALODOCHOPLASTY	$151.00	$131.00
D7983			CLOSURE OF SALIVARY FISTULA	$151.00	$131.00
D7990			EMERGENCY TRACHEOTOMY	$121.00	$105.00
D7991			CORONECTOMY	$362.00	$308.00
D7993			SURGICAL PLACEMENT OF CRANIOFA	BY REPORT	BY REPORT
D7994			SURGICAL PLACEMENT-ZYGOMATIC I	BY REPORT	BY REPORT
D7995			SYNTHETIC GRAFT MANDIBLE/FACIA	BY REPORT	BY REPORT
D7996			IMPLANT-MANDIBLE AUGMENTATION	BY REPORT	BY REPORT
D7997			APPLIANCE REMOVAL W/ARCHBAR RE	$151.00	$151.00
D7999			UNSPECIFIED ORAL SURGERY PROCE	BY REPORT	BY REPORT
D8210			REMOVABLE APPLIANCE THERAPY, H	$595.00	$590.00
D8220			FIXED APPLIANCE THERAPY, HABIT	$595.00	$590.00
D8681			REMOVABLE ORTHODONTIC RETAINER	$10.00	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D8695			REMOVAL OF FIXED ORTHODONTIC A	BY REPORT	BY REPORT
D8999			UNSPECIFIED ORTHODONTIC PROCED	BY REPORT	BY REPORT
D9110			PALLIATIVE TREATMENT OF DENTAL	$10.00	$9.00
D9210			LOCAL ANESTHESIA NOT IN CONJU	$13.00	$11.00
D9211			REGIONAL BLOCK ANESTHESIA	$13.00	$11.00
D9212			TRIGEMINAL DIVISION BLOCK ANES	$18.00	$16.00
D9222			DEEP SEDATION/GENERAL ANESTHES	$100.00	$100.00
D9223			DEEP SEDATION/GENERAL ANESTHES	$50.00	$50.00
D9230			ANALGESIA, ANXIOLYSIS, INHAL N	$15.00	$14.00
D9239			INTRAVENOUS MODERATE (CONSCIOU	$49.00	$49.00
D9243			INTRAVENOUS MODERATE (CONSCIOU	$25.00	$25.00
D9248			NON-INTRAVENOUS CONSCIOUS SEDA	$40.00	$40.00
D9310			CONSULTATION	$22.00	$17.00
D9311			CONSULTATION WITH A MEDICAL HE	$17.00	$17.00
D9410			HOUSE/EXTENDED CARE FACILITY C	$20.50	$19.00
D9420			HOSPITAL DAY - SUBSEQUENT	$19.00	$17.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D9430			OFFICE VISIT FOR OBSERVATION	$9.00	$7.00
D9610			THERAPEUTIC DRUG INJECTION, BY	$13.00	$11.00
D9612			THERAPEUTIC PARENTERAL DRUGS,	$16.00	$13.00
D9613			INFILTRATION OF SUSTAINED RELE	NA	$16.00
D9630			DRUGS OR MEDICAMENTS DISPENSED	BY REPORT	BY REPORT
D9910			APPLICATION OF DESENSITIZING M	$10.00	$10.00
D9911			APPLICATION DESENSIT RESIN PER	$35.50	$33.00
D9920			BEHAVIOR MANAGEMENT, BY REPORT	$15.00	$13.00
D9930			TREATMENT OF COMPLICATIONS (PO	$9.00	$8.00
D9943			OCCLUSAL GUARD ADJUSTMENT	$10.00	$10.00
D9944			OCCLUSAL GUARD - HARD APPLIANC	$250.00	$225.00
D9945			OCCLUSAL GUARD - SOFT APPLIANC	$65.00	$58.50
D9947			CUSTOM SLEEP APNEA APPLIANCE F	NA	$765.00
D9948			ADJUSTMENT OF CUSTOM SLEEP APN	NA	$10.00
D9949			REPAIR OF CUSTOM SLEEP APNEA A	BY REPORT	BY REPORT
D9951			OCCLUSAL ADJUSTMENT - LIMITED	$6.00	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
D9952			OCCLUSAL ADJUSTMENT-COMPLETE	$68.00	$60.00
D9953			RELINE CUSTOM SLEEP APNEA APPL	$91.00	$83.00
D9974			INTERNAL BLEACHING - PER TOOTH	$33.00	$33.00
D9995			TELEDENTISTRY - SYNCHRONOUS: R	NA	$22.00
D9999			UNSPECIFIED ADJUNCTIVE PROCEDU	BY REPORT	BY REPORT
E0100			CANE ADJUSTABLE OR FIXED WITH	$17.91	$3.58
E0105			CANE QUAD OR 3 PRONG ADJ OR FI	$46.91	$9.38
E0110			CRUTCH FOREARM ADJ/FIX PR.TIPS	$69.31	$13.86
E0111			CRUTCH FOREARM-ADJ/FIX,EA.W/TI	$50.86	$10.17
E0112			CRUTCH UNDERARM/WOOD-ADJ/FIX.	$35.35	$7.07
E0113			CRUTCH UNDERARM-WOOD-ADJ/FIXED	$20.20	$4.04
E0114			CRUTCHES UNDERARM, ALUM.ADJ/FX	$45.07	$9.01
E0116			CRUTCH, UNDERARM, OTHER THAN W	$22.72	$4.54
E0130			WALKER RIGID ADJ/FIXED HEIGHT	$36.11	$7.22
E0135			WALKER FOLDING ADJ/FIXED HEIGH	$36.11	$7.22
E0141			WALKER WHEELED WITHOUT SEAT	$37.74	$7.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0143			FOLDING WALKER, WHEELED, W/O	$37.74	$7.55
E0147			HVY DUTY MULTI BREAK WHL RESIS	$326.03	$39.12
E0148			WALKER, HEAVY DUTY, WITHOUT WH	$64.39	$12.88
E0149			WALKER, HEAVY DUTY, WHEELED, R	$44.05	$8.81
E0152			WALKER, BATTERY POWERED, WHEEL	BY REPORT	BY REPORT
E0153			PLATFORM ATTACH.FOREARM CRUTC	$66.28	$13.26
E0154			PLATFORM ATTACHMENT, WALKER,	$40.88	$8.18
E0155			WHEEL ATTACHMENT, RIGID PICK-	$17.75	$3.55
E0156			SEAT ATTACHMENT WALKER	$12.26	$2.45
E0157			CRUTCH ATTACH WALKER EACH	$40.66	$8.13
E0158			LEG EXTENSIONS FOR A WALKER	$17.34	$3.47
E0160			SITZ TYPE BATH, PORTABLE, FIT	$24.79	$4.96
E0161			SITZ BATH-PORT-OVER COMMODE W/	$21.71	$4.34
E0162			SITZ BATH CHAIR	$139.17	$16.70
E0163			COMMODE CHAIR STATIONARY FIXED	$40.82	$8.16
E0165			COMMODE CHAIR-STAT.W/DETACHABL	$46.05	$9.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0167			PAIL OR PAN USED W/COMMODE CHA	$9.00	$1.80
E0168			COMMODE CHAIR, EXTRA WIDE AND/	$91.22	$18.24
E0175			FOOT REST USED W/COMMODE CHAIR	$63.26	$12.65
E0181			PRESSURE PAD, ALTERNAT.W/PUMP	$59.35	$11.87
E0182			PUMP FOR ALTERNATING PRESSURE	$84.90	$16.98
E0184			FLOTATION MATTRESS DRY (EGGCRA	$126.88	$15.23
E0185			DECUBITUS CARE PAD, FLOTATION	$137.73	$16.53
E0186			AIR PRESSURE MATTRESS	BY REPORT	BY REPORT
E0187			WATER PRESSURE MATTRESS	BY REPORT	BY REPORT
E0188			SYNTHETIC SHEEPSKIN PAD	$20.28	$4.06
E0189			LAMBSWOOL SHEEPSKIN PAD ANY SI	$38.07	$7.61
E0190			POSITIONING CUSHION/PILLOW/WED	BY REPORT	BY REPORT
E0191			HEEL OR ELBOW PROTECTOR, EACH	$9.54	$1.91
E0193			PWR AIR FLOAT LOW AIR LOSS BED	$4,621.00	$554.52
E0194			AIR FLUIDIZED BED	$25,070.67	$3,008.48
E0196			GEL PRESSURE MATTRESS	$218.42	$26.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0197			AIR PRESSURE PAD FOR MATTR.PT.	$75.20	$15.04
E0198			WATER PRESSURE PAD FOR MATTR.P	$89.95	$17.99
E0199			MATTRESS PAD, DRY PRESSURE-PT.	$25.36	$5.07
E0200			HEAT LAMP,TABLE MODEL, W/BULB	$64.36	$12.87
E0202			PHOTOTHERAPY (BILIRUBIN) LIGHT	$498.50	$59.82
E0217			WATER CIRCULATING HEAT PAD WIT	$403.05	$48.37
E0235			PARAFFIN BATH UNIT, PORTABLE	$82.40	$16.48
E0236			PUMP FOR WATER CIRCULATING PAD	BY REPORT	BY REPORT
E0240			BATH/SHOWER CHAIR, WITH OR WIT	BY REPORT	BY REPORT
E0241			BATH TUB WALL RAIL, EACH	BY REPORT	BY REPORT
E0242			BATH TUB RAIL, FLOOR BASE	BY REPORT	BY REPORT
E0243			TOILET RAIL, EACH	BY REPORT	BY REPORT
E0244			RAISED TOILET SEAT	BY REPORT	BY REPORT
E0245			TUB STOOL OR BENCH	BY REPORT	BY REPORT
E0246			TRANSFER TUB RAIL ATTACHMENT	BY REPORT	BY REPORT
E0249			PAD FOR WATER CIRCULATING HEAT	$95.13	$19.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0250			HOSP.BED-RAIL,FIX.HGT.-W.MATTR	$405.58	$48.67
E0251			HOSP.BED-RAILS,FIX.HGT.-NO MAT	$372.25	$44.67
E0255			HOSPITAL BED,RAILS,VARY HAT,MA	$410.50	$49.26
E0256			HOSP BED/VARIABLE HGT/RAILS/NO	BY REPORT	BY REPORT
E0260			HOSP.BED-RAILS,W/MATT.SEMI-ELE	$410.50	$49.26
E0261			HOSP BED SEMIELEC/RAILS/NO MAT	BY REPORT	BY REPORT
E0265			TOTAL ELEC.HOSP.BED W/RAILS&MA	$1,014.75	$121.77
E0266			TOTAL ELEC.HOSP.BED-RAILS-NO M	$882.92	$105.95
E0270			INST.HOSP.BED/OSC,CIRC.&STRKW/	BY REPORT	BY REPORT
E0271			MATTRESS, INNERSPRING	$92.69	$18.54
E0272			MATTRESS, FOAM RUBBER	$112.76	$13.53
E0273			BED BOARD	BY REPORT	BY REPORT
E0274			OVER-BED TABLE	BY REPORT	BY REPORT
E0275			BED PAN STD METAL OR PLASTIC	$12.09	$2.42
E0276			BED PAN, FRACTURE, METAL OR P	$10.44	$2.09
E0277			ALTERNATING PRESSURE MATTRESS	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0280			BED,CRADLE,ANY TYPE	$26.19	$5.24
E0290			HOSP BED, FIXED HGT,NO RAILS,W	BY REPORT	BY REPORT
E0291			HOSPITAL BED, FIXED W/NO RAIL	BY REPORT	BY REPORT
E0292			HOS.BED,VARY HGT. NO RAIL W/MA	BY REPORT	BY REPORT
E0293			HOSP BED VARIABLE HGT NO RAIL	BY REPORT	BY REPORT
E0294			HOSP BED,SEMI-ELEC NO RAILS/WI	BY REPORT	BY REPORT
E0295			HOSPITAL BED,SEMI-ELEC,NO RAIL	BY REPORT	BY REPORT
E0296			HOSP BED,ALL ELEC,W/O RAILS, W	BY REPORT	BY REPORT
E0297			HOS.BED,ALL ELEC.NO RAIL OR MA	BY REPORT	BY REPORT
E0302			HOSPITAL BED, EXTRA HEAVY DUTY	BY REPORT	BY REPORT
E0303			HOSPITAL BED, HEAVY DUTY, EXTR	BY REPORT	BY REPORT
E0304			HOSPITAL BED, EXTRA HEAVY DUTY	BY REPORT	BY REPORT
E0305			BED SIDE RAILS, HALF LENGTH	$41.25	$8.25
E0310			BED SIDE RAILS, FULL LENGTH	$86.02	$17.20
E0325			URINAL, MALE, JUG-TYPE, ANY MA	$7.50	$1.50
E0326			URINAL, FEMALE, JUG-TYPE, ANY	$8.04	$1.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0371			NONPOWERED ADVANCED PRESSURE R	BY REPORT	BY REPORT
E0372			POWERED AIR OVERLAY FOR MATTRE	BY REPORT	BY REPORT
E0424			STAT.COMP.GAS SYS/INCLUD.CONTE	$531.50	$63.78
E0431			PT GAS O2 INC.CONTENTS,REG.HUM	$191.42	$22.97
E0434			PT. LIQ O2 SYS INC.CONTENTS,FL	$273.50	$32.82
E0439			STAT.LIG 02 SYS.INCLUDING CONT	$531.50	$63.78
E0441			STATIONARY OXYGEN CONTENTS, GA	$40.97	$8.19
E0442			STATIONARY OXYGEN CONTENTS, LI	$40.97	$8.19
E0443			PORTABLE OXYGEN CONTENTS, GASE	$37.43	$7.49
E0444			PORTABLE OXYGEN CONTENTS, LIQU	$37.43	$7.49
E0445			OXIMETER DEVICE FOR MEASURING	$182.00	$21.84
E0447			PORTABLE OXYGEN CONTENTS, LIQU	$56.15	$11.23
E0455			OXYGEN TENT EXCLUDING CROUP TE	BY REPORT	BY REPORT
E0457			CHEST SHELL (CUIRASS)	$414.80	$49.78
E0459			CHEST WRAP	$539.24	$64.71
E0462			ROCKING BED WITH OR WITHOUT RA	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0465			HOME VENTILATOR, ANY TYPE, USE	BY REPORT	BY REPORT
E0466			HOME VENTILATOR, ANY TYPE, USE	BY REPORT	BY REPORT
E0467			HOME VENTILATOR, MULTI-FUNCTIO	$8,867.83	$1,064.14
E0470			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0471			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0472			RESPIRATORY ASSIST DEVICE, BI-	BY REPORT	BY REPORT
E0480			PERCUSSOR, ELEC/PNEUMATIC,HOME	$349.83	$41.98
E0482			COUGH STIMULATING DEVICE, ALTE	$3,211.92	$385.43
E0483			HIGH FREQUENCY CHEST WALL OSCI	$8,461.83	$1,015.42
E0485			ORAL DEVICE/APPLIANCE USED TO	BY REPORT	BY REPORT
E0486			ORAL DEVICE/APPLIANCE USED TO	BY REPORT	BY REPORT
E0490			POWER SOURCE AND CONTROL ELECT	$712.58	$85.51
E0491			ORAL DEVICE/APPLIANCE FOR NEUR	$70.62	$14.12
E0500			IPPB MACHINE ALL TYPES	$873.67	$104.84
E0550			HUMIDIFIER, DURABLE FOR EXTENS	$399.08	$47.89
E0555			HUMIDIFIER, DURABLE, GLASS OR	$15.00	$3.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0560			HUMIDIFIER, DURABLE FOR SUPPLE	$120.01	$14.40
E0561			HUMIDIFIER, NON-HEATED, USED W	$57.93	$11.59
E0562			HUMIDIFIER, HEATED, USED WITH	$113.20	$13.58
E0565			COMPRESSOR (NOT OXYGEN OR IPPB	$289.58	$34.75
E0570			NEBULIZER W/COMPRESSOR (DEVILB	$22.30	$4.46
E0575			NEBULIZER, SELF-CONTAINED, ULT	$818.08	$98.17
E0580			NEBULIZER, DURABLE, GLASS OR A	$110.35	$13.24
E0585			NEBULIZER, WITH COMPRESSOR AND	$194.67	$23.36
E0600			SUCTION PUMP, HOME MODEL, POR	$350.42	$42.05
E0601			CONTINUOUS POSITIVE AIRWAY PRE	$275.92	$33.11
E0602			BREAST PUMP, MANUAL, ANY TYPE	$28.19	$5.64
E0603			BREAST PUMP, ELECTRIC (AC AND/	BY REPORT	BY REPORT
E0603	SC		BREAST PUMP, ELECTRIC (AC AND/	BY REPORT	BY REPORT
E0604			BREAST PUMP, HOSPITAL GRADE, E	BY REPORT	BY REPORT
E0605			VAPORIZER, ROOM TYPE	$25.23	$5.05
E0606			POSTURAL DRAINAGE BOARD	$93.15	$18.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0607			HOME BLOOD GLUCOSE MONITOR	$63.82	$12.76
E0610			PACEMAKER MTR.INC.AUDIBLE/VISU	$227.17	$27.26
E0615			PACEMAKER/FULL MONITOR/DIG/VIS	$402.62	$48.31
E0618			APNEA MONITOR, WITHOUT RECORDI	$1,951.83	$234.22
E0619			APNEA MONITOR, WITH RECORDING	$2,083.33	$250.00
E0621			SLING OR SEAT, PATIENT LIFT,	$70.04	$14.01
E0625			PATIENT LIFT, BATHROOM OR TOIL	BY REPORT	BY REPORT
E0630			PATIENT LIFT, HYDRAULIC OR MEC	$396.25	$47.55
E0635			PATIENT LIFT, ELECTRIC WITH SE	$739.75	$88.77
E0641			STANDING FRAME/TABLE SYSTEM, M	BY REPORT	BY REPORT
E0642			STANDING FRAME/TABLE SYSTEM, M	BY REPORT	BY REPORT
E0650			PNEUMATIC CPR NON-SEGMENTAL HO	$624.78	$74.97
E0651			PNEUMATIC COMPRESSOR,SEGMENTAL	$877.18	$105.26
E0652			PNEUMATIC COMPRESS,SEGMENTAL H	$4,303.97	$516.48
E0655			PNEUMATIC APPLICANCE W/PNEU CO	$99.86	$19.97
E0660			PNEUMATIC APPL WITH COMPRESSOR	$152.58	$18.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0665			PNEUMATIC APPL W/PNEUCOMPR FUL	$111.22	$13.35
E0666			PNEUMATIC APPL W/PNEUCOMPR HAL	$131.89	$15.83
E0667			PNEUMATIC APPL W/SEGMPNEUCOMPR	$309.23	$37.11
E0668			PNEUMATIC APPL W/SEGMPNEUCOMPR	$358.74	$43.05
E0669			SEG PNEUMATIC APPL USE W/CPR 1	$166.25	$19.95
E0670			SEG PNEU APPL W/PNEU CPR INTEG	$1,170.23	$140.43
E0671			SEG.GRAD.PRESS.PNEU.APPL.,FULL	$396.71	$47.61
E0672			SEG.GRAD.PRESS.PNEU.APPL.FULL	$308.23	$36.99
E0673			SEG.GRAD.PRESS.PNEUM.APPL.HALF	$256.12	$30.73
E0677			NON-PNEUMATIC SEQUENTIAL COMPR	$460.00	$55.20
E0700			SAFETY EQUIPMENT, DEVICE OR AC	BY REPORT	BY REPORT
E0705			TRANSFER DEVICE, ANY TYPE, EAC	$35.34	$7.07
E0710			RESTRAINT ANY TYPE,BODY CHEST	BY REPORT	BY REPORT
E0711			UPPER EXTREMITY MEDICAL TUBING	BY REPORT	BY REPORT
E0720			TENS, TWO LEAD, LOCALIZED STI	$55.27	$11.05
E0730			TENS, FOUR LEAD, LARGER AREA/	$55.08	$11.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0731			TENS CONDUCTIVE GARMENT FORM F	$71.00	$14.20
E0740			NON-IMPLANTED PELVIC FLOOR ELE	$2.84	$0.57
E0744			NEUROMUSCULAR SCOLIOSIS STIMUL	$728.92	$87.47
E0745			NEURO-MUSC STIM ELEC SHOCK UNI	$712.58	$85.51
E0746			ELECTROMYOGRAPHY(EMG)BIOFEEDBA	$694.79	$83.37
E0747			OSTEOGEN.STIM.NONINVASIVE,NON-	$3,605.32	$432.64
E0748			OSTEOGEN.STIM. NONINVASIVE-SPI	$3,716.07	$445.93
E0755			ELECTRIC SAL. REFLEXT STIMULAT	BY REPORT	BY REPORT
E0762			TRANSCUTANEOUS ELECTRICAL JOIN	BY REPORT	BY REPORT
E0766			ELECTRICAL STIMULATION DEVICE	$91,507.33	$10,980.88
E0776			IV POLE	$52.88	$10.58
E0780			AMBULATORY INFUSION PUMP, MECH	$9.91	$1.98
E0781			EXTERNAL AMBULATORY INFUSION P	BY REPORT	BY REPORT
E0784			EXT.AMBUL. INFUSION PUMP, INSU	BY REPORT	BY REPORT
E0787			EXTERNAL AMBULATORY INFUSION P	BY REPORT	BY REPORT
E0791			PARENTERAL INFUSION PUMP STATI	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0840			TRACTION FRAME, ATTACHED TO HE	$59.48	$11.90
E0850			FREE STAND STAND FOR SC TRACTI	$85.28	$17.06
E0860			TRACTION OVERDOOR	$32.51	$6.50
E0870			SE TRACTION FRAME(ATTACH TO FT	$100.33	$12.04
E0880			SE TRACTION STAND-FREE STANDIN	$101.92	$12.23
E0890			SPE FRAME ATTACHED TO FOOTBOAR	$97.75	$19.55
E0900			SPT STAND-FREE STANDING	$104.03	$12.48
E0910			BED TRAPEZE BARS W/GRAB BAR	$43.70	$8.74
E0911			TRAPEZE BAR, HEAVY DUTY, FOR P	BY REPORT	BY REPORT
E0912			TRAPEZE BAR, HEAVY DUTY, FOR P	BY REPORT	BY REPORT
E0920			FRACTURE FRAME, ATTACHED TO B	$315.92	$37.91
E0930			FRACTURE FRAME,FREE STAND W/WE	$315.92	$37.91
E0935			CONTINUOUS PASSIVE MOTION EXER	$181.08	$21.73
E0940			TRAPEZE BAR, FREE STANDING, CO	$82.30	$16.46
E0941			GRAVITY ASSIST TRACTION DEVICE	$308.33	$37.00
E0942			TRACTION,CERVICAL WITH HEAD HA	$18.96	$3.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0944			PELVIC BELT/HARNESS/BOOT	$39.19	$7.84
E0945			EXTREMITY BELT/HARNESS	$42.33	$8.47
E0946			FRAC FRM, DUAL W/X-BARS BED AT	$470.92	$56.51
E0947			FRAC FRAME W/ATT COMPLEX PELVI	$579.24	$69.51
E0948			FRAC FRM ATTACH FOR CPX CERV T	$560.25	$67.23
E0950			TRAY	$48.01	$9.60
E0951			HEEL LOOP/HOLDER, ANY TYPE, WI	$8.49	$1.70
E0952			TOE LOOP/HOLDER, ANY TYPE, EAC	$9.75	$1.95
E0953			WHEELCHAIR ACCESSORY, LATERAL	$46.79	$9.36
E0954			WHEELCHAIR ACCESSORY, FOOT BOX	$31.40	$6.28
E0955			WHEELCHAIR ACCESSORY, HEADREST	$46.85	$9.37
E0956			WHEELCHAIR ACCESSORY, LATERAL	$46.79	$9.36
E0957			WHEELCHAIR ACCESSORY, MEDIAL T	$68.66	$13.73
E0958			WHEELCHAIR ATTACHMENT TO CONV	$305.92	$36.71
E0959			AMPUTEE ADAPTER (DEVICE USED	$39.10	$7.82
E0960			WHEELCHAIR ACCESSORY, SHOULDER	$43.31	$8.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0961			BRAKE EXTENSION, FOR WHEELCHA	$19.97	$3.99
E0966			HOOK ON HEAD REST EXTENSION	$57.62	$11.52
E0967			MANUAL WHEELCHAIR ACCESSORY, H	$60.08	$12.02
E0968			COMMODE SEAT, WHEELCHAIR	$85.60	$17.12
E0969			NARROWING DEVICE, WHEELCHAIR	$139.62	$16.75
E0970			NO.2 FOOTPLATES, EXCEPT FOR E	$94.92	$18.98
E0971			MANUAL WHEELCHAIR ACCESSORY, A	$32.41	$6.48
E0973			ADJUSTABLE HEIGHT DETACHABLE	$45.39	$9.08
E0974			"GRADE-AID" DEVICE TO PREVENT	$65.11	$13.02
E0978			WHEELCHAIR ACCESSORY, POSITIO	$18.12	$3.62
E0980			SAFETY VEST, WHEELCHAIR	$31.57	$6.31
E0981			WHEELCHAIR ACCESSORY, SEAT UPH	$24.40	$4.88
E0982			WHEELCHAIR ACCESSORY, BACK UPH	$26.83	$5.37
E0983			MANUAL WHEELCHAIR ACCESSORY, P	BY REPORT	BY REPORT
E0984			MANUAL WHEELCHAIR ACCESSORY, P	BY REPORT	BY REPORT
E0988			MANUAL WHEELCHAIR ACCESSORY, L	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E0990			ELEVATING LEG REST, EACH	$45.02	$9.00
E0992			SOLID SEAT INSERT	$66.85	$13.37
E0994			ARM REST, EACH	$16.06	$3.21
E0995			WHEELCHAIR ACCESSORY, CALF RES	$14.51	$2.90
E1002			WHEELCHAIR ACCESSORY, POWER SE	$1,778.67	$213.44
E1012			WHEELCHAIR ACCESSORY, ADDITION	BY REPORT	BY REPORT
E1028			WHEELCHAIR ACCESSORY, MANUAL S	$45.60	$9.12
E1031			ROLLABOUT CHAIR ANYTYPE W/5"+	BY REPORT	BY REPORT
E1035			MULTI-POSITIONAL PATIENT TRANS	BY REPORT	BY REPORT
E1038			TRANSPORT CHAIR, ADULT SIZE, P	BY REPORT	BY REPORT
E1039			TRANSPORT CHAIR, ADULT SIZE, H	BY REPORT	BY REPORT
E1050			FULLY-RECLINING WHEELCHAIR, F	$810.67	$97.28
E1060			RECLINING WC,DETACH ARMS,EL LE	$901.83	$108.22
E1070			FULLY-RECLINING WHEELCHAIR, DE	$871.83	$104.62
E1083			HEMI-WHEELCHAIR, FIXED FULL L	$574.42	$68.93
E1084			HEMI-WHEELCHAIR, DETACHABLE A	$780.83	$93.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1085			HEMI-WHEELCHAIR, FIXED FULL L	$829.21	$99.51
E1086			HEMI-WHEELCHAIR DETACHABLE AR	$1,105.41	$132.65
E1087			HIGH STRENGTH LIGHTWEIGHT WHE	$923.33	$110.80
E1088			HIGH STRENGTH LIGHTWEIGHT WHE	$1,200.00	$144.00
E1089			HIGH STRENGTH LIGHTWEIGHT WHE	$1,133.99	$136.08
E1090			HI STR,LTWT WC DETACH ARMS/FT	$1,499.05	$179.89
E1092			WIDE HEAVY DUTY WHEEL CHAIR,	$1,022.92	$122.75
E1093			WIDE HEAVY DUTY WHEELCHAIR, D	$879.67	$105.56
E1100			SEMI-RECLINING WHEELCHAIR, FI	$826.17	$99.14
E1110			SEMI-RECLINING WHEELCHAIR, DET	$809.00	$97.08
E1130			STANDARD WHEELCHAIR, FIXED FU	$424.49	$50.94
E1140			STD WC,DETACH ARMS/FOOTREST	$697.26	$83.67
E1150			WC,DETACH ARMS/ELEVATING LEGRE	$622.08	$74.65
E1160			WC,FIX ARMS,DETACH ELEVATE LEG	$489.33	$58.72
E1161			MANUAL ADULT SIZE WHEELCHAIR,	$1,883.17	$225.98
E1170			AMPUTEE WHEELCHAIR, FIXED FUL	$686.92	$82.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1171			AMPUTEE WHEELCHAIR, FIXED FUL	$546.58	$65.59
E1172			AMPUTEE WC,DETACH ARMS W/O F/L	$702.92	$84.35
E1180			AMPUTEE WHEELCHAIR, DETACHABL	$751.25	$90.15
E1190			AMPUTEE WHEELCHAIR, DETACHABL	$868.08	$104.17
E1195			HVY DUTY WC FIX ARMS DETACH EL	$849.83	$101.98
E1200			AMPUTEE WHEELCHAIR, FIXED FULL	$646.25	$77.55
E1220			SPECIALLY SIZED OR CONSTRUCTE	BY REPORT	BY REPORT
E1221			WHEELCHAIR WITH FIXED ARM, FO	$333.67	$40.04
E1222			WHEELCHAIR W/FIX ARM &ELEV.LE	$539.42	$64.73
E1223			WHEELCHAIR W/DETACH.ARM,FOOTR	$589.08	$70.69
E1224			WHEELCHAIR W/DETACH.ARM, ELEV	$645.92	$77.51
E1225			WHEELCHAIR ACCESSORY, MANUAL S	$300.92	$36.11
E1226			WHEELCHAIR ACCESSORY, MANUAL F	$399.34	$47.92
E1227			SPECIAL HEIGHT ARMS FOR WHEELC	$265.05	$31.81
E1228			SPECIAL BACK HEIGHT FOR WHEELC	$189.58	$22.75
E1230			POWER VEHICLE/3-4WHEEL(NON-HIG	$1,943.71	$233.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1231			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1232			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1233			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1234			WHEELCHAIR, PEDIATRIC SIZE, TI	BY REPORT	BY REPORT
E1235			WHEELCHAIR, PEDIATRIC SIZE, RI	BY REPORT	BY REPORT
E1236			WHEELCHAIR, PEDIATRIC SIZE, FO	BY REPORT	BY REPORT
E1237			WHEELCHAIR, PEDIATRIC SIZE, RI	BY REPORT	BY REPORT
E1238			WHEELCHAIR, PEDIATRIC SIZE, FO	BY REPORT	BY REPORT
E1239			POWER WHEELCHAIR, PEDIATRIC SI	BY REPORT	BY REPORT
E1240			LGHT.WT. WHEELCH.DETACH ARM,EL	$820.08	$98.41
E1250			LTWT WC FIX ARMS DETACH FOOTRE	$630.67	$75.68
E1260			LTWT WC DETACH ARMS/FOOTREST	$870.81	$104.50
E1270			LTWT WC FIX ARMS DETACH ELV LG	$611.58	$73.39
E1280			HVY DUTY WC DETACH ARMS ELV LG	$977.50	$117.30
E1285			HVY DTY WC FIX ARM DETACH FTRT	$999.66	$119.96
E1290			HVY DTY WC DETACH ARM/FTRT	$1,386.25	$166.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1295			HEAVY DUTY WHCH/FIX ARM,ELEV.	$940.83	$112.90
E1296			SPEC. SEAT FOR WHEELCH./SPEC.H	$399.15	$47.90
E1297			UPHOLSTERY FOR SPEC. DEPTH WC	$84.92	$16.98
E1298			SPEC. CONSTRUCT.WC SEAT/DEPTH-	$364.78	$43.77
E1300			WHIRLPOOL,PORTABLE(OVERTUB)	BY REPORT	BY REPORT
E1310			WHIRLPOOL,NON-PORTABLE(BUILT-I	$2,051.02	$246.12
E1353			REGULATOR	$27.05	$5.41
E1355			STAND/RACK FOR OXYGEN USE	$20.38	$4.08
E1372			IMMERSION EXTERNAL HEATER FOR	$98.61	$19.72
E1390			OXY. CONCENTRATOR EQUIV. NOT D	$531.50	$63.78
E1392			PORTABLE OXYGEN CONCENTRATOR R	$273.50	$32.82
E1399			DURABLE MEDICAL EQUIPMENT, NOT	BY REPORT	BY REPORT
E1405			02&H20 VAPOR ENRICH SYS W/HEAT	BY REPORT	BY REPORT
E1406			02&H20 VAPOR ENRICH SYS W/O HE	BY REPORT	BY REPORT
E1500			CENTRIFUGE FOR DIALYSIS	BY REPORT	BY REPORT
E1510			KIDNEY DIALYSATE DELIVERY SYST	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1520			HEPARIN INFUSION PUMP-DIALYSIS	BY REPORT	BY REPORT
E1530			AIR BUBBLE DETECTOR FOR DIALYS	BY REPORT	BY REPORT
E1540			PRESSURE ALARM FOR DIALYSIS	BY REPORT	BY REPORT
E1550			BATHE CONDUCTIVITY METER -DIAL	BY REPORT	BY REPORT
E1575			TRANSDUCER PROTECT/FLUID BARRI	BY REPORT	BY REPORT
E1580			UNIPUNCTURE CONTROL SYSTEM-DIA	BY REPORT	BY REPORT
E1590			HEMODIALYSIS MACHINE	BY REPORT	BY REPORT
E1592			AUTO INTERMIT PERITONEAL DIALY	BY REPORT	BY REPORT
E1594			CYCLER MACHINE-PERITONEAL DIAL	BY REPORT	BY REPORT
E1610			REVERSE OSMOSIS H20 PURIFICATI	BY REPORT	BY REPORT
E1615			DEIONIZER WATER PURIFICATION S	BY REPORT	BY REPORT
E1620			BLOOD PUMP FOR DIALYSIS	BY REPORT	BY REPORT
E1630			RECIPROCATING PERITONEAL DIALY	BY REPORT	BY REPORT
E1632			WEARABLE ARTIFICIAL KIDNEY	BY REPORT	BY REPORT
E1634			PERITONEAL DIALYSIS CLAMPS, EA	BY REPORT	BY REPORT
E1635			COMPACT(PORT)TRAVEL HEMODIALYZ	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E1636			SORBENT CARTRIDGES, PER CASES	BY REPORT	BY REPORT
E1637			HEMOSTATS, EACH	BY REPORT	BY REPORT
E1699			DIALYSIS EQUIP-UNSPECIFIES-BY	BY REPORT	BY REPORT
E1700			JAW MOTION REHABILITATION SYST	BY REPORT	BY REPORT
E1701			REPLACE CUSION-JAW MOT. SYS.PK	$9.91	$1.98
E1702			REPLACE SCALES-JAW MOTION SYS-	$19.89	$3.98
E1800			DYNAMIC ADJ.ELBOW EXT/FLEXION	BY REPORT	BY REPORT
E1805			DYNAMIC ADJ.WRIST EXTEN/FLEX.	BY REPORT	BY REPORT
E1810			DYNAMIC ADJ.KNEE EXTEN/FLEX. D	BY REPORT	BY REPORT
E1812			DYNAMIC KNEE, EXTENSION/FLEXIO	BY REPORT	BY REPORT
E1815			DYNAMIC ADJ. ANKLE EXTEN/FLEX.	BY REPORT	BY REPORT
E1820			SOFT INTERFACE,DYN.ADJ.EXTEN/F	$78.08	$15.62
E1825			DYN.ADJ. FINGER EXTEN/FLEXION	BY REPORT	BY REPORT
E1830			DYN.ADJ. TOE EXTENSION/FLEX. D	BY REPORT	BY REPORT
E1902			AUGMENTIVE COMMUNICATION DEVIC	BY REPORT	BY REPORT
E1905			VIRTUAL REALITY COGNITIVE BEHA	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2100			BLOOD GLUCOSE MONITOR WITH INT	$605.83	$72.70
E2102			ADJUNCTIVE, NON-IMPLANTED CONT	$144.13	$17.30
E2103			NON-ADJUNCTIVE, NON-IMPLANTED	$197.61	$23.71
E2201			MANUAL WHEELCHAIR ACCESSORY, N	$287.22	$34.47
E2202			MANUAL WHEELCHAIR ACCESSORY, N	$320.01	$38.40
E2203			MANUAL WHEELCHAIR ACCESSORY, N	$386.37	$46.36
E2204			MANUAL WHEELCHAIR ACCESSORY, N	$661.71	$79.41
E2205			MANUAL WHEELCHAIR ACCESSORY, H	$29.35	$5.87
E2206			MANUAL WHEELCHAIR ACCESSORY, W	$33.80	$6.76
E2207			WHEELCHAIR ACCESSORY, CRUTCH A	$38.72	$7.74
E2208			WHEELCHAIR ACCESSORY, CYLINDER	$51.14	$10.23
E2209			WHEELCHAIR ACCESSORY, ARM TROU	$51.62	$10.32
E2210			WHEELCHAIR ACCESSORY, BEARINGS	$3.13	$0.63
E2211			MANUAL WHEELCHAIR ACCESSORY, P	$33.21	$6.64
E2212			MANUAL WHEELCHAIR ACCESSORY, T	$5.22	$1.04
E2213			MANUAL WHEELCHAIR ACCESSORY, I	$26.56	$5.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2214			MANUAL WHEELCHAIR ACCESSORY, P	$30.10	$6.02
E2215			MANUAL WHEELCHAIR ACCESSORY, T	$8.62	$1.72
E2216			MANUAL WHEELCHAIR ACCESSORY, F	$34.66	$6.93
E2217			MANUAL WHEELCHAIR ACCESSORY, F	$30.67	$6.13
E2218			MANUAL WHEELCHAIR ACCESSORY, F	$34.66	$6.93
E2219			MANUAL WHEELCHAIR ACCESSORY, F	$35.31	$7.06
E2220			MANUAL WHEELCHAIR ACCESSORY, S	$24.62	$4.92
E2221			MANUAL WHEELCHAIR ACCESSORY, S	$22.59	$4.52
E2222			MANUAL WHEELCHAIR ACCESSORY, S	$18.70	$3.74
E2224			MANUAL WHEELCHAIR ACCESSORY, P	$83.13	$16.63
E2225			MANUAL WHEELCHAIR ACCESSORY, C	$15.52	$3.10
E2226			MANUAL WHEELCHAIR ACCESSORY, C	$33.55	$6.71
E2231			MANUAL WHEELCHAIR ACCESSORY, S	$125.85	$15.10
E2310			POWER WHEELCHAIR ACCESSORY, EL	$517.00	$62.04
E2311			POWER WHEELCHAIR ACCESSORY, EL	$1,045.17	$125.42
E2312			POWER WHEELCHAIR ACCESSORY, HA	$1,756.00	$210.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2313			POWER WHEELCHAIR ACCESSORY, HA	$245.33	$29.44
E2358			POWER WHEELCHAIR ACCESSORY, GR	BY REPORT	BY REPORT
E2359			POWER WHEELCHAIR ACCESSORY, GR	$142.47	$17.10
E2360			POWER WHEELCHAIR ACCESSORY, 22	$101.70	$12.20
E2361			POWER WHEELCHAIR ACCESSORY, 22	$68.69	$13.74
E2362			POWER WHEELCHAIR ACCESSORY, GR	$86.98	$17.40
E2363			POWER WHEELCHAIR ACCESSORY, GR	$88.05	$17.61
E2364			POWER WHEELCHAIR ACCESSORY, U-	$100.39	$12.05
E2365			POWER WHEELCHAIR ACCESSORY, U-	$50.73	$10.15
E2366			POWER WHEELCHAIR ACCESSORY, BA	$110.96	$13.32
E2367			POWER WHEELCHAIR ACCESSORY, BA	$213.95	$25.67
E2368			POWER WHEELCHAIR COMPONENT, DR	$209.50	$25.14
E2369			POWER WHEELCHAIR COMPONENT, DR	$185.42	$22.25
E2370			POWER WHEELCHAIR COMPONENT, IN	$298.83	$35.86
E2371			POWER WHEELCHAIR ACCESSORY, GR	$77.67	$15.53
E2372			POWER WHEELCHAIR ACCESSORY, GR	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2373			POWER WHEELCHAIR ACCESSORY, HA	$549.58	$65.95
E2374			POWER WHEELCHAIR ACCESSORY, HA	$237.08	$28.45
E2375			POWER WHEELCHAIR ACCESSORY, NO	$343.58	$41.23
E2376			POWER WHEELCHAIR ACCESSORY, EX	$592.58	$71.11
E2377			POWER WHEELCHAIR ACCESSORY, EX	$216.75	$26.01
E2378			POWER WHEELCHAIR COMPONENT, AC	BY REPORT	BY REPORT
E2381			POWER WHEELCHAIR ACCESSORY, PN	$37.36	$7.47
E2382			POWER WHEELCHAIR ACCESSORY, TU	$10.72	$2.14
E2383			POWER WHEELCHAIR ACCESSORY, IN	$75.11	$15.02
E2384			POWER WHEELCHAIR ACCESSORY, PN	$37.47	$7.49
E2385			POWER WHEELCHAIR ACCESSORY, TU	$25.65	$5.13
E2386			POWER WHEELCHAIR ACCESSORY, FO	$66.97	$13.39
E2387			POWER WHEELCHAIR ACCESSORY, FO	$30.70	$6.14
E2388			POWER WHEELCHAIR ACCESSORY, FO	$26.95	$5.39
E2389			POWER WHEELCHAIR ACCESSORY, FO	$14.85	$2.97
E2390			POWER WHEELCHAIR ACCESSORY, SO	$23.10	$4.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2391			POWER WHEELCHAIR ACCESSORY, SO	$10.22	$2.04
E2392			POWER WHEELCHAIR ACCESSORY, SO	$26.30	$5.26
E2394			POWER WHEELCHAIR ACCESSORY, DR	$36.42	$7.28
E2395			POWER WHEELCHAIR ACCESSORY, CA	$25.78	$5.16
E2396			POWER WHEELCHAIR ACCESSORY, CA	$31.70	$6.34
E2398			WHEELCHAIR ACCESSORY, DYNAMIC	$109.56	$13.15
E2402			NEGATIVE PRESSURE WOUND THERAP	$4,593.25	$551.19
E2601			GENERAL USE WHEELCHAIR SEAT CU	$26.62	$5.32
E2602			GENERAL USE WHEELCHAIR SEAT CU	$53.73	$10.75
E2603			SKIN PROTECTION WHEELCHAIR SEA	$67.01	$13.40
E2604			SKIN PROTECTION WHEELCHAIR SEA	$88.20	$17.64
E2605			POSITIONING WHEELCHAIR SEAT CU	$127.76	$15.33
E2606			POSITIONING WHEELCHAIR SEAT CU	$203.66	$24.44
E2607			SKIN PROTECTION AND POSITIONIN	$130.46	$15.66
E2608			SKIN PROTECTION AND POSITIONIN	$160.93	$19.31
E2611			GENERAL USE WHEELCHAIR BACK CU	$127.33	$15.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2612			GENERAL USE WHEELCHAIR BACK CU	$192.36	$23.08
E2613			POSITIONING WHEELCHAIR BACK CU	$186.33	$22.36
E2614			POSITIONING WHEELCHAIR BACK CU	$267.62	$32.11
E2615			POSITIONING WHEELCHAIR BACK CU	$216.19	$25.94
E2616			POSITIONING WHEELCHAIR BACK CU	$287.28	$34.47
E2619			REPLACEMENT COVER FOR WHEELCHA	$27.59	$5.52
E2620			POSITIONING WHEELCHAIR BACK CU	$245.57	$29.47
E2621			POSITIONING WHEELCHAIR BACK CU	$272.65	$32.72
E2622			SKIN PROTECTION WHEELCHAIR SEA	$176.71	$21.21
E2623			SKIN PROTECTION WHEELCHAIR SEA	$224.18	$26.90
E2624			SKIN PROTECTION AND POSITIONIN	$178.84	$21.46
E2625			SKIN PROTECTION AND POSITIONIN	$223.93	$26.87
E2626			WHEELCHAIR ACCESSORY, SHOULDER	$552.41	$66.29
E2627			WHEELCHAIR ACCESSORY, SHOULDER	$863.64	$103.64
E2628			WHEELCHAIR ACCESSORY, SHOULDER	$667.21	$80.07
E2629			WHEELCHAIR ACCESSORY, SHOULDER	$846.02	$101.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
E2630			WHEELCHAIR ACCESSORY, SHOULDER	$566.88	$68.03
E2631			WHEELCHAIR ACCESSORY, ADDITION	$239.04	$28.68
E2632			WHEELCHAIR ACCESSORY, ADDITION	$149.76	$17.97
E2633			WHEELCHAIR ACCESSORY, ADDITION	$125.62	$15.07
E8000			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
E8001			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
E8002			GAIT TRAINER, PEDIATRIC SIZE,	BY REPORT	BY REPORT
G0027			SEMEN ANALYSIS	NA	$2.40
G0068			PROFESSIONAL SERVICES FOR THE	NA	$86.50
G0069			PROFESSIONAL SERVICES FOR THE	NA	$116.87
G0070			PROFESSIONAL SERVICES FOR THE	NA	$145.40
G0076			BRIEF (20 MINUTES) CARE MANAGE	$24.43	$20.76
G0077			LIMITED (30 MINUTES) CARE MANA	$36.29	$30.84
G0078			MODERATE (45 MINUTES) CARE MAN	$59.52	$50.59
G0080			EXTENSIVE (75 MINUTES) CARE MA	$102.78	$87.36
G0082			LIMITED (30 MINUTES) CARE MANA	$38.66	$32.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0084			COMPREHENSIVE (60 MINUTES) CAR	$86.05	$73.14
G0086			LIMITED (30 MINUTES) CARE MANA	$36.89	$31.36
G0087			COMPREHENSIVE (60 MINUTES) CAR	$51.63	$43.89
G0104			FLEXIBLE SIGMOIDOSCOPY	$152.41	$129.55
G0104	TC		FLEXIBLE SIGMOIDOSCOPY	NA	$40.77
G0104	26		FLEXIBLE SIGMOIDOSCOPY	$28.17	$23.94
G0105	TC		COLONOSCOPY ON INDIV AT HIGH R	NA	$41.00
G0106			SCREENING SIGMOIDOSCOPY, BA EN	$111.73	$94.97
G0106	TC		SCREENING SIGMOIDOSCOPY, BA EN	NA	$46.00
G0106	26		SCREENING SIGMOIDOSCOPY, BA EN	$28.99	$24.64
G0120			SCREENING COLONOSCOPY, BARIUM	$111.73	$94.97
G0120	TC		SCREENING COLONOSCOPY, BARIUM	NA	$48.16
G0120	26		SCREENING COLONOSCOPY, BARIUM	$28.99	$24.64
G0121	TC		COLONOSCOPY NON HIGH RISK INDI	NA	$41.00
G0122			BARIUM ENEMA	$30.00	$28.00
G0122	TC		BARIUM ENEMA	NA	$16.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0122	26		BARIUM ENEMA	$13.50	$11.50
G0127			TRIMMING DYSTROPHIC NAILS, 1-1	$19.54	$16.61
G0130			BONE DENS STUDY 1 OR MORE SITE	$29.90	$25.42
G0130	TC		BONE DENS STUDY 1 OR MORE SITE	NA	$13.78
G0130	26		BONE DENS STUDY 1 OR MORE SITE	$5.28	$4.49
G0141			SCR C/V CYTO AUTOSYS AND MD	NA	$10.00
G0166			EXTERNAL COUNTERPULSATION, PER	$84.74	$72.03
G0168			WOUND CLOSURE UTILIZING TISSUE	$62.62	$53.22
G0168	26		WOUND CLOSURE UTILIZING TISSUE	$7.23	$6.14
G0176	HH		ACTIVITY THERAPY, SUCH AS MUSI	$0.00	$0.00
G0268			REMOVAL OF IMPACTED CERUMEN (O	$26.35	$22.40
G0268	26		REMOVAL OF IMPACTED CERUMEN (O	$16.38	$13.92
G0276			BLINDED PROCEDURE FOR LUMBAR S	$180.80	$153.68
G0277			HYPERBARIC OXYGEN UNDER PRESSU	$94.08	$79.96
G0278			ILIAC ARTERY ANGIOGRAPHY PERFO	$6.60	$5.61
G0279			DIAG DIGITAL BREAST TOMOSYNTHE	$23.81	$20.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0279	TC		TOMOSYNTHESIS, MAMMO SCREEN	NA	$13.80
G0279	26		TOMOSYNTHESIS, MAMMO SCREEN	$13.84	$11.76
G0288			RECONSTRUCTION, COMPUTED TOMOG	$35.97	$30.57
G0289			ARTHROSCOPY, KNEE, SURGICAL, F	$42.05	$35.74
G0296	26		COUNSELING VISIT TO DISCUSS NE	$12.37	$10.51
G0306			CBC AUTO HGB-RBC-WBC-W PLAT &	NA	$3.89
G0307			AUTO HEMOGRAM W PLATELET COUNT	NA	$3.24
G0310			IMMUNIZATION COUNSELING BY A P	$16.18	$229.00
G0311			IMMUNIZATION COUNSELING BY A P	$16.18	$232.00
G0316			PROLONG HOSPITAL INPATIENT OR	$25.14	$21.37
G0316	26		PROLONGED HOSPITAL INPATIENT O	$23.77	$20.20
G0317			PROLONG NURSING FACILITY EVALU	$25.14	$21.37
G0317	26		PROLONGED NURSING FACILITY EVA	$23.77	$20.20
G0318			PROLONGED HOME OR RESIDENCE EV	$24.58	$20.89
G0318	26		PROLONGED HOME OR REDIDENCE EV	$23.48	$19.96
G0328			IMMUNOASSAY INFECTIOUS AG QUAL	NA	$9.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0328	QW		IMMUNOASSAY INFECTIOUS AG QUAL	NA	$7.00
G0330			FACILITY SERVICES FOR DENTAL R	BY REPORT	BY REPORT
G0396			ALCOHOL AND/OR SUBSTANCE (OTHE	$17.05	$14.49
G0396	HH		ALC &/OR SUBSTANCE SBIRT 15-30	$0.00	$0.00
G0396	26		ALCOHOL AND/OR SUBSTANCE ABUSE	$15.50	$13.17
G0397			ALCOHOL AND/OR SUBSTANCE (OTHE	$33.04	$28.08
G0397	HH		ALC &/OR SUBSTANCE SBIRT 30 MI	$0.00	$0.00
G0397	26		ALCOHOL &/OR SUBSTANCE ABUSE A	$31.50	$26.77
G0412			OPEN TREATMENT OF ILIAC SPINE(	$365.60	$310.76
G0413			PERCUTANEOUS SKELETAL FIXATION	$535.02	$454.77
G0414			OPEN TREATMENT OF ANTERIOR PEL	$505.09	$429.32
G0415			OPEN TREATMENT OF POSTERIOR PE	$685.00	$582.25
G0420			FACE-TO-FACE EDUCATIONAL SERVI	$53.55	$45.52
G0421			FACE-TO-FACE EDUCATIONAL SERVI	$13.42	$11.41
G0422			INTENSIVE CARDIAC REHABILITATI	$64.25	$54.61
G0423			INTENSIVE CARDIAC REHABILITATI	$64.25	$54.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0432			INFECTIOUS AGENT ANTIBODY DETE	NA	$15.66
G0433			INFECTIOUS AGENT ANTIBODY DETE	NA	$14.63
G0434	HF	QW	DRUG SCREEN, OTH THAN CHROMATO	NA	$16.38
G0435			INFECTIOUS AGENT ANTIBODY DETE	NA	$9.58
G0442			ANNUAL ALCOHOL MISUSE SCREENIN	$15.39	$13.08
G0443			BRIEF FACE-TO-FACE BEHAVIORAL	$19.90	$16.91
G0444			ANNUAL DEPRESSION SCREENING, 5	$15.39	$13.08
G0445			HIGH INTENSITY BEHAVIORAL COUN	$21.00	$17.85
G0446			INTENSIVE BEHAVIORAL THERAPY T	$20.17	$17.14
G0451			DEVELOPMENT TESTING, WITH INTE	$9.62	$8.18
G0461			IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$77.88
G0461	TC		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$51.94
G0461	26		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$25.94
G0462			IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$60.90
G0462	TC		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$50.32
G0462	26		IMMUNOHISTOCHEMISTRY OR IMMUNO	NA	$10.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0464			COLORECTAL CANCER SCREENING: S	$394.18	$335.05
G0470	HQ		FQHC VISIT BH GROUP COUNSELING	CONTRACT PRICING	NA
G0471			COLLECTION OF VENOUS BLOOD BY	$8.66	$7.36
G0473			FACE-TO-FACE BEHAVIORAL COUNSE	$9.81	$8.34
G0473	26		GROUP BEHAVIORAL COUNSELING 2-	$8.98	$7.64
G0480			DRUG TEST(S), DEFINITIVE, UTIL	NA	$91.54
G0480	HF		DRUG TEST(S) DEFINITIVE, UTILI	NA	$91.54
G0481			DRUG TEST(S), DEFINITIVE, UTIL	NA	$125.27
G0481	HF		DRUG TEST(S), DEFINITIVE, UTIL	NA	$99.12
G0506			COMPREHENSIVE ASSESSMENT OF AN	$31.44	$26.72
G0506	26		COMPREHENSIVE ASSESSMENT CARE	$21.64	$18.39
G0513			PROLONGED PREVENTIVE SERVICE(S	$31.31	$26.61
G0513	26		PROLONGED PREVENTIVE SERVICES	$29.07	$24.71
G0514			PROLONGED PREVENTIVE SERVICE(S	$31.48	$26.75
G0514	26		PROLONGED PREVENTIVE SERVICES	$29.24	$24.85
G0516			INSERTION OF NON-BIODEGRADABLE	$99.62	$84.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G0516	26		INSERTION OF NON-BIODEGRADABLE	$47.50	$40.37
G0517			REMOVAL OF NON-BIODEGRADABLE D	$110.52	$93.94
G0517	26		REMOVAL OF NON-BIODEGRABLE DRU	$54.10	$45.98
G0518			REMOVAL WITH REINSERTION, NON-	$193.48	$164.46
G0518	26		REMOVAL WITH REINSETION, NON-B	$88.55	$75.27
G2010			REMOTE EVALUATION OF RECORDED	$6.18	$5.25
G2010	26		REMOTE EVALUATION OF RECORDED	$4.46	$3.79
G2011			ALCOHOL AND/OR SUBSTANCE (OTHE	$8.26	$7.02
G2012			BRIEF COMMUNICATION TECHNOLOGY	$6.97	$5.92
G2012	26		BRIEF COMMUNICATION TECHNOLOGY	$6.28	$5.33
G2063	26		QUALIFIED NONPHYSICIAN QUALIFI	$16.75	$14.24
G2067			MEDICATION ASSISTED TREATMENT,	NA	$153.11
G2068			MEDICATION ASSISTED TREATMENT,	NA	$210.55
G2069			MEDICATION ASSISTED TREATMENT,	NA	$1,996.35
G2073			MEDICATION ASSISTED TREATMENT,	NA	$1,253.35
G2074			MEDICATION ASSISTED TREATMENT,	NA	$85.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G2076			INTAKE ACTIVITIES, INCLUDING I	NA	$460.08
G2078			TAKE-HOME SUPPLY OF METHADONE:	NA	$35.28
G2079			TAKE-HOME SUPPLY OF BUPRENORPH	NA	$91.18
G2082			OFFICE OR OTHER OUTPATIENT VIS	$440.32	$374.27
G2082	26		OFFICE OR OTHER OUTPATIENT VIS	$17.32	$14.72
G2083			OFFICE OR OTHER OUTPATIENT VIS	$625.42	$531.61
G2083	26		OFFICE OR OTHER OUTPATIENT VIS	$17.32	$14.72
G2086			OFFICE-BASED TREATMENT FOR OPI	$230.47	$195.90
G2086	26		OFFICE-BASED TREATMENT FOR OPI	$197.62	$167.97
G2087			OFFICE-BASED TREATMENT FOR OPI	$212.40	$180.54
G2087	26		OFFICE-BASED TREATMENT FOR OPI	$190.55	$161.96
G2088			OFFICE-BASED TREATMENT FOR OPI	$29.43	$25.02
G2088	26		OFFICE-BASED TREATMENT FOR OPI	$18.77	$15.95
G2211			VISIT COMPLEXITY INHERENT TO E	$8.22	$6.99
G2212			PROLONGED OFFICE OR OTHER OUTP	$16.05	$13.64
G2212	26		PROLONGED OFFICE OR OTHER OUTP	$24.58	$20.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G2213			INITIATION OF MEDICATION FOR T	$31.50	$26.77
G2213	26		INITIATION OF MEDICATION FOR T	$47.37	$40.26
G2214			INITIAL OR SUBSEQUENT PSYCHIAT	$28.80	$16.77
G2250			REMOTE ASSESSMENT OF RECORDED	$6.18	$5.25
G2250	26		REMOTE ASSESSMENT OF RECORDED	$7.14	$6.07
G2251			BRIEF COMMUNICATION TECHNOLOGY	$6.97	$5.92
G2251	26		BRIEF COMMUNICATION TECHNOLOGY	$10.04	$8.53
G2252			BRIEF COMMUNICATION TECHNOLOGY	$13.08	$11.11
G2252	26		BRIEF COMMUNICATION TECHNOLOGY	$19.54	$16.61
G6001			ULTRASONIC GUIDANCE FOR PLACEM	$92.30	$78.45
G6001	TC		ECHO GUIDANCE RADIOTHERAPY	NA	$67.48
G6001	26		ECHO GUIDANCE RADIOTHERAPY	$15.58	$13.24
G6002			STEREOSCOPIC X-RAY GUIDANCE FO	$38.47	$32.70
G6002	TC		STEREOSCOPIC X-RAY GUIDANCE	NA	$30.60
G6002	26		STEREOSCOPIC X-RAY GUIDANCE	$10.10	$8.58
G6003			RADIATION TREATMENT DELIVERY,	$79.47	$67.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G6004			RADIATION TREATMENT DELIVERY,	$65.19	$55.41
G6005			RADIATION TREATMENT DELIVERY,	$65.37	$55.56
G6006			RADIATION TREATMENT DELIVERY,	$64.85	$55.12
G6007			RADIATION TREATMENT DELIVERY,	$118.69	$100.89
G6008			RADIATION TREATMENT DELIVERY,	$89.96	$76.46
G6009			RADIATION TREATMENT DELIVERY,	$89.79	$76.32
G6010			RADIATION TREATMENT DELIVERY,	$89.10	$75.73
G6011			RADIATION TREATMENT DELIVERY,3	$118.34	$100.59
G6012			RADIATION TREATMENT DELIVERY,3	$118.52	$100.74
G6013			RADIATION TREATMENT DELIVERY,3	$119.03	$101.17
G6014			RADIATION TREATMENT DELIVERY,3	$118.17	$100.44
G6015			INTENSITY MODULATED TREATMENT	$183.69	$156.13
G6016			COMPENSATOR-BASED BEAM MODULAT	$182.85	$155.42
G6019	26		COLONOSCOPY LESION REMOVAL	$142.60	$121.21
G6022	26		SIGMOIDOSCOPY W/ABLATE TUMOR	$96.15	$81.72
G6024	26		LESION REMOVAL COLONOSCOPY	$172.73	$146.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
G9141	52		INFLUENZA A(H1N1)IMMUN INTRANA	NA	$5.00
G9489			REMOTE IN-HOME VISIT FOR THE E	$37.86	$32.18
G9490			COMPREHENSIVE CARE FOR JOINT R	$24.40	$20.74
G9685			PHYSICIAN SERVICE OR OTHER QUA	$91.12	$77.45
G9880			THE MDPP BENEFICIARY ACHIEVED	NA	$40.00
G9881			THE MDPP BENEFICIARY ACHIEVED	NA	$80.00
G9978			REMOTE IN-HOME VISIT FOR THE E	$24.95	$21.20
G9979			REMOTE IN-HOME VISIT FOR THE E	$36.36	$30.90
G9980			REMOTE IN-HOME VISIT FOR THE E	$53.03	$45.07
G9981			REMOTE IN-HOME VISIT FOR THE E	$80.88	$68.74
G9982			REMOTE IN-HOME VISIT FOR THE E	$104.86	$89.13
G9983			REMOTE IN-HOME VISIT FOR THE E	$24.95	$21.20
G9984			REMOTE IN-HOME VISIT FOR THE E	$40.26	$34.22
G9985			REMOTE IN-HOME VISIT FOR THE E	$57.43	$48.82
G9986			REMOTE IN-HOME VISIT FOR THE E	$79.14	$67.27
G9987			BUNDLED PAYMENTS FOR CARE IMPR	$24.40	$20.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
HH270			MEDICAL/SURG SUPPLIES, GEN CLA	$0.00	$0.00
HH420			PHYSICAL THERAPY, GEN CLASSIF,	NA	$24.06
HH430			OCCUPATION THERAPY, GEN CLASSI	NA	$23.81
HH440			SPEECH PATHOLOGY, GEN CLASSIF,	NA	$20.27
HH528			RHC/FQHC PRACT TO OTHER NON-RH	BY REPORT	BY REPORT
HH550			SKILLED NURSING, GEN CLASSIF,	NA	$29.14
HH560			MEDICAL SOCIAL SERV GEN CLASSI	NA	$25.90
HH570			HOME HEALTH AID, GEN CLASSIF,	NA	$6.22
HH826			HEMODIALYSIS SESSIONS - OUTPAT	BY REPORT	BY REPORT
HH871			CELL/GENE THERAPY - CELL COLLE	BY REPORT	BY REPORT
HH872			SPC BIO PROCESNG&STRG PRIOR TR	BY REPORT	BY REPORT
HH873			STRG&PROCESNG AFTR MANUFAC CEL	BY REPORT	BY REPORT
HH874			CEL/GNE THERAPY MODIFD CELL IN	BY REPORT	BY REPORT
HH875			CEL/GNE THERAPY MODIFD CEL INJ	BY REPORT	BY REPORT
H0001	HA		ALCOHOL/DRUG ASSESSMENT(PRE-AD	NA	$24.50
H0001	HH		ALCOHOL AND/OR DRUG ASSESSMENT	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0002	HH		BEHAVIORAL HEALTH SCREENING TO	$0.00	$0.00
H0003			ALCOHOL AND/OR DRUG ASSESSMENT	NA	$4.50
H0003	HA		ALCOHOL/DRUG SCREENING (URINE)	NA	$8.00
H0003	HF		ALCOHOL AND/OR DRUG SCREENING	NA	$4.76
H0003	HH		ALCOHOL AND/OR DRUG ASSESSMENT	$0.00	$0.00
H0004	HH		BEH HLTH COUNSELING & THER 15	$0.00	$0.00
H0004	HI		BEHAVIORAL HLTH COUNSEL/TPY PE	NA	$8.26
H0004	HI	22	BEH HLTH COUN & THERAPY/15MINU	NA	$22.05
H0004	ST	22	TBI-BEHAVIOR PROGRAM CONTINUIN	NA	$75.00
H0005	AJ	HA	ALCOHOL/DRUG SERV/GROUP THERAP	NA	$23.00
H0005	HH		ALCOHOL AND/OR DRUG SERV, GROU	$0.00	$0.00
H0006	HA		CASE MANAGEMENT	NA	$12.00
H0006	HA	22	CARE MANAGEMENT (SA ONLY)	NA	$550.00
H0006	HF		ALCOHOL &/OR DRG SERV, CASE MN	NA	$76.00
H0006	HF	HG	ALCOHOL &/OR DRUG SERV CASE MG	NA	$152.00
H0006	HF	SU	ALCOHOL &/OR DRUG SERV CASE MN	NA	$76.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0006	HH		ALCOHOL &/OR DRUG SERV, CASE M	$0.00	$0.00
H0007	HA		CRISIS INTERVENTION INDIVIDUAL	NA	$13.00
H0007	HH		ALCOHOL AND/OR DRUG SERV, CRIS	$0.00	$0.00
H0010	HA		SUB ACUTE DETOXIFICATION RESID	CONTRACT PRICING	NA
H0010	HF		DETOXIFICATION LEVEL III.7(PER	NA	$452.90
H0010	HV		RESID WITHDRAWAL MGT R & B	NA	$21.35
H0011	HF		MEDICALLY ENHANCED DETOX LEVEL	NA	$416.00
H0014	HF		AMBULATORY WITHDRAWAL MGT	NA	$232.54
H0014	HH		ALCOHOL &/OR DRUG SERV, AMBULA	$0.00	$0.00
H0015	HA		INTENSIVE OP (PARTIAL CARE)	BY REPORT	BY REPORT
H0015	HF		INTENSIVE OP TX IN SA TX FACIL	NA	$121.50
H0015	HH		ALC &/OR DRUG SRVS, INTENSIVE	$0.00	$0.00
H0016	HH		ALC &/OR DRG SRVS, AMBULATORY	$0.00	$0.00
H0017	HI		MEN HLTH REHAB JCAHO-RTC/DDD	CONTRACT PRICING	NA
H0017	HU		MEN HLTH REHAB JCAHO RTC/DYFS	CONTRACT PRICING	NA
H0017	HW		MEN HLTH REHAB JCAHO RTC/DMHS	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0018	HA		SHORT TERM RESID(BIO-PSYCHO AS	NA	$66.06
H0018	HF		SHORT TERM RESIDENTIAL PER DIE	NA	$225.17
H0018	HF	U1	SH TERM RESIDENTIAL MAT METHAD	NA	$231.41
H0018	HF	U2	SH TERM RESIDENTIAL MAT NON-ME	NA	$243.71
H0018	HU		MH RHB NON-RTC RESIDENTIAL CAR	CONTRACT PRICING	NA
H0018	HV		SHORT TERM RESIDENTIAL R & B	NA	$19.98
H0018	TJ		CRISIS RESIDENTIAL BED	NA	$50.00
H0018	TJ	U1	IIC ASSESSMENT-CLIN LICENSED P	NA	$163.99
H0018	TJ	U2	IIC ASSESSMENT-MASTERS LEVEL P	NA	$87.13
H0019	HA		BEHAV HLTH RES(OUT OF HOME TX	CONTRACT PRICING	NA
H0019	HA	52	SHORT TERM ADOL OUT OF HOME TX	CONTRACT PRICING	NA
H0019	HF		LONG TERM RESIDENTIAL SA TREAT	NA	$142.70
H0019	HF	U1	LG TERM RESIDENTIAL MAT METHAD	NA	$148.60
H0019	HF	U2	LG TERM RESIDENTIAL MAT NON-ME	NA	$147.86
H0019	HF	U3	NON METHADONE/NON DISULFIRAM A	NA	$145.20
H0019	HU		MEN HLTH REHAB GROUP HOMES/DYF	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0019	HU	52	MH RHAB TRANSITIONAL LIVNG HOM	CONTRACT PRICING	NA
H0019	HV		LONG TERM RESIDENTIAL R & B	NA	$18.43
H0019	HW		MEN HLTH REHAB TREATMENT HOMES	CONTRACT PRICING	NA
H0019	U1		SUP RESID A+ GRP HOMES/CRISIS	NA	$300.44
H0019	U1	52	SUPERV RES A+ APRS PER DIEM	NA	$300.44
H0019	U2		SUPERV RESID A GRP HOMES PER D	NA	$249.68
H0019	U2	52	SUPERVISED RES APTS A (PER DIE	NA	$249.68
H0019	U3		SUPERV RES B GRP HOMES (PER DI	NA	$186.56
H0019	U3	52	SUPERV RESID B APTS (15 MINUTE	NA	$14.84
H0019	U4		SUPERV RES C GRP HOMES PER 15	NA	$4.10
H0019	U4	52	SUPERV RES C APTS PER 15 MINUT	NA	$4.10
H0019	U5		FAMILY CARE/LEVEL D (PER DIEM)	NA	$19.48
H0020	HG		METHADONE MED/DISPENS IN OTF/D	NA	$4.25
H0020	HH		ALC &/OR DRUG SERV, METHADONE	$0.00	$0.00
H0022	HH		ALCOHOL &/OR DRUG INTERVENTION	$0.00	$0.00
H0023	HF		BEHAVIORAL HEALTH OUTREACH SVC	NA	$29.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0026	HM	HQ	ASSER COM TX FACE-FACE/15 MIN	NA	$17.57
H0028	HH		ALCOHOL &/OR DRUG PREVENTION P	$0.00	$0.00
H0030	HH		ALCOHOL &/OR DRUG HOTLINE SERV	$0.00	$0.00
H0031	HA		MENTAL HEALTH ASSESSMENT(FUNCT	NA	$76.88
H0031	HA	HP	ASSESSMENT CODE BCBBA DOC LEVE	NA	$189.63
H0031	HA	22	MENTAL HEALTH ASSESSMENT(BCBA)	NA	$87.13
H0031	HH		MH ASSESSMENT BY NON-PHYSICIAN	$0.00	$0.00
H0032	HH		MOBILE RESPONSE CARE COORD/STA	$0.00	$0.00
H0032	TJ		MOBILE RESPONSE - STABILIZATIO	NA	$13.02
H0033	HH		ORAL MEDICATION ADMINISTRATION	$0.00	$0.00
H0034	HH		MED TRAINING AND SUPPORT PER 1	$0.00	$0.00
H0035			MENTAL HEALTH PARTIAL CARE	NA	$19.89
H0035	HH		MENTAL HEALTH PARTIAL CARE	$0.00	$0.00
H0035	UC		PARTIAL CARE	NA	$19.89
H0036			INTENSIVE IN COMMUN SERV PER 1	NA	$18.44
H0036	HH		INTENSIVE IN COMM SERV PER 15	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0036	HM		ASSER COM TX FACE-FACE/15 MIN	NA	$18.44
H0036	HM	HQ	ASSER COM TX FACE-FACE/15MIN	NA	$4.62
H0036	HQ		COMM SUPP SERV-HS GRAD LEV-GRO	NA	$4.62
H0036	HQ	52	COMMUN SUPPORT SERV BY PEER LE	NA	$4.62
H0036	TJ	U1	INTENS IN-COM INDIV CLIN LEVEL	NA	$31.60
H0036	TJ	U2	INTENS IN-COMM PROF IND SERV M	NA	$29.46
H0036	TJ	U3	INTENS IN-COMMUN SERV MIN BACH	NA	$18.25
H0036	UN	U1	INTENS IN-COM GRP CLIN LEV 2 C	NA	$20.67
H0036	UN	U2	INTENS IN-COM GRP SERV PROF LE	NA	$18.91
H0036	UN	U3	INTENS IN-COMM GRP BEHAV SVC 2	NA	$11.75
H0036	UP	U1	INTENS IN-COM GRP CLIN LEV 3 C	NA	$17.89
H0036	UP	U2	INTENS IN-COM GRP SERV PROF LE	NA	$15.40
H0036	UP	U3	INTENS IN-COMM GRP BEHAV SVC 3	NA	$9.58
H0036	52		COMMUN SUPP SERV PEER LEV-INDI	NA	$18.44
H0037	HH		COMMUNITY PSYCHIATRIC SUPPORT	$0.00	$0.00
H0037	HW		MH RHAB NON-RTC COMM PSYCH RES	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0038	HA		SELF HELP/PEER SERV(EDUCAT ADV	BY REPORT	BY REPORT
H0038	HF		PEER RECOVERY SUPPORT SV, 15MI	NA	$17.57
H0038	HF	X3	OPIOID OD RECOVERY SVCS 8 WEEK	NA	$55.00
H0038	HF	X4	OORP WEEKLY MAINTENANCE	NA	$55.00
H0038	HH		SELF-HELP/PEER SERVICES PER 15	$0.00	$0.00
H0039	HE	HO	COMMUN SUPP SERV-MASTERS LEVEL	NA	$30.26
H0039	HE	TD	COMMUN SUPPORT SERVICES BY AN	NA	$28.82
H0039	HM		COMMUN SUPP SERV-ASSOC DEGREE-	NA	$15.63
H0039	HM	HQ	COMM SUPP SERV-ASSOC DEGREE-GR	NA	$4.37
H0039	HN		COMMUN SUPP SERV BS LEVEL - IN	NA	$30.79
H0039	HN	HQ	COMMUNITY SUPPORT SERVICES BS	NA	$7.71
H0039	HN	TE	COMMUNITY SUPP SERVICES BY LPN	NA	$30.79
H0039	HQ	TE	COMMUNITY SUPP SERVICES BY LPN	NA	$7.71
H0039	TE		COMMUNITY SUPP SERV BY LPN IND	NA	$30.79
H0040			ASSERTIVE COMMUNITY TREATMENT	NA	$1,651.25
H0040	22		PROGRAMS ASSERT COMMUNITY TREA	NA	$1,651.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0043	HA	U1	SUPPORTED HOUSING(DD ROOM & BO	CONTRACT PRICING	NA
H0043	HI		HOUSING SPECIALIST MFP	NA	$15.00
H0043	HU		MEN HLTH REHAB ROOM&BOARD/DYFS	CONTRACT PRICING	NA
H0043	HW		MEN HLTH REHAB ROOM&BOARD/DMHS	CONTRACT PRICING	NA
H0045	HA		RESPITE CARE SERVICE(OVERNIGHT	NA	$155.00
H0045	HA	TV	RESPITE CARE SERV(WEEKEND NOT	NA	$7.08
H0045	TV	22	RESPITE CARE SERV(WEEKEND PER	NA	$7.08
H0046			BEHAVIORAL HEALTH HOME-ACTIVE	CONTRACT PRICING	NA
H0046	HH		BEHAVIORAL HEALTH HOME-AVTIVE	$0.00	$0.00
H0046	TJ		BEHAVIOR HEALTH HOME-CHILD	NA	$1,454.24
H0046	22		BEHAVIORAL HEALTH HOME-ENGAGEM	CONTRACT PRICING	NA
H0046	52		BEHAVIORAL HEALTH HOME-MAINTEN	CONTRACT PRICING	NA
H0047	HH		ALC AND/OR OTHER DRUG ABUSE SE	$0.00	$0.00
H0048	HF		ALCOHOL AND/OR OTHER DRUG TEST	NA	$2.50
H0048	HH		ALC AND/OR OTHER DRUG TESETING	$0.00	$0.00
H0049	HA		ALCOHOL/DRUG SCREENING(ORAL SW	NA	$8.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H0049	HH		ALCOHOL AND/OR OTHER DRUG SCRE	$0.00	$0.00
H0050	HH		ALCOHOL AND/OR DRUG SERVICES,B	$0.00	$0.00
H1000			PRENATAL CARE, AT-RISK ASSESSM	NA	$12.50
H1000	SB		PRENATAL CARE AT-RISK ASSESSME	NA	$12.50
H1001			PRENATAL CARE, AT-RISK ENHANCE	NA	$12.50
H1001	SB		PRENATAL CARE AT-RISK ENHANCED	NA	$12.50
H2000	AH	HE	COMMUNITY SUPP SERV BY PSYCHOL	NA	$52.62
H2000	HE		COMMUN SUPP SERV BY PHYS/PSYCH	NA	$116.16
H2000	HE	HO	COMM SUPP SERV-LIC PRAC HEALIN	NA	$30.26
H2000	HE	SA	COMMUNITY SUPPORT SERVICES BY	NA	$59.86
H2000	HH		COMPREHENTIVE MULTIDISCIPLINAR	$0.00	$0.00
H2010	HH		COMPREHENSIVE MED SERVICES 15	$0.00	$0.00
H2011	HH		CRISIS INTERVENTION SERV, PER	$0.00	$0.00
H2011	UC		CRISIS INTERVENTION SERV PER 1	NA	$11.25
H2013	HH		PSYCHIATRIC HEALTH FACILITY SE	$0.00	$0.00
H2013	HU		MH RHAB IN TREATMENT HOMES / D	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2014	HH		BEHAVIORAL ASSIST SERVICES EA	$0.00	$0.00
H2014	HI		SKILLS TRNG & DEVELOPMENT/15MI	NA	$19.15
H2014	TJ		INDIVID BEHAVIOR ASSIST SERV 1	NA	$18.64
H2014	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILDR	NA	$11.38
H2014	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILDR	NA	$8.96
H2015	AH	HE	COMPREHENSIVE MULTIDISCIPLINAR	NA	$59.86
H2015	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	NA	$13.09
H2015	HA	HO	COMP COMMUN SUPP SERV(IND SUPP	NA	$13.09
H2015	HE		COMPREHENSIVE MULTIDISPLINARY	NA	$34.87
H2015	HE	HO	ASSER COM TX FACE-FACE/15 MIN	NA	$39.79
H2015	HE	TD	ASSER COM TX FACE-FACE/15MIN	NA	$34.87
H2015	HH		COMPREHENSIVE COMMUNITY SUPPOR	$0.00	$0.00
H2015	HI	U1	COMPR COMM SUPPORT SERV PER 15	NA	$3.57
H2015	HI	U2	COMPR COMM SUPPORT SERV PER 15	NA	$4.55
H2015	HI	U3	COMPR COMM SUPPORT SERV PER 15	NA	$5.63
H2015	HI	U4	COMPR COMM SUPPORT SERV PER 15	NA	$8.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2015	HI	U5	COMPR COMM SUPPORT SERV PER 15	NA	$11.08
H2015	HI	U7	COMPR COMM SUPP SERV PER 15 MI	NA	$16.62
H2015	HI	22	INDIVIDUAL SUPPORTS HOURLY MFP	NA	$25.00
H2015	HM		COMP COMM SUPP SERV (INDIV SUP	$19.59	$18.75
H2016			COMPREHENSIVE COMMUNITY SUPPOR	NA	$35.95
H2016	HA	HN	COMP COMM SUPP SERV(INDIV SUPP	NA	$16.06
H2016	HA	HO	COMP COMM SUPP SERV(HAB IN HOM	NA	$16.06
H2016	HH		COMP COMMUN SUP SERV PER DIEM	$0.00	$0.00
H2016	HI		COMPREHENSIVE COM SUP SERV/15	NA	$9.62
H2016	HI	UP	COMPREHENSIVE COM SUP SERV PER	NA	$604.80
H2016	HI	UQ	COMPREHENSIVE COM SUP SERV PER	NA	$470.40
H2016	HI	UR	COMPREHENSIVE COM SUP SERV PER	NA	$336.00
H2016	HI	US	COMPREHENSIVE COM SUP SERV PER	NA	$201.60
H2016	HI	U1	COMPREHENSIVE COM SUP SERV PER	NA	$185.88
H2016	HI	U2	COMPREHENSIVE COM SUP SERV PER	NA	$371.76
H2016	HI	U3	COMPREHENSIVE COM SUPP SERV PE	NA	$619.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2016	HI	U4	COMPREHENSIVE COM SUP SERV PER	NA	$867.44
H2016	HI	U5	COMPREHENSIVE COM SUP SERV PER	NA	$1,115.28
H2016	HI	U7	COMPREHENSIVE COM SUP SERV PER	NA	$1,487.04
H2016	HI	U8	COMPREHENSIVE COM SUP SERV PER	BY REPORT	BY REPORT
H2016	HI	22	COMP COM SUP SERV PER 15 MINUT	NA	$14.87
H2016	HI	52	COMPREHENSIVE COM SUP SERV PER	NA	$100.80
H2016	22		COMPREHENSIVE COMMUNITY SUPPOR	NA	$171.09
H2017	HH		PSYCH REHAB SERV PER 15 MINS	$0.00	$0.00
H2018	HH		PSYCH REHAB SERV PER 15 MINS	$0.00	$0.00
H2019			BEHAV ASSIST SERV BY DYFS PROV	NA	$38.95
H2019	HH		BEHAV ASSIST SERV BY DYFS PROV	$0.00	$0.00
H2019	TJ		INDIVID BEHAVIOR ASSIST SERV D	NA	$9.75
H2019	TJ	UN	GRP BEHAV ASSIST SERV 2 CHILD	NA	$5.62
H2019	TJ	UP	GRP BEHAV ASSIST SERV 3 CHILD	NA	$4.25
H2019	TJ	U1	INTENS IN-COM INDIV CLIN DYFS	NA	$28.25
H2019	TJ	U2	INTENS IN-COMM PROF IND MS DYF	NA	$21.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2019	TJ	U3	INTENS IN-COMMUN SERV INDIV BS	NA	$18.25
H2019	UN	U1	INTENS IN-COM GRP 2 CHILD DYFS	NA	$19.00
H2019	UN	U2	INTENS IN-COM GRP 2 CHILD DYFS	NA	$13.75
H2019	UN	U3	INTENS IN-COMM GRP 2 CHILD DYF	NA	$11.75
H2019	UP	U1	INTENS IN-COM GRP 3 CHILD DYFS	NA	$15.91
H2019	UP	U2	INTENS IN-COM GRP 3 CHILD DYFS	NA	$11.25
H2019	UP	U3	INTENS IN-COMM GRP 3 CHILD DYF	NA	$9.58
H2020	HA		THERAPEUTIC LEAVE - RUNAWAY DA	CONTRACT PRICING	NA
H2020	HA	HU	THERAPEUT LEAVE RM&BD NON-JCAH	CONTRACT PRICING	NA
H2020	HA	HW	THERAPEUT LEAVE RM&BD NON-JCAH	CONTRACT PRICING	NA
H2020	HA	22	THERAPEUTIC LEAVE-NO FAULT LOS	CONTRACT PRICING	NA
H2020	HE	HU	THERAPEUT LEAVE REHAB NON-JCAH	CONTRACT PRICING	NA
H2020	HE	HW	THERAPEUT LEAVE REHAB NON-JCAH	CONTRACT PRICING	NA
H2020	HH		THERAPEUTIC BEHAV SVC, PER DIE	$0.00	$0.00
H2020	HI		THERAPEUTIC LVE JCAHO RTC/DDD	CONTRACT PRICING	NA
H2020	HI	22	HOSPITAL LEAVE JCAHO RTC/DDD	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2020	HU		THERAPEUTIC LEAVE JCAHO RTC/DY	CONTRACT PRICING	NA
H2020	HW	52	THERAPEUTIC LVD JCAHOHO RTC/DM	CONTRACT PRICING	NA
H2021	HI		COM BASED WRAP SERVICES PER 15	NA	$9.53
H2021	HI	22	COM BASED SUPP ACUITY DIFF 15	NA	$14.71
H2021	HI	52	COM BASED WRAP SERVICES PER 15	BY REPORT	BY REPORT
H2023	HH		SUPPORTED EMPLOYMENT PER 15 MI	$0.00	$0.00
H2027	HH		PSYCOEDUVATIONAL SVC PER 15 MI	$0.00	$0.00
H2032	HH		ACTIVITHY THERAPY PER 15 MINS	$0.00	$0.00
H2033			MULTISYSTEMIC THERAPY FOR JUVE	NA	$59.45
H2033	HH		MULTYSYSTEMIC THERAPY FOR JUVE	$0.00	$0.00
H2034	HF		ALCOHOL AND/OR DRUG ABUSE HALF	NA	$75.55
H2035	HH		ALC &/OR OTHER DRG TREATMENT	$0.00	$0.00
H2036	HA		SHORT TERM ADOL OUT OF HOME TX	CONTRACT PRICING	NA
H2036	HA	22	ALCOHOL/DRUG TX PROG(SA LONG T	CONTRACT PRICING	NA
H2036	HF		PARTIAL CARE TX IN SA TX FACIL	NA	$86.92
H2036	HH		ALC &/OR OTHER DRG TX PER DIEM	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
H2038	HA	HU	HOSPITAL LEAVE RM&BD NON-JCAHO	CONTRACT PRICING	NA
H2038	HA	HW	HOSPITAL LEAVE RM&RB NON-JCAHO	CONTRACT PRICING	NA
H2038	HE	HU	HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
H2038	HE	HW	HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
H2040			COORDINATED SPECIALTY CARE, TE	BY REPORT	BY REPORT
H2041			COORDINATED SPECIALTY CARE, TE	BY REPORT	BY REPORT
J0120			INJECTION, TETRACYCLINE, UP TO	NA	$0.73
J0121			INJECTION, OMADACYCLINE, 1 MG	NA	$3.42
J0122			INJECTION, ERAVACYCLINE, 1 MG	NA	$0.97
J0129			INJECTION, ABATACEPT, 10 MG (C	NA	$19.69
J0130			INJECTION REOPRO 10 MG	NA	$601.69
J0131			INJECTION, ACETAMINOPHEN, NOT	NA	$0.11
J0132			INJECTION, ACETYLCYSTEINE, 100	NA	$2.16
J0133			INJECTION, ACYCLOVIR, 5 MG	NA	$0.16
J0134			INJECTION, ACETAMINOPHEN (FRES	NA	$0.12
J0135			INJECTION, ADALIMUMAB, 20 MG	NA	$335.64

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0136			INJECTION, ACETAMINOPHEN (B BR	NA	$0.18
J0137			INJECTION, ACETAMINOPHEN (HIKM	NA	$0.12
J0153			INJECTION, ADENOSINE, 1 MG (NO	NA	$2.14
J0171			INJECTION, ADRENALIN, EPINEPHR	NA	$0.57
J0172			INJECTION, ADUCANUMAB-AVWA, 2	NA	$5.58
J0173			INJECTION, EPINEPHRINE (BELCHE	NA	$80.46
J0174			INJECTION, LECANEMAB-IRMB, 1 M	NA	$1.26
J0178			INJECTION, AFLIBERCEPT, 1 MG	NA	$915.75
J0179			INJECTION, BROLUCIZUMAB-DBLL,	NA	$1,105.00
J0180			INJECTION, AGALSIDASE BETA, 1	NA	$131.25
J0185			INJECTION, APREPITANT, 1 MG	NA	$2.50
J0190			INJECTION, BIPERIDEN, 5 MG	NA	$2.91
J0200			INJECTION, TROVAN 100 MG	NA	$17.15
J0202			INJECTION, ALEMTUZUMAB, 1 MG	NA	$1,629.38
J0205			INJECTION, ALGLUCERASE, PER 10	NA	$37.52
J0206			INJECTION, ALLOPURINOL SODIUM,	NA	$7.12

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0207			INJECTION AMIFOSTINE 500 MG	NA	$536.14
J0208			INJECTION, SODIUM THIOSULFATE	NA	$90.42
J0210			INJECTION, ALDOMETESTER HCL 25	NA	$1.74
J0215			INJECTION, ALEFACEPT, 0.5 MG	NA	$29.02
J0216			INJECTION, ALFENTANIL HYDROCHL	BY REPORT	BY REPORT
J0218			INJECTION, OLIPUDASE ALFA-RPCP	NA	$353.53
J0219			INJECTION, AVALGLUCOSIDASE ALF	NA	$67.91
J0220			INJECTION, ALGLUCOSIDASE ALFA,	NA	$131.25
J0221			INJECTION, ALGLUCOSIDASE ALFA,	NA	$143.55
J0222			INJECTION, PATISIRAN, 0.1 MG	NA	$94.05
J0223			INJECTION, GIVOSIRAN, 0.5 MG	NA	$102.15
J0224			INJECTION, LUMASIRAN, 0.5 MG	BY REPORT	BY REPORT
J0225			INJECTION, VUTRISIRAN, 1 MG	BY REPORT	BY REPORT
J0248			INJECTION, REMDESIVIR, 1 MG	NA	$5.15
J0256			INJECTION, ALPHA 1 PROTEINASE	NA	$0.01
J0257			INJECTION, ALPHA 1 PROTEINASE	NA	$4.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0278			INJECTION, AMIKACIN SULFATE, 1	NA	$2.29
J0280			INJECTION, AMINOPHYLLIN, UP TO	NA	$0.75
J0282			INJECTION, CORDARONE 30 MG	NA	$0.80
J0283			INJECTION, AMIODARONE HYDROCHL	NA	$5.34
J0285			INJECTION, AMPHOTERICIN B 50 M	NA	$17.06
J0287			INJECTION, ABELECET 10 MG	NA	$21.00
J0288			INJ, AMPHOTEC 10 MG	NA	$15.17
J0289			INJECTION, AMBISOME 10 MG	NA	$34.34
J0290			INJECTION, AMPICILLIN, UP TO	NA	$3.86
J0291			INJECTION, PLAZOMICIN, 5 MG	NA	$3.07
J0295			UNASYN 1.5 GM	NA	$7.25
J0300			INJECTION, AMOBARBITAL, UP TO	NA	$2.66
J0330			INJECTION, SUCCINYCHOLINE CHLO	NA	$0.26
J0349			INJECTION, REZAFUNGIN, 1 MG	NA	$9.65
J0350			INJECTION, ANISTREPLASE, PER 3	NA	$2,481.13
J0360			APRESOLINE 20 MG/ML	NA	$14.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0364			INJECTION, APOMORPHINE HYDROCH	NA	$3.39
J0365			INJECTION, APROTONIN, 10,000 K	NA	$2.85
J0380			INJECTION, METARAMINOL UP TO 1	NA	$1.21
J0390			INJECTION, ARALEN HCL UP TO 25	NA	$17.44
J0395			INJECTION, GENESA 1 MG	NA	$168.00
J0400			INJECTION, ARIPIPRAZOLE, 0.25	NA	$0.31
J0401			INJECTION, ARIPIPRAZOLE (ABILI	NA	$3.70
J0456			INJECTION, ZITHROMAX 500 MG	NA	$27.09
J0457			INJECTION, AZTREONAM, 100 MG	NA	$3.26
J0461			INJECTION, ATROPINE SULFATE, 0	NA	$0.24
J0470			INJECTION, DIMECAPROL, UP TO 1	NA	$28.84
J0475			INJECTION, BACLOFEN, 10 MG	NA	$223.13
J0476			LIORESAL O.O5 MG INTRATHECAL	NA	$73.50
J0480			INJECTION, BASILIXIMAB, 20 MG	NA	$2,215.72
J0485			INJECTION, BELATACEPT, 1 MG	NA	$3.66
J0490			INJECTION, BELIMUMAB, 10 MG	NA	$36.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0491			INJECTION, ANIFROLUMAB-FNIA, 1	NA	$15.18
J0500			INJECTION, BENTYL UP TO 20 MGM	NA	$18.52
J0515			INJECTION, COGENTIN PER 1 MGM	$12.21	$3.40
J0517			INJECTION, BENRALIZUMAB, 1 MG	NA	$159.17
J0520			INJECTION, URECHOLINE UP TO 5	NA	$4.91
J0558			INJECTION, PENICILLIN G BENZAT	NA	$3.16
J0561			INJECTION, PENICILLIN G BENZAT	NA	$4.06
J0565			INJECTION, BEZLOTOXUMAB, 10 MG	NA	$37.62
J0567			INJECTION, CERLIPONASE ALFA, 1	NA	$89.10
J0570			BUPRENORPHINE IMPLANT, 74.2MG	NA	$1,225.13
J0571			BUPRENORPHINE, ORAL, 1 MG	NA	$1.50
J0572			BUPRENORPHINE/NALOXONE, ORAL,	NA	$2.82
J0573			BUPRENORPHINE/NALOXONE, ORAL,	NA	$7.33
J0574			BUPRENORPHINE/NALOXONE, ORAL,	NA	$3.62
J0575			BUPRENORPHINE/NALOXONE, ORAL,	NA	$14.67
J0583			INJECTION, BIVALIRUDIN, 1 MG	NA	$2.08

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0584			INJECTION, BUROSUMAB-TWZA 1 MG	NA	$336.60
J0585			INJECTION, ONABOTULINUMTOXINA,	NA	$5.52
J0586			INJECTION, ABOBOTULINUMTOXINA,	NA	$7.16
J0587			INJECTION, RIMABOTULINUMTOXINB	NA	$8.99
J0588			INJECTION, INCOBOTULINUMTOXIN	NA	$4.21
J0591			INJECTION, DEOXYCHOLIC ACID, 1	NA	$14.85
J0592			INJECTION, BUPRENEX 0.1 MG	NA	$1.02
J0593			INJECTION, LANADELUMAB-FLYO, 1	NA	$72.83
J0594			INJECTION, BUSULFAN, 1 MG	NA	$10.09
J0595			INJECTION, BUTORPHANOL TARTRAT	NA	$3.91
J0596			INJECTION, C1 ESTERASE INHIBIT	NA	$26.91
J0597			INJECTION, C-1 ESTERASE INHIBI	NA	$45.09
J0598			INJECTION, C-1 ESTERASE INHIBI	NA	$48.57
J0599			INJECTION, C-1 ESTERASE INHIBI	NA	$9.31
J0600			CAL. DISOD. VERSENATE UP TO 10	NA	$52.89
J0606			INJECTION, ETELCALCETIDE, 0.1	NA	$3.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0612			INJECTION, CALCIUM GLUCONATE,	NA	$0.12
J0613			INJECTION, CALCIUM GLUCONATE (	NA	$0.16
J0620			INJECTION, CALCIUM GLYCEROPHOS	NA	$12.58
J0630			INJECTION, CALCIMAR UP TO 400	NA	$48.09
J0636			INJECTION, CALCIJEX 0.1 MCG	NA	$1.34
J0637			INJECTION, CANCIDAS 5 MG	NA	$30.89
J0638			INJECTION, CANAKINUMAB, 1 MG	NA	$41.25
J0640			LEUCOVORIN CALCIUM, 50 MG	NA	$3.28
J0641			INJECTION, LEVOLEUCOVORIN, NOT	NA	$1.98
J0642			INJECTION, LEVOLEUCOVORIN (KHA	NA	$1.98
J0665			INJECTION, BUPIVICAINE, NOT OT	NA	$0.04
J0670			INJECTION, CARBOCAINE PER 10 M	NA	$2.45
J0689			INJECTION, CEFAZOLIN SODIUM (B	NA	$2.45
J0690			INJECTION, ANCEF 500 MG	NA	$2.83
J0691			INJECTION, LEFAMULIN, 1 MG	NA	$0.68
J0692			MAXIPIME 500 MG	NA	$9.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0694			INJECTION, MEFOXIN 1 GM	NA	$10.23
J0695			INJECTION, CEFTOLOZANE 50 MG A	NA	$2.15
J0696			INJECTION, ROCEPHIN PER 250 MG	NA	$12.97
J0696	FP		INJECTION, ROCEPHIN PER 250 MG	NA	$12.97
J0697			ZINACEF 750 MG VIAL	NA	$5.92
J0698			CEFOTAXIME SODIUM, PER GM	NA	$7.10
J0699			INJECTION, CEFIDEROCOL, 10 MG	NA	$1.88
J0701			INJECTION, CEFEPIME HYDROCHLOR	NA	$11.95
J0702			INJECTION, BETAMETHASONE ACETA	NA	$2.88
J0703			INJECTION, CEFEPIME HYDROCHLOR	NA	$7.22
J0706			INJECTION, CAFCIT PER 5 MG	NA	$3.53
J0710			CEPHADYL 1 GM	NA	$1.44
J0712			INJECTION, CEFTAROLINE FOSAMIL	NA	$1.01
J0713			INJECTION, CEFOTAN PER 500 MG	NA	$6.48
J0714			INJECTION, CEFTAZIDIME AND AVI	NA	$70.54
J0715			INJECTION, CEFTIZOXIME SODIUM,	NA	$5.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0716			INJECTION, CENTRUROIDES IMMUNE	NA	$3,465.00
J0717			INJECTION, CERTOLIZUMAB PEGOL,	NA	$13.71
J0720			CHLOROMYCETIN SOD SUCC UP TO 1	NA	$14.62
J0735			INJECTION, CATAPRES 1 MG	NA	$70.58
J0736			INJECTION, CLINDAMYCIN PHOSPHA	NA	$5.19
J0737			INJECTION, CLINDAMYCIN PHOSPHA	NA	$5.53
J0739			INJECTION, CABOTEGRAVIR, 1MG,	NA	$6.11
J0740			INJECTION VISTIDE 375 MG	NA	$818.27
J0741			INJECTION, CABOTEGRAVIR AND RI	NA	$19.60
J0742			INJECTION, IMIPENEM 4 MG, CILA	NA	$2.12
J0743			INJECTION, PRIMAXIN PER 250 MG	NA	$18.77
J0744			INJECTION, CIPRO IV 200 MG	NA	$14.22
J0745			INJECTION, CODEINE PHOSPHATE,	NA	$1.07
J0770			INJECTION, COLYMYCIN UP TO 150	NA	$49.88
J0775			INJECTION, COLLAGENASE, CLOSTR	NA	$35.75
J0780			INJECTION, COMPAZINE UP TO 10	NA	$8.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0791			INJECTION, CRIZANLIZUMAB-TMCA,	NA	$116.68
J0795			INJECTION, CORTICORELIN OVINE	NA	$4.75
J0801			INJECTION, CORTICOTROPIN (ACTH	NA	$4,227.60
J0802			INJECTION, CORTICOTROPIN (ANI)	NA	$3,355.21
J0834			INJECTION, COSYNTROPIN, 0.25 M	NA	$107.44
J0840			INJECTION, CROTALIDAE POLYVALE	NA	$1,433.07
J0841			INJECTION, CROTALIDAE IMMUNE F	NA	$1,207.80
J0850			INJECTION, CYTOMEGALOVIRUS IMM	NA	$925.32
J0874			INJECTION, DAPTOMYCIN (BAXTER)	NA	$0.08
J0875			INJECTION, DALBAVANCIN, 5MG	NA	$14.75
J0877			INJECTION, DAPTOMYCIN (HOSPIRA	NA	$0.15
J0878			INJECTION, DAPTOMYCIN, 1 MG(CU	NA	$0.35
J0879			INJECTION, DIFELIKEFALIN, 0.1	NA	$0.23
J0881			INJECTION, DARBEPOETIN ALFA, 1	NA	$5.01
J0882			INJECTION, DARBEPOETIN ALFA, 1	NA	$5.01
J0883			INJECTION, ARGATROBAN, 1 MG (F	NA	$5.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J0884			INJECTION, ARGATROBAN, 1 MG (F	NA	$5.20
J0885			INJECTION, EPOETIN ALFA, (FOR	NA	$13.69
J0887			INJECTION, EPOETIN BETA, 1 MIC	NA	$1.78
J0888			INJECTIN, EPOETIN BETA, 1 MICR	NA	$1.78
J0889			DAPRODUSTAT, ORAL, 1 MG, (FOR	NA	$3.87
J0890			INJECTION, PEGINESATIDE, 0.1 M	NA	$10.70
J0891			INJECTION, ARGATROBAN (ACCORD)	NA	$3.92
J0892			INJECTION, ARGATROBAN (ACCORD)	NA	$3.92
J0893			INJECTION, DECITABINE (SUN PHA	NA	$4.95
J0894			INJECTION, DECITABINE, 1 MG	NA	$26.25
J0895			DESFERAL MESYLATE 500 MG/5 CC	NA	$16.92
J0896			INJECTION, LUSPATERCEPT-AAMT,	NA	$34.07
J0897			INJECTION, DENOSUMAB, 1 MG	NA	$13.61
J0898			INJECTION, ARGATROBAN (AUROMED	NA	$3.86
J0899			INJECTION, ARGATROBAN (AUROMED	NA	$3.86
J0945			INJECTION, DEHIST,HISTAJECT PE	NA	$0.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1000			DEPO-ESTRADIOL 5 MG/ML	NA	$6.59
J1050			INJECTION, DEPO-PROVERA 1 MGM	NA	$0.67
J1071			INJECTION, TESTOSTERONE CYPION	NA	$0.01
J1094			INJ, DEXAMETHASONE ACETATE 1 M	NA	$0.53
J1100			INJECTION, CORTASTAT 1 MG	NA	$0.13
J1110			D.H.E. 45 1 MG/ML AMP	NA	$31.94
J1120			INJECTION, DIAMOX SODIUM UP TO	NA	$22.97
J1130			INJECTION, DICLOFENAC SODIUM,	NA	$0.21
J1160			INJECTION, LANOXIN, UP TO 0.5	NA	$2.49
J1162			INJECTION, DIGOXIN IMMUNE FAB	NA	$594.23
J1165			INJECTION, DILANTIN PER 50 MG	NA	$0.70
J1170			INJECTION, DILAUDED UP TO 4 MG	NA	$1.01
J1180			INJECTION, DILOR UP TO 500 MG	NA	$8.30
J1190			INJECTION, ZINECARD PER 250 MG	NA	$224.47
J1200			INJECTION, BENADRYL UP TO 50 M	NA	$1.16
J1201			INJECTION, CETIRIZINE HYDROCHL	NA	$14.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1205			INJECTION, DIURIL PER 500 MG	NA	$149.94
J1212			RIMSO-50 SOL	NA	$52.50
J1230			INJECTION, DOLOPHINE HCL,UP TO	NA	$2.14
J1240			INJECTION, DRAMAMINE UP TO 50	NA	$2.74
J1245			PERSANTINE I.V. PER 10 MG	NA	$7.66
J1250			INJECTION, DOBUTREX PER 250 MG	NA	$43.51
J1260			INJECTION ANZEMET PER 10 MG	NA	$4.27
J1265			INJECTION, DOPAMINE HCL, 40 MG	NA	$0.32
J1267			INJECTION, DORIPENEM, 10 MG (D	NA	$0.81
J1270			INJECTION, HECTOROL 1 MCG	NA	$6.31
J1290			INJECTION, ECALLANTIDE, 1 MG	NA	$262.35
J1300			INJECTION, ECULIZUMAB, 10 MG	NA	$182.00
J1301			INJECTION, EDARAVONE, 1 MG	NA	$18.26
J1302			INJECTION, SUTIMLIMAB-JOME, 10	NA	$16.20
J1303			INJECTION, RAVULIZUMAB-CWVZ, 1	NA	$211.34
J1305			INJECTION, EVINACUMAB-DGNB, 5M	NA	$154.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1306			INJECTION, INCLISIRAN, 1 MG	NA	$11.33
J1320			INJECTION, ELAVIL HCL UP TO 20	NA	$2.05
J1322			INJECTION, ELOSULFASE ALFA, 1M	NA	$211.46
J1324			INJECTION, ENFUVIRTIDE, 1 MG	NA	$19.70
J1325			INJECTION EPOPROSTENOL 0.5 MG	NA	$19.47
J1327			INTEGRILIN 5 MG	NA	$21.13
J1330			INJECTION, ERGOTRATE MALEATE 0	NA	$5.08
J1335			INJECTION, ERTAPENEM SODIUM, 5	NA	$27.27
J1364			INJECTION, ERYTHROCIN PER 500	NA	$9.09
J1380			INJECTION, ESTRAVAL P.A. UP TO	NA	$14.81
J1410			INJECTION, PREMARIN IV PER 25	NA	$70.83
J1411			INJECTION, ETRANACOGENE DEZAPA	BY REPORT	BY REPORT
J1426			INJECTION, CASIMERSEN, 10 MG	NA	$158.40
J1427			INJECTION, VILTOLARSEN, 10 MG	NA	$55.84
J1428			INJECTION, ETEPLIRSEN, 10 MG	NA	$158.40
J1429			INJECTION, GOLODIRSEN, 10 MG	NA	$158.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1430			INJECTION, ETHANOLAMINE OLEATE	NA	$84.99
J1435			INJECTION, ESTRONE, PER 1 MG	NA	$0.25
J1436			INJECTION, DIDRONEL PER 300 MG	NA	$70.88
J1437			INJECTION, FERRIC DERISOMALTOS	NA	$24.35
J1438			ENBREL 25 MG KIT	NA	$180.50
J1439			INJECTION, FERRIC CARBOXYMALTO	NA	$1.08
J1440			FECAL MICROBIOTA, LIVE-JSML, 1	NA	$59.40
J1442			INJECTION, FILGRASTIM (G-CSF),	NA	$1.02
J1443			INJECTION, FERRIC PYROPHOSPHAT	NA	$0.02
J1444			INJECTION, FERRIC PYROPHOSPHAT	NA	$34.94
J1445			INJECTION, FERRIC PYROPHOSPHAT	$0.00	$0.00
J1447			INJECTION, TBO-FILGRASTIM, 1 M	NA	$0.82
J1448			INJECTION, TRILACICLIB, 1MG	NA	$4.67
J1449			INJECTION, EFLAPEGRASTIM-XNST,	NA	$33.75
J1450			INJECTION, DIFLUCAN 200 MG	NA	$20.81
J1451			INJECTION, FOMEPIZOLE, 15 MG	NA	$12.11

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1452			INJECTION, VITRAVENE INTRAOC 1	NA	$875.00
J1453			INJECTION, FOSAPREPITANT, 1 MG	NA	$1.70
J1454			INJECTION, FOSNETUPITANT 235 M	NA	$504.90
J1455			INJECTION, FOSCAVIR PER 1000 M	NA	$12.00
J1456			INJECTION, FOSAPREPITANT (TEVA	NA	$1.91
J1457			INJECTION, GALLIUM NITRATE, 1	NA	$1.71
J1458			INJECTION, GALSULFASE, 1 MG	NA	$327.91
J1459			INJECTION, IMMUNE GLOBULIN (PR	NA	$45.94
J1460			INJECTION, GAMMAR INTRAMUSCULA	NA	$15.45
J1551			INJECTION, IMMUNE GLOBULIN (CU	NA	$19.53
J1554			INJECTION, IMMUNE GLOBULIN (AS	NA	$449.96
J1555			INJECTION, IMMUNE GLOBULIN (CU	NA	$16.96
J1556			INJECTION, IMMUNE GLOBULIN (BI	NA	$60.27
J1557			INJECTION, IMMUNE GLOBULIN, (G	NA	$56.43
J1558			INJECTION, IMMUNE GLOBULIN (XE	NA	$16.93
J1559			INJECTION, IMMUNE GLOBULIN (HI	NA	$12.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1561			INJECTION, IMMUNE GLOBULIN, (G	NA	$47.28
J1562			INJECTION, IMMUNE GLOBULIN (VI	NA	$13.13
J1566			INJECTION, IMMUNE GLOBULIN, IN	NA	$43.89
J1568			INJECTION, IMMUNE GLOBULIN, (O	NA	$55.61
J1569			INJECTION, IMMUNE GLOBULIN, (G	NA	$59.17
J1570			INJECTION, CYTOVENE 500 MG	NA	$54.38
J1571			INJECTION, HEPATITIS B IMMUNE	NA	$75.00
J1572			INJECTION, IMMUNE GLOBULIN, (F	NA	$44.10
J1573			INJECTION, HEPATITIS B IMMUNE	NA	$75.00
J1574			INJECTION, GANCICLOVIR SODIUM	NA	$64.35
J1575			INJECTION, IMMUNE GLOBULIN/HYA	NA	$18.32
J1576			INJECTION, IMMUNE GLOBULIN (PA	NA	$99.42
J1580			INJECTION, GARAMYCIN UP TO 80	NA	$2.12
J1599			INJECTION, IMMUNE GLOBULIN, IN	BY REPORT	BY REPORT
J1600			INJECTION, MYOCHRYSINE UP TO 5	NA	$13.69
J1602			INJECTION, GOLIMUMAB, 1 MG, FO	NA	$28.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1610			INJECTION, GLUCAGON PER 1 MG	NA	$76.56
J1611			INJECTION, GLUCAGON HYDROCHLOR	NA	$193.75
J1620			INJECTION, FACTREL PER 100 MCG	NA	$186.03
J1626			INJECTION, KYTRIL PER 100 MCG	NA	$17.08
J1627			INJECTION, GRANISETRON, EXTEND	NA	$1.96
J1628			INJECTION, GUSELKUMAB, 1 MG	NA	$107.51
J1630			INJECTION, HALDOL UP TO 5 MG	NA	$6.55
J1631			INJECTION, HALDOL DECANOATE PE	NA	$2.97
J1632			INJECTION, BREXANOLONE, 1 MG	NA	$73.76
J1640			INJECTION, HEMIN, 1 MG	NA	$7.52
J1642			INJECTION, HEP-LOCK PER 10 UNI	NA	$0.07
J1643			INJECTION, HEPARIN SODIUM (PFI	NA	$1.37
J1644			INJECTION, HEPARIN SOD PER 100	NA	$0.14
J1645			INJECTION,DALTEPARIN SODIUM 25	NA	$17.47
J1650			INJECTION, LOVENOX 10 MG	NA	$7.10
J1652			INJECTION, ARIXTRA 0.5 MG	NA	$8.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1655			INJECTION, INNOHEP 1000 IU	NA	$3.97
J1670			INJECTION, TETANUS IMMUNE GLOB	NA	$124.26
J1675			INJECTION, HISTRELIN ACETATE,	NA	$8.24
J1700			HYDROCORTISONE ACETATE, 25 MG	NA	$0.61
J1710			INJECTION HYDROCORTONE PHOS UP	NA	$5.13
J1720			INJECTION, SOLU-CORTEF UP TO 1	NA	$1.74
J1729			INJECTION, HYDROXYPROGESTERONE	NA	$5.02
J1730			INJECTION, HYPERSTAT IV UP TO	NA	$117.96
J1738			INJECTION, MELOXICAM, 1 MG	NA	$3.10
J1740			INJECTION, IBANDRONATE SODIUM,	NA	$147.20
J1741			INJECTION, IBUPROFEN, 100 MG	NA	$1.56
J1742			INJECTION IBUTILIDE FUMARATE 1	NA	$309.71
J1743			INJECTION, IDURSULFASE, 1 MG	NA	$517.41
J1744			INJECTION, ICATIBANT, 1 MG	NA	$243.47
J1745			INJECTION, INFLIXIMAB, EXCLUDE	NA	$61.15
J1746			INJECTION, IBALIZUMAB-UIYK, 10	NA	$54.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1747			INJECTION, SPESOLIMAB-SBZO, 1	NA	$56.25
J1750			INFED 50 MG/ML VIAL	NA	$13.41
J1756			INJECTION, VENOFER 1 MG	NA	$0.60
J1786			INJECTION, IMIGLUCERASE, 10 UN	NA	$39.25
J1790			INJECTION, INAPSINE , UP TO 5	NA	$3.72
J1800			INJECTION, INDERAL UP TO 1 MG	NA	$8.62
J1805			INJECTION, ESMOLOL HYDROCHLORI	NA	$0.96
J1806			INJECTION, ESMOLOL HYDROCHLORI	NA	$0.53
J1810			INJECTION, INNOVAR UP TO 2 ML	NA	$14.67
J1811			INSULIN (FIASP) FOR ADMINISTRA	NA	$14.32
J1812			INSULIN (FIASP), PER 5 UNITS	BY REPORT	BY REPORT
J1813			INSULIN (LYUMJEV) FOR ADMINIST	NA	$13.60
J1814			INSULIN (LYUMJEV), PER 5 UNITS	NA	$13.60
J1815			INJECTION, INSULIN PER 5 UNITS	NA	$0.34
J1817			INSULIN FOR ADMINISTRATION THR	NA	$4.50
J1823			INJECTION, INEBILIZUMAB-CDON,	NA	$432.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1826			INJECTION, INTERFERON BETA-1A,	NA	$714.78
J1830			INJECTION, INTERFERON BETA-1B	NA	$96.08
J1833			INJECTION, ISAVUCONAZONIUM, 1	NA	$0.63
J1835			INJECTION, SPORANOX 50 MG	NA	$43.63
J1836			INJECTION, METRONIDAZOLE, 10 M	NA	$0.05
J1885			INJECTION, TORADOL IM PER 15 M	NA	$3.05
J1890			INJECTION, KEFLIN UP TO 1 GM	NA	$9.45
J1920			INJECTION, LABETALOL HYDROCHLO	NA	$0.16
J1921			INJECTION, LABETALOL HYDROCHLO	NA	$1.27
J1930			INJ LANREOTIDE, 1 MG (SOMATULI	NA	$27.81
J1931			INJECTION, LARONIDASE, 0.1 MG	NA	$24.63
J1932			INJECTION, LANREOTIDE, (CIPLA)	NA	$53.34
J1940			INJECTION, LASIX UP TO 20 MG	NA	$0.63
J1941			INJECTION, FUROSEMIDE (FUROSCI	NA	$203.45
J1943			INJECTION, ARIPIPRAZOLE LAUROX	NA	$2.90
J1944			INJECTION, ARIPIPRAZOLE LAUROX	NA	$2.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J1945			INJECTION, LEPIRUDIN, 50 MG	NA	$174.13
J1950			INJECTION, LUPRON PER 3.75 MG	NA	$544.60
J1951			INJECTION, LEUPROLIDE ACETATE	NA	$124.18
J1952			LEUPROLIDE INJECTABLE, CAMCEVI	NA	$91.93
J1953			INJECT, LEVETIRACETAM, 10 MG(K	NA	$0.69
J1955			CARNITOR 1 GM	NA	$34.30
J1956			INJECTION LEVAQUIN 250 MG	NA	$18.82
J1960			INJECTION, LEVO-DROMORAN UP TO	NA	$3.72
J1961			INJECTION, LENACAPAVIR, 1 MG	NA	$20.83
J1980			INJECTION, LEVSIN UP TO 0.25 M	NA	$10.35
J1990			INJECTION, LIBRIUM UP TO 100 M	NA	$23.02
J2001			INJECTION, LIDOCAINE HCL FOR I	NA	$0.31
J2010			INJECTION, LINCOCIN UP TO 300	NA	$2.76
J2020			INJECTION, ZYVOX 200 MG IV SOL	NA	$36.13
J2021			INJECTION, LINEZOLID (HOSPIRA)	NA	$20.94
J2060			ATIVAN 2 MG/ML	NA	$2.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2062			LOXAPINE FOR INHALATION, 1 MG	BY REPORT	BY REPORT
J2150			INJECTION MANNITOL, 25% IN 50	NA	$2.49
J2170			INJECTION, MECASERMIN, 1 MG	NA	$14.15
J2175			INJECTION, DEMEROL HCL PER 100	NA	$1.19
J2180			INJECTION, MEPERGAN UP TO 50 M	NA	$8.00
J2182			INJECTION, MEPOLIZUMAB, 1 MG	NA	$26.51
J2184			INJECTION, MEROPENEM (B. BRAUN	NA	$2.99
J2185			INJECTION, MEROPENEM, 100 MG	NA	$6.21
J2210			INJECTION, METHERGINE UP TO 0.	NA	$5.37
J2212			INJECTION, METHYLNALTREXONE, 0	NA	$4.47
J2247			INJECTION, MICAFUNGIN SODIUM (	NA	$1.48
J2248			INJECTION, MICAFUNGIN SODIUM,	NA	$2.05
J2249			INJECTION, REMIMAZOLAM, 1 MG	NA	$2.05
J2250			INJECTION VERSED PER 1 MG	NA	$0.56
J2251			INJECTION, MIDAZOLAM HYDROCHLO	NA	$0.37
J2260			INJECTION, PRIMACOR PER 5 MG	NA	$6.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2265			INJECTION, MINOCYCLINE HYDROCH	BY REPORT	BY REPORT
J2270			INJECTION, MORPHINE SULF UP TO	NA	$1.62
J2272			INJECTION, MORPHINE SULFATE (F	NA	$7.37
J2274			INJECTION, MORPHINE SULFATE, P	NA	$4.36
J2278			INJECTION, ZICONOTIDE, 1 MICRO	NA	$6.99
J2280			INJECTION, MOXIFLOXACIN, 100 M	NA	$9.57
J2281			INJECTION, MOXIFLOXACIN (FRESE	NA	$11.39
J2300			INJECTION, NALBUPHINE HCL 10 M	NA	$1.76
J2305			INJECTION, NITROGLYCERIN, 5 MG	NA	$2.03
J2310			INJECTION, NALOXONE HCL 1 MGM	NA	$5.12
J2311			INJECTION, NALOXONE HYDROCHLOR	BY REPORT	BY REPORT
J2315			INJECTION, NALTREXONE, DEPOT F	NA	$4.28
J2320			INJECTION, NANDROLONE DECANOAT	NA	$6.15
J2323			INJECTION, NATALIZUMAB, 1 MG	NA	$10.86
J2325			INJECTION, NESIRITIDE, 0.1 MG	NA	$34.99
J2326			INJECTION, NUSINERSEN, 0.1 MG	NA	$1,031.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2327			INJECTION, RISANKIZUMAB-RZAA,	NA	$94.77
J2329			INJECTION, UBLITUXIMAB-XIIY, 1	NA	$64.90
J2350			INJECTION, OCRELIZUMAB, 1 MG	NA	$53.63
J2353			INJECTION, OCTREOTIDE, DEPOT 1	NA	$104.36
J2354			INJ OCTREOTIDE,NON DEPOT 25 MC	NA	$4.89
J2355			INJECTION NEUMEGA 5 MG	NA	$267.75
J2356			INJECTION, TEZEPELUMAB-EKKO, 1	NA	$17.04
J2357			INJECTION, OMALIZUMAB, 5 MG(XO	NA	$18.11
J2358			INJECTION, OLANZAPINE, LONG-AC	NA	$2.62
J2359			INJECTION, OLANZAPINE, 0.5 MG	NA	$1.90
J2360			INJECTION, NORFLEX UP TO 60 MG	NA	$17.94
J2371			INJECTION, PHENYLEPHRINE HYDRO	NA	$0.01
J2372			INJECTION, PHENYLEPHRINE HYDRO	NA	$0.20
J2401			INJECTION, CHLOROPROCAINE HYDR	NA	$0.05
J2402			INJECTION, CHLOROPROCAINE HYDR	NA	$0.30
J2403			CHLOROPROCAINE HCL OPHTHALMIC,	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2405			INJECTION, ZOFRAN PER 1 MG	NA	$1.23
J2406			INJECTION, ORITAVANCIN (KIMYRS	NA	$40.29
J2407			INJECTION, ORITAVANCIN (ORBACT	NA	$71.78
J2410			INJECTION, NUMORPHAN UP TO 1 M	NA	$2.85
J2425			INJECTION, PALIFERMIN, 50 MICR	NA	$12.03
J2426			INJECTION, PALIPERIDONE PALMIT	NA	$6.46
J2427			INJECTION, PALIPERIDONE PALMIT	NA	$12.14
J2430			INJECTION, AREDIA PER 30 MG	NA	$92.70
J2440			INJ PAPAVERINE HCL UP TO 60 MG	NA	$4.77
J2460			INJ OXYTETRACYCLINE HCL UP TO	NA	$0.97
J2469			INJECTION, PALONOSETRON HCL, 2	NA	$34.86
J2501			INJECTION, ZEMPLAR 1 MCG	NA	$5.11
J2502			INJECTION, PASIREOTIDE LONG AC	NA	$554.40
J2503			INJECTION, PEGAPTANIB SODIUM,	NA	$1,088.28
J2504			INJECTION, PEGADEMASE BOVINE,	NA	$204.17
J2506			INJECTION, PEGFILGRASTIM, EXCL	NA	$529.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2507			INJECTION, PEGLOTICASE, 1 MG	NA	$284.63
J2510			INJECTION, WYCILLIN UP TO 600,	NA	$10.50
J2513			INJECTION, PENTASTARCH, 10% SO	NA	$13.16
J2515			INJECTION, NEMBUTAL SOD PER 50	NA	$5.61
J2540			INJ PENICILLIN G POT UP TO 600	NA	$0.43
J2543			ZOSYN 1.125 GM	NA	$5.81
J2545			PENTAMIDINE ISETHIONATE, INHAL	NA	$86.41
J2547			INJECTION, PERAMIVIR, 1 MG	NA	$1.57
J2550			INJECTION, PHENERGAN UP TO 50	NA	$3.79
J2560			INJECTION, LUMINAL SOD UP TO 1	NA	$2.96
J2562			INJECTION, PLERIXAFOR, 1 MG	$262.50	$262.50
J2590			INJECTION, PITOCIN UP TO 10	NA	$2.56
J2597			INJECTION, DDAVP PER 1 MCG	NA	$5.01
J2598			INJECTION, VASOPRESSIN, 1 UNIT	NA	$4.77
J2599			INJECTION, VASOPRESSIN (AMERIC	NA	$3.10
J2650			INJECTION, PREDNISOLONE ACETAT	NA	$0.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2670			INJECTION, PRISCOLINE HCL UP T	NA	$3.61
J2680			INJ.PROLIXIN DECANOATE UP TO 2	NA	$4.38
J2690			INJ, PRONESTYL UP TO 1 GRAM	NA	$3.45
J2700			INJECTION, PROSTAPHLIN UP TO 2	NA	$1.02
J2704			INJECTION, PROPOFOL, 10 MG	NA	$0.12
J2710			INJ PROSTIGMIN METHYLSULFATE 0	NA	$0.44
J2720			INJECTION, PROTAMINE SULFATE 1	NA	$0.93
J2724			INJECTION, PROTEIN C CONCENTRA	NA	$1.26
J2725			INJECTION, PROTIRELIN, PER 250	NA	$22.47
J2730			INJECTION, PROTOPAM CHL UP TO	NA	$94.83
J2760			INJECTION, REGITINE UP TO 5 MG	NA	$33.91
J2765			INJECTION, REGLAN UP TO 10 MG	NA	$0.77
J2770			INJECTION, SYNERCID 500 MG	NA	$137.00
J2777			INJECTION, FARICIMAB-SVOA, 0.1	NA	$36.14
J2778			INJECTION, RANIBIZUMAB, 0.1 MG	NA	$386.10
J2779			INJECTION, RANIBIZUMAB, VIA IN	NA	$79.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2781			INJECTION, PEGCETACOPLAN, INTR	NA	$144.54
J2783			INJECTION, RASBURICASE, 0.5 MG	NA	$152.18
J2785			INJ, REGADENOSON. 0.1 MG(LEXIS	NA	$107.50
J2786			INJECTION, RESLIZUMAB, 1 MG	NA	$8.27
J2788			INJECTION, RHO D IMMUNE GLOBUL	NA	$49.55
J2788	UD		INJECTION, RHOGAM MINIDOSE 50	NA	$49.55
J2790			INJECTION, RHO D IMMUNE GLOBUL	NA	$115.94
J2790	UD		INJ RHOGAM, HUMAN, FULL DOSE,3	NA	$115.94
J2791			INJECTION, RHO(D) IMMUNE GLOBU	NA	$1.12
J2792			INJECTION, WINROW 100 IU	NA	$20.71
J2793			INJECTION, RILONACEPT, 1 MG	NA	$22.91
J2794			INJECTION, RISPERIDONE (RISPER	NA	$5.10
J2795			INJECTION, NAROPIN 1 MG	NA	$0.08
J2796			INJECTION, ROMIPLOSTIM, 10 MIC	NA	$43.70
J2797			INJECTION, ROLAPITANT, 0.5 MG	NA	$1.58
J2798			INJECTION, RISPERIDONE, (PERSE	NA	$9.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J2800			INJECTION, ROBAXIN UP TO 10 ML	NA	$17.27
J2805			INJECTION, SINCALIDE, 5 MICROG	NA	$60.03
J2806			INJECTION, SINCALIDE (MAIA), N	NA	$135.26
J2820			INJECTION, LEUKINE 50 MCG	NA	$33.30
J2840			INJECTION, SEBELIPASE ALFA, 1	NA	$495.00
J2850			INJECTION, SECRETIN, SYNTHETIC	NA	$22.22
J2860			INJECTION, SILTUXIMAB, 10 MG	NA	$84.94
J2910			INJECTION, SOLGANAL UP TO 50 M	NA	$25.73
J2916			INJECTION FERRLECIT 12.5 MG	NA	$7.53
J2941			INJECTION, HUMATROPE 1 MG	NA	$48.21
J2950			INJECTION, PROMAZINE HCL, UP T	NA	$0.22
J2993			INJECTION, RETAVASE 18.1 MG	NA	$1,319.55
J2995			INJECTION, STREPTASE PER 250,0	NA	$82.03
J2997			INJECTION ACTIVASE PER 1 MG	NA	$33.47
J2998			INJECTION, PLASMINOGEN, HUMAN-	NA	$29.70
J3000			INJECTION, STREPTOMYCIN, UP TO	NA	$7.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J3010			INJECTION, SUBLIMAZE 0.1 MG	NA	$0.63
J3030			INJECTION, IMITREX 6 MG	NA	$137.25
J3031			INJECTION, FREMANEZUMAB-VFRM,	NA	$2.53
J3032			INJECTION, EPTINEZUMAB-JJMR, 1	NA	$14.80
J3060			INJECTION, TALIGLUCERACE ALFA,	NA	$29.45
J3070			INJECTION, PENTAZOCINE 30 M	NA	$4.43
J3090			INJECTION, TEDIZOLID PHOSPHATE	NA	$1.22
J3095			INJECTION, TELAVANCIN, 10 MG	NA	$2.05
J3101			INJECTION, TENECTEPLASE, 1 MG(	NA	$51.09
J3105			INJECTION, BRETHINE UP TO 1 MG	NA	$15.86
J3111			INJECTION, ROMOSOZUMAB-AQQG, 1	NA	$8.60
J3121			INJECTION, TESTOSTERONE ENANTH	NA	$0.34
J3145			INJECTION, TESTOSTERONE UNDECA	NA	$1.09
J3230			INJECTION, THORAZINE UP TO 50	NA	$5.70
J3240			INJECTION, THYROGEN 1.1 MG VIA	NA	$869.53
J3241			INJECTION, TEPROTUMUMAB-TRBW,	NA	$295.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J3243			INJECTION, TIGECYCLINE, 1 MG	NA	$1.04
J3244			INJECTION, TIGECYCLINE (ACCORD	NA	$2.48
J3245			INJECTION, TILDRAKIZAMAB, 1 MG	NA	$131.23
J3246			INJECTION, TIROFIBAN HCL, 0.25	NA	$9.29
J3250			INJECTION, TIGAN UP TO 200 MG	NA	$2.88
J3260			INJECTION, NEBCIN UP TO 80 MG	NA	$3.71
J3262			INJECTION, TOCILIZUMAB, 1 MG	NA	$3.29
J3265			INJECTION, DEMADEXDE 10 MGM/ML	NA	$2.74
J3280			INJECTION, TORECAN UP TO 10 MG	NA	$4.24
J3285			INJECTION, TREPROSTINIL, 1 MG	NA	$58.84
J3299			INJECTION, TRIAMCINOLONE ACETO	NA	$45.37
J3300			INJ TRIAMCINOLONE ACETONIDE 1	NA	$0.06
J3301			INJECTION, TRIAMCINOLONE ACET	NA	$1.45
J3302			INJECTION, ARISTOCORT PER 5 MG	NA	$0.57
J3303			INJECTION ARISTOSPAN PER 5 MG	NA	$2.97
J3304			INJECTION, TRIAMCINOLONE ACETO	NA	$17.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J3305			INJECTION,NEUTREXIN PER 25 MG	NA	$154.48
J3310			INJECTION, TRILAFON UP TO 5 MG	NA	$6.38
J3315			INJECTION TRELSTAR DEPOT 3.75	NA	$530.47
J3316			INJECTION, TRIPTORELIN, EXTEND	NA	$805.11
J3320			INJECTION, TROBICIN UP TO 2 GM	NA	$31.05
J3350			INJECTION, UREAPHIL UP TO 40 G	NA	$77.77
J3357			USTEKINUMAB, FOR SUBCUTANEOUS	NA	$112.89
J3358			USTEKINUMAB, FOR INTRAVENOUS I	NA	$226.43
J3360			INJECTION, VALIUM UP TO 5 MG	NA	$1.25
J3364			ABBOKINASE 5000 IU	NA	$49.53
J3365			INJECTION, IV, ABBOKINASE 250,	NA	$472.31
J3370			VANCOCIN 500 MG/VIAL	NA	$4.01
J3371			INJECTION, VANCOMYCIN HCL (MYL	NA	$7.44
J3372			INJECTION, VANCOMYCIN HCL (XEL	NA	$7.73
J3380			INJECTION, VEDOLIZUMAB, INTRAV	NA	$15.90
J3385			INJECTION, VELAGLUCERASE ALFA,	NA	$334.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J3396			INJECTION, VERTEPORFIN, 0.1 MG	NA	$10.14
J3397			INJECTION, VESTRONIDASE ALFA-V	NA	$209.39
J3400			INJECTION, TRIFLUPROMAZINE HCL	NA	$11.38
J3410			INJECTION, VISTARIL UP TO 25 M	NA	$0.39
J3411			INJECTION, THIAMINE HCL, 100 M	NA	$1.89
J3415			INJECTION, PYRIDOXINE HCL, 100	NA	$2.49
J3420			INJECTION, VITAMIN B- 12 CYANO	NA	$0.42
J3430			AQUA-MEPHYTON 1 MG	NA	$2.26
J3465			INJECTION, VORICONAZOLE, 10 MG	NA	$5.54
J3470			INJECTION, WYDASE UP TO 150 UN	NA	$21.88
J3471			INJECTION, HYALURONIDASE, OVIN	NA	$0.12
J3472			INJECTION, HYALURONIDASE, OVIN	NA	$142.19
J3475			INJECTION,MAGNESIUM SULFATE 50	NA	$3.13
J3480			INJECTION,POTASSIUM CHLOR 2 ME	NA	$0.09
J3485			INJECTION, RETROVIR 10 MG	NA	$1.19
J3486			INJECTION, ZIPRASIDONE MESYLAT	NA	$5.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J3489			INJECTION, ZOLEDRONIC ACID, 1	NA	$142.98
J3490			UNCLASSIFIED DRUGS	BY REPORT	BY REPORT
J3490	FP		UNCLASSIFIED DRUG FOR FAM PLAN	BY REPORT	BY REPORT
J3590			UNCLASSIFIED BIOLOGICS	BY REPORT	BY REPORT
J3591			UNCLASSIFIED DRUG OR BIOLOGICA	BY REPORT	BY REPORT
J7030			SALINE SOL 1000 ML	NA	$7.14
J7040			SALINE SOL 500 ML	NA	$6.98
J7042			5% DEXTROSE/NORMAL SALINE (500	NA	$5.65
J7050			SALINE SOL. 250 ML	NA	$6.03
J7060			5% DEXTROSE/WATER (500 ML = 1	NA	$8.09
J7070			INFUSION, D5W, 1000 CC	NA	$7.10
J7100			INFUSION, DEXTRAN 40, 500 ML	NA	$54.49
J7110			INFUSION, DEXTRAN 75, 500 ML	NA	$64.28
J7120			RINGERS LACTATE INFUS UP TO 10	NA	$10.39
J7121			5% DEXTROSE IN LACTATED RINGER	NA	$3.82
J7131			HYPERTONIC SALINE SOLUTION, 1	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7168			PROTHROMBIN COMPLEX CONCENTRAT	NA	$2.59
J7169			INJECTION, COAGULATION FACTOR	NA	$272.25
J7170			INJECTION, EMICIZUMAB-KXWH, 0.	NA	$49.11
J7175			INJECTION, FACTOR X, (HUMAN),	NA	$8.05
J7177			INJECTION, HUMAN FIBRINOGEN CO	NA	$1.09
J7178			INJECTION, HUMAN FIBRINOGEN CO	NA	$0.45
J7179			INJ, VON WILLEBRAND FACTOR, AI	NA	$1.94
J7180			INJECTION, FACTOR XIII (ANTIHE	NA	$7.72
J7181			INJECTION, FACTOR XIII A-SUBUN	NA	$13.17
J7182			INJECTION, FACTOR VIII, (ANTIH	NA	$0.66
J7183			INJECTION, VON WILLEBRAND FACT	NA	$1.14
J7185			INJECTION, FACTOR VIII (ANTIHE	NA	$1.39
J7186			INJ,ANTIHEMOPHIL FACTOR VIII(H	NA	$1.06
J7187			INJECTION, VON WILLEBRAND FACT	NA	$0.99
J7188			INJECTION, FACTOR VIII (ANTIHE	NA	$5.11
J7189			FACTOR VIIA (ANTIHEMOPHILIC FA	NA	$1.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7190			FACTOR VIII, (ANTI-HEMOPHILIC	NA	$0.90
J7191			FACTOR VIII, (ANTI-HEMOPHILIC	NA	$1.93
J7192			FACTOR VIII (ANTIHEMOPHILIC FA	NA	$1.48
J7193			ALPHANINE SD PER IU	NA	$1.09
J7194			FACTOR IX, COMPLEX, PER I.U.	NA	$0.59
J7195			INJECTION, FACTOR IX (ANTIHEMO	NA	$0.91
J7196			INJECTION,ANTITHROMBIN RECOMB,	NA	$0.06
J7198			AUTOPLEX-T	NA	$1.31
J7200			INJECTION, FACTOR IX, (ANTIHEM	NA	$1.42
J7201			INJECTION, FACTOR IX, FC FUSIO	NA	$2.82
J7203			INJECTION FACTOR IX, (ANTIHEMO	NA	$4.08
J7204			INJECTION, FACTOR VIII, ANTIHE	NA	$2.21
J7205			INJECTION, FACTOR VIII FC FUSI	NA	$1.96
J7207			INJECTION, FACTOR VIII, (ANTIH	NA	$1.94
J7208			INJECTION, FACTOR VIII, (ANTIH	NA	$2.17
J7209			INJECTION, FACTOR VIII, (ANTIH	NA	$1.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7210			INJECTION, FACTOR VIII, (ANTIH	NA	$1.63
J7211			INJECTION, FACTOR VIII, (ANTIH	NA	$1.72
J7212			FACTOR VIIA (ANTIHEMOPHILIC FA	NA	$2.27
J7213			INJECTION, COAGULATION FACTOR	BY REPORT	BY REPORT
J7214			INJECTION, FACTOR VIII/VON WIL	NA	$5.06
J7294			SEGESTERONE ACETATE AND ETHINY	NA	$2,069.10
J7295			ETHINYL ESTRADIOL AND ETONOGES	NA	$161.00
J7296			LEVONORGESTREL-RELEASING INTRA	NA	$1,090.68
J7297			LEVONORGESTREL-RELEASING INTRA	NA	$836.65
J7298			LEVONORGESTREL-RELEASING INTRA	NA	$1,090.68
J7300			PARAGARD	NA	$1,074.15
J7301			LEVONORGESTREL-RELEASING INTRA	NA	$908.18
J7303			CONTRACEPTIVE SUPPLY, HORMONE	NA	$40.02
J7304			CONTRACEPTIVE SUPPLY, HORMONE	NA	$47.90
J7304	FP		CONTRACEPTIVE SUPPLY, HORMONE	NA	$15.72
J7307			ETONOGESTREL (CONTRACEPTIVE) I	NA	$1,081.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7310			GANCICLOVIR, 4.5 MG LONG ACTIN	NA	$4,725.00
J7311			INJECTION, FLUOCINOLONE ACETON	NA	$319.23
J7312			INJECTION, DEXAMETHASONE, INTR	NA	$188.52
J7313			INJECTION, FLUOCINOLONE ACETON	NA	$463.74
J7314			INJECTION, FLUOCINOLONE ACETON	NA	$494.78
J7316			INJECTION, OCRIPLASMIN, 0.125	NA	$977.62
J7318			HYALURONAN OR DERIVATIVE, DURO	NA	$16.09
J7320			HYALURONAN OR DERIVATIVE,GENVI	NA	$91.20
J7321			HYALURONAN OR DERIVATIVE, HYAL	NA	$126.88
J7322			HYALURONAN OR DERIVATIVE, HYM	NA	$16.50
J7323			HYALURONAN OR DERIVATIVE, EUFL	NA	$133.96
J7324			HYALURONAN OR DERIVATIVE, ORTH	NA	$228.69
J7325			HYALURONAN OR DERIVATIVE, SYNV	NA	$405.72
J7326			HYALURONAN OR DERIVATIVE, GEL-	BY REPORT	BY REPORT
J7327			HYALURONAN OR DERIVATIVE, MONO	NA	$965.25
J7328			HYALURONAN OR DERIVATIVE, GEL-	NA	$1.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7329			HYALURONAN OR DERIVATIVE, TRIV	NA	$6.72
J7331			HYALURONAN OR DERIVATIVE, SYNO	BY REPORT	BY REPORT
J7332			HYALURONAN OR DERIVATIVE, TRIL	NA	$24.21
J7351			INJECTION, BIMATOPROST, INTRAC	NA	$193.05
J7352			AFAMELANOTIDE IMPLANT, 1 MG	NA	$2,795.35
J7353			ANACAULASE-BCDB, 8.8% GEL, 1 G	NA	$56.70
J7402			MOMATASONE FLUROATE SINUS IMPL	NA	$10.06
J7500			AZATHIOPRINE ORAL 50MG 100	NA	$1.15
J7501			AZATHIOPRINE PARENTERAL 100 MG	NA	$74.38
J7502			CYCLOSPORIN ORAL 100 MG	NA	$5.34
J7504			ATGAM 250 MG	NA	$367.36
J7507			TACROLIMUS, IMMEDIATE RELEASE,	NA	$3.97
J7509			METHYLPREDNISOLONE 4 MG ORAL	NA	$0.58
J7510			PREDNISOLONE 5 MG ORAL	NA	$0.12
J7511			THYMOGLOBULIN 25 MG	NA	$426.56
J7513			ZENAPAX, PARENTERAL 25 MG	NA	$449.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7515			CYCLOSPORINE 25 MG ORAL	NA	$1.20
J7516			INJECTION, CYCLOSPORINE, 250 M	NA	$24.06
J7517			MYCOPHENOLATE MOFETIL 250 MG O	NA	$3.27
J7518			MYCOPHENOLIC ACID, ORAL, 180 M	NA	$4.02
J7519			INJECTION, MYCOPHENOLATE MOFET	NA	$1.67
J7520			SIROLIMUS, ORAL, 1 MG	NA	$7.97
J7525			PROGRAF, PARENTERAL 5 MG	NA	$149.43
J7604			ACETYLCYSTEINE, INHALATION SOL	NA	$3.57
J7605			ARFORMOTEROL, INHALATION SOLUT	NA	$5.04
J7606			FORMOTEROL FUMARATE, INHALATIO	NA	$5.60
J7607			LEVALBUTEROL, INHALATION SOLUT	NA	$1.33
J7608			ACETYLCYSTEINE, INHALATION SOL	NA	$1.80
J7609			ALBUTEROL, INHALATION SOLUTION	BY REPORT	BY REPORT
J7610			ALBUTEROL INHAL SOL.CONCEN 1 M	BY REPORT	BY REPORT
J7611			ALBUTEROL, INHALATION SOLUTION	NA	$0.15
J7612			LEVALBUTEROL, INHALATION SOLUT	NA	$1.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7613			ALBUTEROL, INHALATION SOLUTION	NA	$0.54
J7614			LEVALBUTEROL, INHALATION SOLUT	NA	$2.61
J7615			LEVALBUTEROL INHAL SOL UNIT DO	NA	$1.89
J7620			ALBUTEROL 2.5MG/IPRATROPIUM BR	NA	$2.18
J7626			BUDESONIDE INHALATION SOLUTION	NA	$9.35
J7627			BUDESONIDE,POWDER,COMPOUND,INH	NA	$161.35
J7628			BITOLTEROL MESYLATE CONC FORM	NA	$0.48
J7631			CROMOLYN SODIUM, INHALATION SO	NA	$0.34
J7632			CROMOLYN SODIUM, INHALATION SO	NA	$0.31
J7634			BUDESONIDE, INHALATION SOLUTIO	NA	$4.81
J7635			ATROPINE INHAL SOL CONCENTRATE	NA	$1.23
J7636			ATROPINE INHALATION SOL UNIT D	NA	$1.09
J7637			DEXAMETHASONE INHAL SOL CONCEN	NA	$0.43
J7638			DEXAMETHASONE INHAL SOL UNIT D	NA	$0.20
J7639			DORNASE ALFA, INHALATION SOLUT	NA	$21.00
J7642			GLYCOPYRROLATE INHAL SOL CONCE	NA	$2.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J7644			IPRATROPIUM BROMIDE, INHALATIO	NA	$1.54
J7645			IPRATROPIUM BROMIDE INHAL SOLP	NA	$1.26
J7665			MANNITOL, ADMINISTERED THRU IN	NA	$3.94
J7669			METAPROTERENOL SULFATE, INHALA	NA	$0.49
J7674			METHACHOLINE CHLORIDE ADMINIST	NA	$0.42
J7676			PENTAMIDINE ISETHIONATE, INHAL	NA	$93.44
J7682			TOBRAMYCIN INHAL SOL 300 MG UN	NA	$66.11
J7684			TRIAMCINOLONE INHAL SOL UNIT D	NA	$0.61
J7686			TREPROSTINIL, INHALATION SOLUT	NA	$136.55
J8501			APREPITANT, ORAL, 5 MG	NA	$4.71
J8510			BULSULFAN, ORAL, 2 MG	NA	$2.59
J8520			CAPECITABINE, ORAL, 150 MG	NA	$6.51
J8521			CAPECITABINE, ORAL, 500 MG	NA	$21.71
J8530			CYCLOPHOSPHAMIDE: ORAL, 25 MG	NA	$3.15
J8560			ETOPOSIDE: ORAL, 50 MG	NA	$41.68
J8600			MELPHALAN: ORAL, 2 MG	NA	$5.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J8610			METHOTREXATE: ORAL, 2.5 MG	NA	$3.19
J8700			TEMOZOLOMIDE, ORAL, 5 MG	NA	$9.74
J9000			INJECTION, DOXORUBICIN HYDROCH	NA	$12.03
J9015			INJECTION, ALDESLEUKIN, PER SI	NA	$826.40
J9017			INJECTION, ARSENIC TRIOXIDE, 1	NA	$36.79
J9019			INJECTION, ASPARAGINASE (ERWIN	NA	$324.47
J9020			INJECTION, ASPARAGINASE, NOT O	NA	$55.02
J9021			INJECTION, ASPARAGINASE, RECOM	NA	$43.46
J9022			INJECTION, ATEZOLIZUMAB, 10 MG	NA	$72.18
J9023			INJECTION, AVELUMAB, 10 MG	NA	$75.67
J9025			INJECTION, AZACITIDINE, 1 MG	NA	$4.42
J9027			INJECTION, CLOFARABINE, 1 MG	NA	$123.05
J9029			INTRAVESICAL INSTILLATION, NAD	NA	$59,400.00
J9030			BCG LIVE INTRAVESICAL INSTILLA	NA	$3.11
J9032			INJECTION, BELINOSTAT, 10 MG	NA	$31.63
J9033			INJECTION, BENDAMUSTINE HCL (T	NA	$19.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9034			INJECTION, BENDAMUSTINE HCL (B	NA	$23.02
J9035			INJECTION, BEVACIZUMAB, 10 MG	NA	$78.90
J9036			INJECTION, BENDAMUSTINE HYDROC	NA	$25.72
J9037			INJECTION, BELANTAMAB MAFODONT	NA	$40.97
J9039			INJECTION, BLINATUMOMAB, 1 MIC	NA	$94.31
J9040			INJECTION, BLEOMYCIN SULFATE,	NA	$77.11
J9041			INJECTION, BORTEZOMIB, 0.1 MG	NA	$35.31
J9042			INJECTION, BRENTUXIMAB VEDOTIN	NA	$95.83
J9043			INJECTION, CABAZITAXEL, 1 MG	NA	$134.65
J9045			INJECTION, CARBOPLATIN, 50 MG	NA	$76.42
J9046			INJECTION, BORTEZOMIB (DR. RED	NA	$45.34
J9047			INJECTION, CARFILZOMIB, 1 MG	NA	$27.36
J9048			INJECTION, BORTEZOMIB (FRESENI	NA	$45.34
J9049			INJECTION, BORTEZOMIB (HOSPIRA	NA	$7.60
J9050			INJECTION, CARMUSTINE, 100 MG	NA	$163.91
J9051			INJECTION, BORTEZOMIB (MAIA),	NA	$3.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9055			INJECTION, CETUXIMAB, 10 MG	NA	$52.50
J9056			INJECTION, BENDAMUSTINE HYDROC	NA	$32.41
J9057			INJECTION, COPANLISIB, 1 MG	NA	$75.45
J9058			INJECTION, BENDAMUSTINE HYDROC	NA	$31.78
J9059			INJECTION, BENDAMUSTINE HYDROC	NA	$23.17
J9060			INJECTION, CISPLATIN, POWDER O	NA	$4.05
J9061			INJECTION, AMIVANTAMAB-VMJW, 2	NA	$16.89
J9063			INJECTION, MIRVETUXIMAB SORAVT	NA	$61.58
J9064			INJECTION, CABAZITAXEL (SANDOZ	BY REPORT	BY REPORT
J9065			INJECTION, LEUSTATIN , PER 1 M	NA	$53.05
J9071			INJECTION, CYCLOPHOSPHAMIDE (A	NA	$3.61
J9098			INJECTION, CYTARABINE LIPOSOME	NA	$437.50
J9100			INJECTION, CYTARABINE, 100 MG	NA	$3.17
J9118			INJECTION, CALASPARGASE PEGOL-	NA	$66.09
J9119			INJECTION, CEMIPLIMAB-RWLC, 1	NA	$23.40
J9120			INJECTION, DACTINOMYCIN, 0.5 M	NA	$519.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9130			DTIC-DOME 100MG/ML	NA	$10.34
J9144			INJECTION, DARATUMUMAB, 10 MG	NA	$41.68
J9145			INJECTION, DARATUMUMAB, 10 MG	NA	$45.80
J9150			INJECTION, DAUNORUBICIN, 10 MG	NA	$70.57
J9151			INJECTION, DAUNORUBICIN CITRAT	NA	$59.50
J9153			INJECTION, LIPOSOMAL, 1 MG DAU	NA	$179.60
J9155			INJECTION, DEGARELIX, 1 MG	NA	$3.92
J9165			INJECTION, DIETHYLSTILBESTROL	NA	$13.27
J9171			INJECTION, DOCETAXEL, 1 MG	NA	$19.51
J9173			INJECTION, DURVALUMAB, 10 MG	NA	$70.44
J9175			INJECTION, ELLIOTTS' B SOLUTIO	NA	$4.29
J9176			INJECTION, ELOTUZUMAB, 1 MG	NA	$5.95
J9177			INJECTION, ENFORTUMAB VEDOTIN-	NA	$26.11
J9178			INJECTION, EPIRUBICIN HCL, 2 M	NA	$26.22
J9179			INJECTION, ERIBULIN MESYLATE,	NA	$86.72
J9181			INJECTION, ETOPOSIDE, 10 MG	NA	$1.64

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9185			INJECTION, FLUDARABINE PHOSPHA	NA	$317.80
J9190			INJECTION, FLUOROURACIL, 500 M	NA	$3.28
J9196			INJECTION, GEMCITABINE HYDROCH	NA	$14.18
J9198			INJECTION, GEMCITABINE HYDROCH	NA	$37.62
J9200			INJECTION, FLOXURIDINE, 500 MG	NA	$130.70
J9201			INJECTION, GEMCITABINE HYDROCH	NA	$135.98
J9202			ZOLADEX 3.6 MG IMPLANT, SYRN	NA	$411.24
J9203			INJECTION, GEMTUZUMAB OZOGAMIC	NA	$180.40
J9204			INJECTION, MOGAMULIZUMAB-KPKC,	NA	$187.61
J9205			INJECTION, IRINOTECAN LIPOSOME	NA	$38.04
J9206			INJECTION, IRINOTECAN, 20 MG	NA	$134.24
J9207			INJECTION, IXABEPILONE,1 MG(IX	NA	$65.31
J9208			INJECTION, IFOSFAMIDE, 1 GRAM	NA	$63.49
J9209			INJECTION, MESNA, 200 MG	NA	$30.76
J9210			INJECTION, EMAPALUMAB-LZSG, 1	NA	$734.78
J9211			INJECTION, IDARUBICIN HYDROCHL	NA	$386.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9212			INJECTION, INTERFERON ALFACON-	NA	$8.50
J9213			INJECTION, INTERFERON, ALFA-2A	NA	$40.53
J9214			INJECTION, INTERFERON, ALFA-2B	NA	$14.84
J9215			INJECTION, INTERFERON, ALFA-N3	NA	$15.68
J9216			INJECTION, INTERFERON, GAMMA 1	NA	$344.41
J9217			LUPRON 7.5 MG	NA	$678.73
J9218			LUPRON INJ PER 1 MG	NA	$271.53
J9219			VIADUR IMPLANT KIT 65 MG	NA	$4,973.50
J9223			INJECTION, LURBINECTEDIN, 0.1	NA	$164.17
J9225			HISTRELIN IMPLANT (VANTAS), 50	NA	$5,250.00
J9226			HISTRELIN IMPLANT (SUPPRELIN L	NA	$15,312.50
J9227			INJECTION, ISATUXIMAB-IRFC, 10	NA	$65.96
J9228			INJECTION, IPILIMUMAB, 1 MG	NA	$126.09
J9229			INJECTION, INOTUZUMAB OZOGAMIC	NA	$2,118.71
J9230			INJECTION, MECHLORETHAMINE HYD	NA	$152.08
J9245			INJECTION, MELPHALAN HYDROCHLO	NA	$1,267.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9246			INJECTION, MELPHALAN (EVOMELA)	NA	$39.60
J9247			INJECTION, MELPHALAN FLUFENAMI	NA	$470.25
J9259			INJECTION, PACLITAXEL PROTEIN-	NA	$15.60
J9260			INJECTION, METHOTREXATE SODIUM	NA	$4.16
J9260	UD		INJECTABLE, METHOTREXATE SOD 5	NA	$4.16
J9261			INJECTION, NELARABINE, 50 MG	NA	$90.13
J9262			INJECTION, OMACETAXINE MEPESUC	NA	$2.36
J9263			INJECTION, OXALIPLATIN, 0.5 MG	NA	$9.32
J9264			INJECTION, PACLITAXEL PROTEIN-	NA	$9.40
J9266			INJECTION, PEGASPARGASE, PER S	NA	$2,187.50
J9267			INJECTION, PACLITAXEL, 1 MG	NA	$0.43
J9268			INJECTION, PENTOSTATIN, 10 MG	NA	$2,324.00
J9269			INJECTION, TAGRAXOFUSP-ERZS, 1	NA	$252.74
J9270			INJECTION, PLICAMYCIN, 2.5 MG	NA	$86.39
J9271			INJECTION, PEMBROLIZUMAB, 1 MG	NA	$42.73
J9272			INJECTION, DOSTARLIMAB-GXLY, 1	NA	$205.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9273			INJECTION, TISOTUMAB VEDOTIN-T	NA	$145.65
J9274			INJECTION, TEBENTAFUSP-TEBN, 1	NA	$185.72
J9280			INJECTION, MITOMYCIN, 5 MG	NA	$61.25
J9281			MITOMYCIN PYELOCALYCEAL INSTIL	NA	$264.53
J9285			INJECTION, OLARATUMAB, 10 MG	NA	$47.67
J9293			NOVANTRONE 5 MG	NA	$325.23
J9294			INJECTION, PEMETREXED (HOSPIRA	NA	$10.08
J9296			INJECTION, PEMETREXED (ACCORD)	NA	$9.56
J9297			INJECTION, PEMETREXED (SANDOZ)	NA	$9.50
J9298			INJECTION, NIVOLUMAB AND RELAT	NA	$169.47
J9299			INJECTION, NIVOLUMAB, 1 MG	NA	$24.10
J9301			INJECTION, OBINUTUZUMAB, 10 MG	NA	$510.84
J9302			INJECTION, OFATUMUMAB, 10 MG	NA	$43.56
J9303			INJECTION, PANITUMUMAB, 10 MG	NA	$87.50
J9304			INJECTION, PEMETREXED (PEMFEXY	$0.00	$0.00
J9305			INJECTION, PEMETREXED, 10 MG	NA	$50.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9306			INJECTION, PERTUZUMAB, 1 MG	NA	$9.61
J9307			INJECTION, PRALATREXATE, 1 MG	NA	$154.69
J9308			INJECTION, RAMUCIRUMAB, 5 MG	NA	$52.51
J9309			INJECTION, POLATUZUMAB VEDOTIN	NA	$106.07
J9311			INJECTION, RITUXIMAB 10 MG AND	NA	$0.40
J9312			INJECTION, RITUXIMAB, 10 MG	NA	$93.01
J9313			INJECTION, MOXETUMOMAB PASUDOT	NA	$206.25
J9314			INJECTION, PEMETREXED (TEVA),	NA	$19.29
J9316			INJECTION, PERTUZUMAB, TRASTUZ	NA	$6.99
J9317			INJECTION, SACITUZUMAB GOVITEC	NA	$28.50
J9318			INJECTION, ROMIDEPSIN, NON-LYO	NA	$31.67
J9319			INJECTION, ROMIDEPSIN, LYOPHIL	NA	$31.67
J9320			INJECTION, STREPTOZOCIN, 1 GRA	NA	$113.78
J9322			INJECTION, PEMETREXED (BLUEPOI	NA	$9.51
J9323			INJECTION, PEMETREXED DITROMET	NA	$9.89
J9325			INJECTION, TALIMOGENE LAHERPAR	NA	$43.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9328			INJECTION, TEMOZOLOMIDE, 1 MG	NA	$4.75
J9330			INJ, TEMSIROLIMUS, 1 MG (TORIS	NA	$48.99
J9331			INJECTION, SIROLIMUS PROTEIN-B	NA	$67.17
J9332			INJECTION, EFGARTIGIMOD ALFA-F	NA	$29.45
J9340			INJECTION, THIOTEPA, 15 MG	NA	$85.59
J9345			INJECTION, RETIFANLIMAB-DLWR,	NA	$28.48
J9347			INJECTION, TREMELIMUMAB-ACTL,	NA	$128.70
J9348			INJECTION, NAXITAMAB-GGGK, 1 M	NA	$504.11
J9349			INJECTION, TAFASITAMAB-CXIX, 2	NA	$11.88
J9350			INJECTION, MOSUNETUZUMAB-AXGB,	NA	$588.12
J9351			INJECTION, TOPOTECAN, 0.1 MG	NA	$27.37
J9352			INJECTION, TRABECTEDIN, 0.1 MG	NA	$267.30
J9353			INJECTION, MARGETUXIMAB-CMKB,	NA	$41.12
J9354			INJECTION, ADO-TRASTUZUMAB EMT	NA	$27.46
J9355			INJECTION, TRASTUZUMAB, EXCLUD	NA	$65.74
J9356			INJECTION, TRASTUZUMAB, 10 MG	NA	$77.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
J9357			INJECTION, VALRUBICIN, INTRAVE	NA	$485.10
J9358			INJECTION, FAM-TRASTUZUMAB DER	NA	$22.73
J9359			INJECTION, LONCASTUXIMAB TESIR	NA	$176.49
J9360			INJECTION, VINBLASTINE SULFATE	NA	$2.90
J9370			ONCOVIN 1 MG	NA	$12.60
J9380			INJECTION, TECLISTAMAB-CQYV, 0	NA	$29.21
J9381			INJECTION, TEPLIZUMAB-MZWV, 5	NA	$34.28
J9390			INJECTION, VINORELBINE TARTRAT	NA	$82.25
J9393			INJECTION, FULVESTRANT (TEVA),	NA	$19.80
J9394			INJECTION, FULVESTRANT (FRESEN	NA	$49.50
J9395			INJECTION, FULVESTRANT, 25 MG	NA	$86.93
J9400			INJECTION, ZIV-AFLIBERCEPT, 1	NA	$15.84
J9600			INJECTION, PORFIMER SODIUM, 75	NA	$2,637.93
J9999			NOT OTHERWISE CLASSIFIED, ANTI	BY REPORT	BY REPORT
K0001			STANDARD WHEELCHAIR	$249.41	$29.93
K0002			STANDARD HEMI LOW SEAT WHEELC	$410.62	$49.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0003			LIGHTWEIGHT WHEELCHAIR	$386.40	$46.37
K0004			HIGH STRENGH, LIGHTWEIGHT WHEE	$499.52	$59.94
K0005			ULTRALIGHTWEIGHT WHEELCHAIR	NA	$1,440.70
K0006			HEAVY DUTY WHEELCHAIR	$635.81	$76.30
K0007			EXTRA HEAVY DUTY WHEELCHAIR	BY REPORT	BY REPORT
K0008			CUSTOM MANUAL WHEELCHAIR/BASE	BY REPORT	BY REPORT
K0009			OTHER MANUAL WHEELCHAIR/BASE	BY REPORT	BY REPORT
K0010			STD WGT FRM-MTR PWR WHEELCHAIR	$3,345.00	$401.40
K0011			ST WGT FRM-MTR PWR WC PRG CTL	BY REPORT	BY REPORT
K0012			LIGHTWEIGHT PORTABLE MOTOR POW	BY REPORT	BY REPORT
K0013			CUSTOM MOTORIZED/PWR WHEELCHAI	BY REPORT	BY REPORT
K0014			OTHER MOTORIZED/PWR WHEELCHAIR	BY REPORT	BY REPORT
K0015			DETACH NON-ADJUST HGT ARMREST	$116.96	$14.04
K0017			DETACHABLE, ADJUSTABLE HEIGHT	NA	$30.85
K0018			DETACHABLE, ADJUSTABLE HEIGHT	NA	$17.44
K0019			ARM PAD, REPLACEMENT ONLY, EAC	$8.94	$1.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0020			FIXED ADJ HGT ARMREST PAIR	NA	$30.23
K0037			HIGH MOUNT FLIP-UP FOOTREST, E	$34.86	$6.97
K0038			LEG STRAP, EACH	NA	$15.41
K0039			LEG STRAP, H STYLE, EACH	NA	$33.10
K0040			ADJUSTABLE ANGLE FOOT PLATE EA	NA	$33.45
K0041			LARGE SIZE FOOTPLATE, EACH	NA	$31.64
K0042			STANDARD SIZE FOOTPLATE, REPLA	$25.38	$5.08
K0043			FOOTREST, LOWER EXTENSION TUBE	NA	$12.54
K0044			FOOTREST, UPPER HANGER BRACKET	NA	$10.91
K0045			FOOTREST, COMPLETE ASSEMBLY, R	NA	$35.90
K0046			ELEVATING LEGREST, LOWER EXTEN	NA	$12.63
K0047			ELEVATING LEGREST, UPPER HANGE	NA	$44.62
K0050			RATCHET ASSEMBLY, REPLACEMENT	NA	$20.70
K0051			CAM RELEASE ASSEMBLY, FOOTREST	$32.75	$6.55
K0052			SWINGAWAY, DETACHABLE FOOTREST	NA	$43.82
K0053			ELEV FOOTRESTS, ARTICULATING E	NA	$56.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0056			SEAT HGT UP TO 21IN HST/LTWT/U	$74.54	$14.91
K0065			SPOKE PROTECTORS	$30.32	$6.06
K0069			REAR WHEEL ASSEMBLY, COMPLETE,	$87.00	$17.40
K0070			R.WHEEL ASSEM.W/PNEUM.TIRE/COM	$130.69	$15.68
K0071			FRONT CASTER ASSEMBLY, COMPLET	NA	$70.85
K0072			FRONT CASTER ASSEMBLY, COMPLET	$57.00	$11.40
K0073			CASTER PIN LOCK, EACH	NA	$23.15
K0077			FRONT CASTER ASSEMBLY, COMPLET	NA	$33.24
K0098			DRIVE BELT FOR POWER WHEELCHAI	NA	$15.58
K0105			IV HANGER	NA	$64.21
K0108			OTHER ACCESSORIES	BY REPORT	BY REPORT
K0195			ELEV. LEGREST, PAIR W/CAPPTED	$95.62	$19.12
K0606			AUTOMATIC EXTERNAL DEFIBRILLAT	$14,689.92	$1,762.79
K0672			ADDITION TO LOWER EXTREMITY OR	$58.14	$11.63
K0733			POWER WHEELCHAIR ASSESS 12-24A	$18.61	$3.72
K0738			PORTABLE GASEOUS OXYGEN SYS, R	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0739			REPAIR/SERVICE DME NON-OXYGEN	$10.00	$2.00
K0800			POWER OPERATED VEH,GROUP 1 STA	$547.04	$65.64
K0801			POWER OPERATED VEH, GROUP 1 HE	$1,001.88	$120.23
K0802			POWER OPERATED VEH, GRP 1 VERY	$1,347.50	$161.70
K0806			POWER OPERATED VEH,GROUP 2 STA	$929.03	$111.48
K0807			POWER OPERATED VEH,GROUP 2 HEA	$1,439.77	$172.77
K0808			POWER OPERATED VEH,GROUP 2 VER	$2,225.64	$267.08
K0812			POWER OPERATED VEHICLE, NOS	BY REPORT	BY REPORT
K0813			POWER WHEELCHAIR,GROUP 1 STD P	BY REPORT	BY REPORT
K0814			POWER WHEELCHAIR,GROUP 1 STD	BY REPORT	BY REPORT
K0815			POWER WHEELCHAIR GRP 1 STD SEA	BY REPORT	BY REPORT
K0816			POWER WHEELCHAIR GRP 1 STD CAP	BY REPORT	BY REPORT
K0820			POWER WHEELCHAIR,GRP 2 STD POR	BY REPORT	BY REPORT
K0821			POWER WHEELCHAIR,GRP 2 STD POR	BY REPORT	BY REPORT
K0822			POWER WHEELCHAIR,GRP 2 STD SEA	BY REPORT	BY REPORT
K0823			POWER WHEELCHAIR,GRP 2 STD CAP	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0824			POWER WHEELCHAIR,GRP 2 HD SEAT	BY REPORT	BY REPORT
K0825			POWER WHEELCHAIR,GRP 2 HD CAP	BY REPORT	BY REPORT
K0826			POWER WHEELCHAIR.GRP2 VHD SEAT	BY REPORT	BY REPORT
K0827			POWER WHEELCHAIR.GRP 2 VHD CAP	BY REPORT	BY REPORT
K0828			POWER WHEELCHAIR,GRP 2 XTRA HD	BY REPORT	BY REPORT
K0829			POWER WHEELCHAIR,GRP2 XTRA HD	BY REPORT	BY REPORT
K0830			POWER WHEELCHAIR,GRP2 STD SEAT	BY REPORT	BY REPORT
K0831			POWER WHEELCHAIR,GRP2 STD SEAT	BY REPORT	BY REPORT
K0835			POWER WHEELCHAIR,GRP2 STD,SING	BY REPORT	BY REPORT
K0836			POWER WHEELCHAIR,GRP2 STD SING	BY REPORT	BY REPORT
K0837			POWER WHEELCHAIR, GRP2 HD SING	BY REPORT	BY REPORT
K0838			POWER WHEELCHAIR,GRP2 HD SING	BY REPORT	BY REPORT
K0839			POWER WHEELCHAIR.GRP2 VHD SING	BY REPORT	BY REPORT
K0840			POWER WHEELCHAIR.GP2 XHD SING	BY REPORT	BY REPORT
K0841			POWER WHEELCHAIR.GP2 STD MULT	BY REPORT	BY REPORT
K0842			POWER WHEELCHAIR.GP2 STD,MULT	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0843			POWER WHEELCHAIR.GP2 HD,MULT P	BY REPORT	BY REPORT
K0848			POWER WHEELCHAIR.GP2 STD SEAT/	BY REPORT	BY REPORT
K0849			POWER WHEELCHAIR.GP3,STD,CAP C	BY REPORT	BY REPORT
K0850			POWER WHEELCHAIR.GP3 HD SEAT/B	BY REPORT	BY REPORT
K0851			POWER WHEELCHAIR,GP3 HD SEAT/B	BY REPORT	BY REPORT
K0852			POWER WHEELCHAIR,GP3 VHD,SEAT/	BY REPORT	BY REPORT
K0853			POWER WHEELCHAIR,GP3,VHD,CAP C	BY REPORT	BY REPORT
K0854			POWER WHEELCHAIR,GP3 XHD,SEAT/	BY REPORT	BY REPORT
K0855			POWER WHEELCHAIR,GP3 XHD,CAP C	BY REPORT	BY REPORT
K0856			POWER WHEELCHAIR,GP3 STD,SING	BY REPORT	BY REPORT
K0857			POWER WHEELCHAIR,GP3 STD,CAP C	BY REPORT	BY REPORT
K0858			POWER WHEELCHAIR,GP3 HD,SING S	BY REPORT	BY REPORT
K0859			POWER WHEELCHAIR,GP3 HD SING C	BY REPORT	BY REPORT
K0860			POWER WHEELCHAIR,GP3 VHD,SING	BY REPORT	BY REPORT
K0861			POWER WHEELCHAIR,GP3 STD,MULT	BY REPORT	BY REPORT
K0862			POWER WHEELCHAIR,GP3 HD,MULT S	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0863			POWER WHEELCHAIR,GP3 VHD,MULT	BY REPORT	BY REPORT
K0864			POWER WHEELCHAIR,GP3XHD,MULT S	BY REPORT	BY REPORT
K0868			POWER WHEELCHAIR,GP4 STD,SEAT/	BY REPORT	BY REPORT
K0869			POWER WHEELCHAIR,GP4 STD,CAP C	BY REPORT	BY REPORT
K0870			POWER WHEELCHAIR,GP4 HD, SEAT/	BY REPORT	BY REPORT
K0871			POWER WHEELCHAIR,GP4 VHD, SEAT	BY REPORT	BY REPORT
K0877			POWER WHEELCHAIR,GP4 STD SING	BY REPORT	BY REPORT
K0878			POWER WHEELCHAIR,GP4 STD,SING	BY REPORT	BY REPORT
K0879			POWER WHEELCHAIR,GP4 HD SING S	BY REPORT	BY REPORT
K0880			POWER WHEELCHAIR.GP4 VHD,SING	BY REPORT	BY REPORT
K0884			POWER WHEELCHAIR,GP4 STD,MULT	BY REPORT	BY REPORT
K0885			POWER WHEELCHAIR,GP4 STD MULT	BY REPORT	BY REPORT
K0886			POWER WHEELCHAIR,GP4 HD MULT S	BY REPORT	BY REPORT
K0890			POWER WHEELCHAIR,GP5 PED SING	BY REPORT	BY REPORT
K0891			POWER WHEELCHAIR,GP5 PED,MULT	BY REPORT	BY REPORT
K0898			POWER WHEELCHAIR NOT OTHERWISE	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
K0900			CUSTOMIZED DURABLE MEDICAL EQU	BY REPORT	BY REPORT
K1004			LOW FREQUENCY ULTRASONIC DIATH	BY REPORT	BY REPORT
K1027			ORAL DEVICE/APPLIANCE USED TO	BY REPORT	BY REPORT
K1030			EXTERNAL RECHARGING SYSTEM FOR	BY REPORT	BY REPORT
K1035			MOLECULAR DIAGNOSTIC TEST READ	BY REPORT	BY REPORT
L0112			CRANIAL CERVICAL ORTHOSIS, CON	NA	$879.82
L0113			CRANIAL CERVICAL ORTHOSIS, TOR	NA	$195.58
L0120			CERVICAL, FLEXIBLE, NON-ADJUST	NA	$13.04
L0130			CERVICAL, FLEXIBLE, THERMOPLAS	NA	$54.40
L0140			CERV.SEMI-RIDIG/ADJ.PLASTIC CO	NA	$24.40
L0150			CERVICAL, SEMI-RIGID, ADJUSTAB	NA	$75.20
L0160			CERVICAL, SEMI-RIGID, WIRE FRA	NA	$100.00
L0170			CERVICAL, COLLAR, MOLDED TO PA	NA	$300.00
L0172			CERVICAL, COLLAR, SEMI-RIGID T	NA	$68.34
L0174			CERVICAL, COLLAR, SEMI-RIGID,	NA	$113.90
L0180			NECK BR FORRESTER - NON SWIVEL	NA	$163.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L0190			CERVICAL, MULTIPLE POST COLLAR	NA	$240.00
L0200			CERVICAL, MULTIPLE POST COLLAR	NA	$175.00
L0220			THORACIC, RIB BELT, CUSTOM FAB	NA	$24.40
L0450			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$122.58
L0452			TLSO FLEX UPPER THOR SUPPORT C	NA	$264.68
L0454			TLSO FLEXIBLE, PROVIDES TRUNK	NA	$220.09
L0455			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$176.76
L0456			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$220.96
L0457			TLSO, FLEXIBLE, PROVIDES TRUNK	NA	$506.90
L0458			TLSO TRIPLANAR CONTROL PREFABR	NA	$440.57
L0460			TLSO, TRIPLANAR CONTROL, MODUL	NA	$440.57
L0462			TLSO TRIPLAN CONT 3 RIG PLAST	NA	$440.57
L0464			TLSO TRIPLAN CONT 4 RIG PLAST	NA	$437.70
L0466			TLSO, SAGITTAL CONTROL, RIGID	NA	$224.99
L0467			TLSO, SAGITTAL CONTROL, RIGID	NA	$192.92
L0468			TLSO, SAGITTAL-CORONAL CONTROL	NA	$276.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L0469			TLSO, SAGITTAL-CORONAL CONTROL	NA	$242.91
L0470			TLSO TRIPLAN CONT RIGED POST F	NA	$447.64
L0472			TLSO TRIPLANAR CONT HYPEREXTEN	NA	$291.60
L0474			TLSO TRIPLAN CONT RIG POST FRA	NA	$499.65
L0480			TLSO TRIPLAN CONT CUSTOM FABRI	NA	$1,035.33
L0482			TLSO TRIPLAN CONT INCL CAD-CAM	NA	$1,153.79
L0484			TLSO TRIPLAN CONT CUSTOM FABRI	NA	$1,146.26
L0486			TKLSO TRIPLAN CONT CUST FAB CA	NA	$1,218.72
L0488			TLSO TRIPLAN CONT 1 PIECE SHEL	NA	$631.00
L0490			TLSO SAG COR CONT PREFAB FIT &	NA	$177.82
L0491			TLSO, SAGITTAL-CORONAL CONTROL	NA	$526.72
L0492			TLSO, SAGITTAL-CORONAL CONTROL	NA	$346.02
L0621			SACROILIAC ORTHOSIS, FLEXIBLE,	NA	$49.20
L0622			SACROILIAC ORTHOSIS, FLEXIBLE,	NA	$169.74
L0623			SACROILIAC ORTHOSIS, PROVIDES	NA	$90.06
L0624			SACROILIAC ORTHOSIS, PROVIDES	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L0625			LUMBAR ORTHOSIS, FLEXIBLE, PRO	NA	$28.08
L0626			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$53.45
L0627			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$281.92
L0628			LUMBAR-SACRAL ORTHOSIS, FLEXIB	NA	$42.76
L0629			LUMBAR-SACRAL ORTHOSIS, FLEXIB	BY REPORT	BY REPORT
L0630			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$111.08
L0631			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$704.06
L0632			LUMBAR-SACRAL ORTHOSIS, SAGITT	BY REPORT	BY REPORT
L0633			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$196.67
L0634			LUMBAR-SACRAL ORTHOSIS, SAGITT	BY REPORT	BY REPORT
L0635			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$668.58
L0636			LUMBAR SACRAL ORTHOSIS, SAGITT	NA	$991.55
L0637			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$736.78
L0638			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$904.55
L0639			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$736.78
L0640			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$717.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L0641			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$39.73
L0642			LUMBAR ORTHOSIS, SAGITTAL CONT	NA	$209.54
L0643			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$82.55
L0648			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$523.28
L0649			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$146.17
L0650			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$586.01
L0651			LUMBAR-SACRAL ORTHOSIS, SAGITT	NA	$586.01
L0700			CERVICAL-THORACIC-LUMBAR-SACRA	NA	$1,160.00
L0710			CTLSO, ANTERIOR-POSTERIOR-LATE	NA	$1,280.00
L0810			HALO PROCEDURES, CERVICAL HALO	NA	$1,677.11
L0820			HALO PROCEDURES, CERVICAL HALO	NA	$1,200.00
L0830			SPINAL BR MILW SCOL BR W/HALO	NA	$2,053.61
L0859			ADDITION TO HALO PROCEDURE, MA	NA	$800.42
L0861			ADDITION TO HALO PROCEDURE, RE	NA	$135.48
L0970			TLSO, CORSET FRONT	NA	$33.60
L0972			LSO, CORSET FRONT	NA	$69.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L0974			TLSO, FULL CORSET	NA	$88.20
L0976			LSO, FULL CORSET	NA	$103.88
L0978			AXILLARY CRUTCH EXTENSION	NA	$35.00
L0980			PERONEAL STRAPS, PREFABRICATED	NA	$11.33
L0982			STOCKING SUPPORTER GRIPS, PREF	NA	$9.60
L0984			PROTECTIVE BODY SOCK, PREFABRI	NA	$34.12
L0999			ADDITION TO SPINAL ORTHOSIS NO	BY REPORT	BY REPORT
L1000			CERVICAL-THORACIC-LUMBAR-SACRA	NA	$1,134.00
L1001			CERVICAL THORACIC LUMBAR SACRA	BY REPORT	BY REPORT
L1005			TENSION BASED SCOLIOSIS ORTH/A	NA	$1,990.05
L1010			ADDITIONS TO CERVICAL-THORACIC	NA	$44.88
L1020			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$25.00
L1025			ADDITION TO CTLSO/SCOLIOSIS OR	NA	$77.29
L1030			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$40.83
L1040			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00
L1050			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L1060			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$39.00
L1070			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$51.00
L1080			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$35.42
L1085			ADDIT.TO CTLSO/SCOLIOSIS ORTHO	NA	$108.45
L1090			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$51.00
L1100			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$66.00
L1110			ADDITIONS TO CTLSO OR SCOLIOSI	NA	$90.00
L1120			ADDITIONS TO CTLSO OR SIO, SCO	NA	$26.05
L1200			THORACIC-LUMBAR-SACAL-ORTHOSES	NA	$1,037.53
L1210			ADDITIONS TO TLSO, (LOW PROFIL	NA	$175.00
L1220			ADDITIONS TO TLSO, (LOW PROFIL	NA	$175.00
L1230			ADDITIONS TO TLSO, (LOW PROFIL	NA	$340.00
L1240			ADDIT.TO TLSO LUMBAR DEROTATIO	NA	$44.75
L1250			ADDIT.TO TLSO ANTERIOR ASIS PA	NA	$44.75
L1260			ADDIT TO TLSO,ANTERIOR THORAC	NA	$44.75
L1270			ADDIT TO TLSO,ABDOMINAL PAD(LO	NA	$44.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L1280			ADDIT TO TLSO,RIB GUSSET(ELAST	NA	$61.02
L1290			ADDIT TO TLSO,LATERAL TROCHANT	NA	$40.68
L1300			OTHER SCOLIOSIS PROCEDURES, BO	NA	$1,200.00
L1310			OTHER SCOLIOSIS PROCEDURES, PO	NA	$1,200.00
L1499			UNLISTED PROCEDURE SPINAL ORTH	BY REPORT	BY REPORT
L1600			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$40.32
L1610			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$25.00
L1620			HIP ORTHOSIS, ABDUCTION CONTRO	NA	$75.00
L1630			HO, ABDUCTION CONTROL OF HIP J	NA	$111.31
L1640			HO, ABDUCTION CONTROL OF HIP J	NA	$250.00
L1650			HO, ABDUCTION CONTROL OF HIP J	NA	$150.00
L1652			HIP ORTHOSIS ADULT PREFAB ANY	NA	$224.08
L1660			HO, ABDUCTION CONTROL OF HIP J	NA	$109.07
L1680			HO, ABDUCTION CONTROL OF HIP J	NA	$802.72
L1681			HIP ORTHOSIS, BILATERAL HIP JO	NA	$1,873.35
L1685			HO ABDUCTION CONTROL OF HIP JO	NA	$610.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L1686			HO, ABDUCTION CONTROL OF HIP J	NA	$600.00
L1690			BILAT LUMBO-SAC HIP FEMUR ORTH	NA	$1,040.29
L1700			LEGG PERTHES ORTHOSIS, TORONTO	NA	$996.07
L1710			LEGG PERTHES ORTHOSIS, NEWINGT	NA	$1,159.26
L1720			LEGG PERTHES ORTHOSIS, TRILATE	NA	$852.85
L1730			LEGG PERTHES ORTHOSIS, SCOTTIS	NA	$739.21
L1755			LEG PERTHES ORTHOSIS,PATTEN BO	NA	$854.40
L1810			KNEE ORTHOSIS, ELASTIC WITH JO	NA	$61.04
L1812			KNEE ORTHOSIS, ELASTIC WITH JO	NA	$56.18
L1820			KNEE ORTHOSIS, ELASTIC WITH CO	NA	$72.40
L1830			KNEE ORTHOSIS, IMMOBILIZER, CA	NA	$52.88
L1831			KNEE ORTHOSIS, LOCKING KNEE JO	NA	$185.00
L1832			KNEE ORTHOSIS, ADJUSTABLE KNEE	NA	$320.00
L1833			KNEE ORTHOSIS, ADJUSTABLE KNEE	NA	$383.22
L1834			KO WITHOUT KNEE JOINT RIGID MO	NA	$388.00
L1836			KNEE ORTHOSIS, RIGID, WITHOUT	NA	$83.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L1840			KO, DEROTATION, FABRICATED TO	NA	$520.00
L1843			KNEE ORTHOSIS, SINGLE UPRIGHT,	NA	$392.81
L1844			KNEE ORTHOSIS, SINGLE UPRIGHT,	NA	$852.38
L1845			KNEE ORTHOSIS, DOUBLE UPRIGHT,	NA	$468.00
L1846			KNEE ORTHOSIS, DOUBLE UPRIGHT,	NA	$528.80
L1847			KNEE ORTHOSIS, DOUBLE UPRIGHT	NA	$309.42
L1848			KNEE ORTHOSIS, DOUBLE UPRIGHT	NA	$394.47
L1850			KNEE ORTHOSIS, SWEDISH TYPE, P	NA	$148.00
L1851			KNEE ORTHOSIS (KO), SINGLE UPR	NA	$483.92
L1852			KNEE ORTHOSIS (KO), DOUBLE UPR	NA	$483.62
L1860			KO, MODIFICATION OF SUPRACONDY	NA	$555.68
L1900			SHORT LEG BRACE, SPRING WIRE	NA	$158.64
L1902			ANKLE ORTHOSIS, ANKLE GAUNTLET	NA	$48.81
L1904			ANKLE ORTHOSIS, ANKLE GAUNTLET	NA	$284.76
L1906			ANKLE FOOT ORTHOSIS, MULTILIGA	NA	$75.00
L1907			ANKLE ORTHOSIS, SUPRAMALLEOLAR	NA	$353.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L1910			SHORT LEG BRACE, SINGLE UPRIGH	NA	$192.99
L1920			AFO, SINGLE UPRIGHT WITH STATI	NA	$200.00
L1930			AFO, CUSTOM FITTED, PLASTIC	NA	$156.80
L1932			AFO, RIGID ANTERIOR TIBIAL SEC	NA	$605.34
L1940			AFO, MOLDED TO PATIENT MODEL,	NA	$387.94
L1945			AFO MOLDED TO PATIENT FLOOR RE	NA	$540.00
L1950			AFO, SPIRAL, MOLDED TO PATIENT	NA	$593.22
L1951			ANKLE FOOT ORTHOSIS, SPIRAL, (	NA	$527.61
L1960			AFO, POSTERIOR SOLID ANKLE, MO	NA	$421.60
L1970			AFO, PLASTIC MOLDED TO PATIENT	NA	$513.35
L1971			ANKLE FOOT ORTHOSIS, PLASTIC O	NA	$294.64
L1980			AFO, SINGLE UPRIGHT FREE PLANT	NA	$229.60
L1990			SHT LEG BR 2 BAR UP-RIGHT LOWE	NA	$287.20
L2000			KNEE-ANKLE-FOOT-ORTHOSES (KAFO	NA	$760.00
L2005			KNEE ANKLE FOOT ORTHOSIS, ANY	NA	$2,779.73
L2006			KNEE ANKLE FOOT DEVICE, ANY MA	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2010			KAFO, SINGLE UPRIGHT, FREE KNE	NA	$568.68
L2020			KAFO, DOUBLE UPRIGHT, FREE KNE	NA	$786.13
L2030			LONG LEG BRACE, FULL-LENGTH W/	NA	$571.20
L2034			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$1,429.67
L2035			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$115.56
L2036			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$1,000.00
L2037			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$900.00
L2038			KNEE ANKLE FOOT ORTHOSIS, FULL	NA	$900.00
L2040			HIP-KNEE-ANKLE-FOOT, ORTHOSES	NA	$131.05
L2050			HKAFO, TORSION CONTROL, BILATE	NA	$223.44
L2060			HKAFO, TORSION CONTROL, BILATE	NA	$250.00
L2070			HKAFO, TORSION CONTROL, UNILAT	NA	$90.76
L2080			HKAFO, TORSION CONTROL, UNILAT	NA	$200.00
L2090			HKAFO, TORSION CONTROL, UNILAT	NA	$200.00
L2106			AFO FRACTURE ORTHOSIS TIBIAL T	NA	$284.76
L2108			AFO,FRACTURE ORTHOSIS,TICIAL M	NA	$569.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2112			AFO TIBIAL FRACTURE ORTHOSIS-S	NA	$244.08
L2114			AFO FRACTURE ORTHOSIS TIBIAL S	NA	$321.37
L2116			AFO,TIBIAL FRACTURE ORTHO.RIGI	NA	$366.00
L2126			KAFO FRACTURE ORTHOSIS MOLDED	NA	$651.20
L2128			KAFO,FEMORAL FRACTURE CAST ORT	NA	$895.20
L2132			SOFT CUST.FIT,KAFO-FEMORAL FRA	NA	$488.16
L2134			KAFO FRACTURE ORTHOSIS FEMORAL	NA	$528.81
L2136			KAFO,FEMORAL FRACTURE CAST RIG	NA	$630.40
L2180			ADDITION TO LOWER EXTREMITY FR	NA	$53.69
L2182			ADD TO LOW EXTREMITY FX ORTH D	NA	$48.80
L2184			LIMITED MOTION KNEE JOINT,ADDI	NA	$69.16
L2186			ADJ.MOTION KNEE JOINT,ADDIT.TO	NA	$101.70
L2188			QUADRILATERAL BRIM-ADDIT.TO LO	NA	$203.40
L2190			WAIST BELT-ADDIT.TO LOWER ESTR	NA	$48.81
L2192			HIP JOINT,PELVIC BAND.FLANGE,P	NA	$203.40
L2200			ADDITIONS TO LOWER EXTREMITY,	NA	$30.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2210			ADDITIONS TO LOWER EXTREMITY,	NA	$48.00
L2220			ADDITIONS TO LOWER EXTREMITY,	NA	$59.65
L2230			ADDITIONS TO LOWER EXTREMITY,	NA	$49.95
L2232			ADDITION TO LOWER EXTREMITY OR	NA	$67.52
L2240			ADDITIONS TO LOWER EXTREMITY,	NA	$54.10
L2250			ADDITIONS TO LOWER EXTREMITY,	NA	$234.08
L2260			ADDITIONS TO LOWER EXTREMITY,	NA	$169.83
L2265			ADD TO LOWER EXTR LONG TONGUE	NA	$32.00
L2270			ADDITIONS TO LOWER EXTREMITY,	NA	$35.03
L2275			ADD.LOWER EXT.VARUS/VALGUS COR	NA	$65.71
L2280			ADDITIONS TO LOWER EXTREMITY,	NA	$105.76
L2300			ADDITIONS TO LOWER EXTREMITY,	NA	$175.00
L2310			ADDITIONS TO LOWER EXTREMITY,	NA	$80.01
L2320			ADDITION TO LOWER EXTREMITY, N	NA	$96.00
L2330			ADDITION TO LOWER EXTREMITY, L	NA	$190.00
L2335			ANTERIOR SWING BAND-ADDIT.TO L	NA	$122.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2340			ADDITIONS TO LOWER EXTREMITY,	NA	$284.80
L2350			ADDITIONS TO LOWER EXTREMITY,	NA	$447.52
L2360			ADDIT.TO LOWER EXTREM.EXT.STEE	NA	$41.16
L2370			PATTEM BOTTOM-ADDIT TO LOWER E	NA	$164.00
L2375			TORSON CTRL,ANKLE JOINT/HALF S	NA	$75.80
L2380			ADDITION TO LOWER EXTREMITY, T	NA	$32.00
L2385			ADDITION TO LOWER EXTREMITY ST	NA	$52.88
L2387			ADDITION TO LOWER EXTREMITY, P	NA	$108.74
L2390			ADDITION TO LOWER EXTREMITY OF	NA	$52.88
L2395			ADDITION TO LOWER EXTREMITY OF	NA	$73.60
L2397			ADD LOWER EXTR ORTH SUSP SLEEV	NA	$61.53
L2405			ADDITION TO KNEE JOINT, DROP L	NA	$24.80
L2415			ADD.TO KNEE JOINT,CAM LOCK,EA.	NA	$76.34
L2425			ADD.TO KNEE JOINT,DISC/DIAL LO	NA	$90.11
L2492			ADDITION TO LOWER EXTREMITY OF	NA	$68.80
L2500			ADDITIONS LOWER EXTREMITY BRAC	NA	$117.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2510			ADDITIONS TO LOWER EXTREMITY,	NA	$508.81
L2520			ADDITIONS TO LOWER EXTREMITY,	NA	$336.00
L2525			ADD LOWER EXTR,THIGH/WEIGHT BE	NA	$660.00
L2526			ADD LOWER EXTR. THIGH/WEIGHT B	NA	$380.00
L2530			ADDITION/LOWER EXTREMITY BRACE	NA	$146.48
L2540			ADDITIONS TO LOWER EXTREMITY,	NA	$196.00
L2550			ADDITIONS TO LOWER EXTREMITY,	NA	$61.04
L2570			ADDITIONS TO LOWER EXTREMITY,	NA	$280.00
L2580			ADDS TO LOWER EXT.BRACE PELVIC	NA	$240.00
L2600			ADDITIONS TO LOWER EXTREMITY,	NA	$108.00
L2610			ADDITIONS TO LOWER EXTREMITY,	NA	$132.00
L2620			ADDITION TO LOWER EXTREMITY, P	NA	$160.00
L2622			PELVIC CTRL,HIP JOINT,ADJ.FLEX	NA	$170.85
L2624			PELVIC CTRL,HIP JOINT,ADJ.FLEX	NA	$102.40
L2627			ADD LOWER EXTR PELVIC CONTR PL	NA	$840.00
L2628			ADD LOWER EXTR PELVIC CONTROL	NA	$840.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2630			ADDITIONS TO LOWER EXTREMITY,	NA	$166.88
L2640			ADDITION TO LOWER EXTREMITY, P	NA	$201.60
L2650			ADDITION TO LOWER EXTREMITY, P	NA	$86.80
L2660			ADDITIONS TO LOWER EXTREMITY,	NA	$18.00
L2670			ADDITION TO LOWER EXTREMITY, T	NA	$32.00
L2680			ADDITIONS TO LOWER EXTREMITY,	NA	$32.00
L2750			ADDITION TO LOWER EXTREMITY OR	NA	$52.00
L2755			ADDITION TO LOWER EXTREMITY OR	NA	$82.12
L2760			ADDITIONS TO LOWER EXTREMITY O	NA	$32.00
L2768			ORTHOTIC SIDE BAR DISCONNECT D	NA	$81.01
L2780			ADDITIONS TO LOWER EXTREMITY,	NA	$40.00
L2785			ADD.TO LOWER EXTREM.ORTH,DROP	NA	$16.27
L2795			ADD TO LOWER EXTREMITY FULL KN	NA	$62.21
L2800			ADDITION TO LOWER EXTREMITY OR	NA	$64.80
L2810			KNEE CTRL,CONDYLAR PAD-ADD.TO	NA	$54.57
L2820			SOFT INTERFACE FOR MOLD PLASTI	NA	$40.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L2830			ADDIT TO LOWER EXTREMITY-SOFT	NA	$40.68
L2840			ADD.LOWER EXTR.ORTH,TIBAL LENG	NA	$28.00
L2850			ADD.LOWER EXTR.ORTH,FEMORAL LE	NA	$33.60
L2861			ADDITION TO LOWER EXTREMITY JO	BY REPORT	BY REPORT
L2999			UNLISTED PROC.FOR LOWER EXTREM	BY REPORT	BY REPORT
L3000			FT.INSERT/REMOVE/MOLD.BERKLEY,	NA	$240.88
L3001			FT.INSERT/REMOVE/MOLD/SPENCO,	NA	$76.00
L3002			FT.INSERT/REMOVE/MOLD/PLASTAZO	NA	$125.39
L3003			FT.INSERT/REMOVE/MOLD/SILICONE	NA	$76.00
L3010			FT.INSERT/REMOVE/MOLD/LONGIT.A	NA	$76.00
L3020			FT.INSERT.REMOVE/MOLD/LONGIT/M	NA	$140.93
L3030			FT.INSERT/REMOVE/FORMED TO PT.	NA	$48.00
L3031			FOOT, INSERT/PLATE, REMOVABLE,	NA	$80.34
L3040			FT.ARCH SUPP,REMOVE/PREMOLD,LO	NA	$29.60
L3050			FT.,ARCH SUPP/REMOVE/PREMOLD/M	NA	$32.00
L3060			FT.ARCH SUPP.REMOVE/PREM.LONG/	NA	$48.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3070			FT.ARCH SUPP.NON-REMOVE ATT.SH	NA	$16.00
L3080			FT.ARCH SUP.NON-REM/META ATT.S	NA	$20.00
L3090			FT.ARCH SUPP.NON-REMOV.SHOE/L&	NA	$24.00
L3100			HALLUS-VALGUS NIGHT DYNAMIC SP	NA	$20.00
L3140			FT.,ADDUC.ROTATE BARS ATT.SHOE	NA	$56.00
L3150			FT.ABDUCT.ROTAT.BARS,CLAMP(D.B	NA	$60.00
L3160			FOOT,ADJ.SHOE-STYLE POSITIONIN	BY REPORT	BY REPORT
L3170			FOOT, PLASTIC, SILICONE OR EQU	NA	$31.99
L3201			ORTH.SHOE,OXFORD W/SUP/PRONAT.	NA	$48.00
L3202			ORTH.SHOE,OXFORD W/SUP/PRONAT.	NA	$48.00
L3203			ORTH.SHOE,OXFORD W/SUP/PRON.,J	NA	$48.00
L3204			ORTH.SHOE,HIGHTOP W/SUP/PRO,IN	NA	$48.00
L3206			ORTH.SHOE,HIGHTOP W/SUP/PRO, C	NA	$48.00
L3207			ORTHO SHOE,HIGHTOP W/SUP/PRO,	NA	$48.00
L3208			SURGICAL BOOT, EACH, INFANT	NA	$24.00
L3209			SURGICAL BOOT, EACH, CHILD	NA	$24.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3211			SURGICAL BOOT, EACH, JUNIOR	NA	$24.00
L3212			BENESCH BOOT, PAIR, INFANT	NA	$48.00
L3213			BENESCH BOOT, PAIR, CHILD	NA	$48.00
L3214			BENESCH BOOT, PAIR, JUNIOR	NA	$48.00
L3215			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$38.00
L3216			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$86.25
L3217			ORTHOPEDIC FOOTWEAR, LADIES SH	NA	$84.97
L3219			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$38.00
L3221			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$95.09
L3222			ORTHOPEDIC FOOTWEAR, MENS SHOE	NA	$93.45
L3224			ORTH.FOOTWEAR,WOMAN'S SHOE,OXF	NA	$40.70
L3225			ORTH.FOOTWEAR,MAN'S SHOE OXFOR	NA	$45.70
L3230			ORTHOPEDIC FOOTWEAR, CUSTOM SH	NA	$262.91
L3250			ORTH.FTWEAR.CUSTOM MOLD/REMOV/	NA	$250.00
L3251			FT.SHOE/MOLD TO PATIENT,SILICO	NA	$280.00
L3252			FT.SHOE,MOLD/PLASTIZ.CUSTOM MO	NA	$256.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3253			FT.MOLD SHOE/PLASTAZ.CUSTOM FI	NA	$112.00
L3254			ORTHO.FOOTWEAR,NON-STAND.SIZE	NA	$20.00
L3255			ORTHO.FTWEAR/NON-STAND.SZ.OR L	NA	$20.00
L3257			ORTHO FOOTWEAR,ADDIT CHARGE/SP	NA	$50.00
L3260			AMBULATORY SURGICAL BOOT, EAC	NA	$88.00
L3265			PLASTAZOTE SANDAL, EACH	NA	$56.00
L3300			LIFTS,ELEV/HEEL/TAPER TO META.	NA	$32.78
L3310			LIFT ELEV.HEEL&SOLE/NEOPRENE P	NA	$59.71
L3320			LEFT, ELEV.HEEL&SOLE, CORK PER	NA	$100.00
L3330			LIFT.ELEVATION/METAL EXTENSION	NA	$316.00
L3332			LIFT,ELEV.INSIDE SHOE UP TO 1/	NA	$44.00
L3334			LIFTS, ELEVATION, HEEL, PER IN	NA	$23.98
L3340			HEEL WEDGE, SACH	NA	$10.40
L3350			HEEL WEDGE	NA	$12.00
L3360			SOLE WEDGE, OUTSIDE SOLE	NA	$12.00
L3370			SOLE WEDGE, BETWEEN SOLE	NA	$14.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3380			CLUBFOOT WEDGE	NA	$12.00
L3390			OUTFLARE WEDGE	NA	$35.01
L3400			METATARSAL BAR WEDGE, ROCKER	NA	$28.53
L3410			METATARSAL BAR WEDGE, BETWEEN	NA	$16.00
L3420			FULL SOLE & HEEL WEDGE, BETWEE	NA	$24.00
L3430			HEEL, COUNTER, PLASTIC REINFOR	NA	$24.00
L3440			HEEL, COUNTER, LEATHER REINFOR	NA	$24.00
L3450			HEEL, SACH CUSHION TYPE	NA	$64.00
L3455			HEEL, NEW LEATHER, STANDARD	NA	$8.00
L3460			HEEL, NEW RUBBER, STANDARD	NA	$8.00
L3465			HEEL, THOMAS WITH WEDGE	NA	$20.00
L3470			HEEL, THOMAS EXTENDED TO BALL	NA	$24.00
L3480			HEEL, PAD AND DEPRESSION FOR S	NA	$16.00
L3485			HEEL, PAD, REMOVABLE FOR SPUR	NA	$32.00
L3500			ORTHOPEDIC SHOE ADDITION, INSO	NA	$4.00
L3510			ORTHOPEDIC SHOE ADDITION, INSO	NA	$8.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3520			ORTHOPEDIC SHOE ADDITION, INSO	NA	$8.00
L3530			ORTHOPEDIC SHOE ADDITION, SOLE	NA	$12.00
L3540			ORTHOPEDIC SHOE ADDITION, SOLE	NA	$36.00
L3550			ORTHOPEDIC SHOE ADDITION, TOE	NA	$4.00
L3560			ORTHOPEDIC SHOE ADDITION, TOE	NA	$6.40
L3570			ORTHOPEDIC SHOE ADDITION, SPEC	NA	$53.57
L3580			ORTHOPEDIC SHOE ADDITION, CONV	NA	$13.60
L3580	52		VELCRO STRAPS ATTACHED TO SHOE	NA	$14.00
L3590			ORTHOPEDIC SHOE ADDITION, CONV	NA	$28.00
L3595			ORTHOPEDIC SHOE ADDITION, MARC	NA	$12.00
L3600			TRANS.ORTH.TO NEW SHOE/EXIST.C	NA	$48.00
L3610			TRANSFER ORTH.TO NEW SHOE/NEW	NA	$76.00
L3620			TRANS.ORTH.TO NEW SHOE/EXISTIN	NA	$39.04
L3630			TRANS.ORTH.TO NEW SHOE/NEW STI	NA	$76.00
L3640			TRANS.ORTH.TO NEW SHOES(D.BROW	NA	$28.00
L3649			ORTHOPEDIC SHOE, MODIFICATION,	NA	$28.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3649	22		CASTING, FOOT, ANKLE	NA	$65.00
L3649	52		CASTING, FOOT	NA	$50.00
L3650			SHOULDER ORTHOSIS, FIGURE OF E	NA	$32.00
L3660			SHOULDER ORTHOSIS, FIGURE OF E	NA	$60.00
L3670			SHOULDER ORTHOSIS, ACROMIO/CLA	NA	$88.62
L3671			SHOULDER ORTHOSIS, SHOULDER JO	NA	$562.43
L3674			SHOULDER ORTHOSIS, ABDUCTION P	NA	$737.79
L3675			SHOULDER ORTHOSIS, VEST TYPE A	NA	$85.92
L3677			SHOULDER ORTHOSIS, SHOULDER JO	BY REPORT	BY REPORT
L3678			SHOULDER ORTHOSIS, SHOULDER JO	BY REPORT	BY REPORT
L3702			ELBOW ORTHOSIS, WITHOUT JOINTS	NA	$180.23
L3710			ELBOW ORTHOSIS, ELASTIC WITH M	NA	$60.00
L3720			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$520.00
L3730			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$617.71
L3740			EO, DOUBLE UPRIGHT WITH FOREAR	NA	$692.08
L3760			ELBOW ORTHOSIS (EO), WITH ADJU	NA	$272.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3761			ELBOW ORTHOSIS (EO), WITH ADJU	NA	$312.14
L3762			ELBOW ORTHOSIS, RIGID, WITHOUT	NA	$61.51
L3763			ELBOW WRIST HAND ORTHOSIS, RIG	NA	$480.96
L3764			ELBOW WRIST HAND ORTHOSIS, INC	NA	$605.30
L3765			ELBOW WRIST HAND FINGER ORTHOS	NA	$800.34
L3766			ELBOW WRIST HAND FINGER ORTHOS	NA	$847.50
L3806			WRIST HAND FINGER ORTHOSIS, IN	NA	$283.54
L3807			WRIST HAND FINGER ORTHOSIS, WI	NA	$135.08
L3808			WRIST HAND FINGER ORTHOSIS, RI	NA	$253.26
L3809			WRIST HAND FINGER ORTHOSIS, WI	NA	$156.08
L3891			ADDITION TO UPPER EXTREMITY JO	BY REPORT	BY REPORT
L3900			HAND SPLINT	NA	$800.00
L3901			WHFO, DYNAMIC FLEXOR HINGE, RE	NA	$884.00
L3904			WHFO, EXTERNAL POWERED, ELECTR	NA	$369.00
L3905			WRIST HAND ORTHOSIS, INCLUDES	NA	$619.00
L3906			WRIST HAND ORTHOSIS, WITHOUT J	NA	$267.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3908			WRIST HAND ORTHOSIS, WRIST EXT	NA	$50.13
L3912			HAND FINGER ORTHOSIS (HFO), FL	NA	$67.25
L3913			HAND FINGER ORTHOSIS, WITHOUT	NA	$169.05
L3915			WRIST HAND ORTHOSIS, INCLUDES	NA	$331.79
L3916			WRIST HAND ORTHOSIS PRE-FAB OF	NA	$331.79
L3917			HAND ORTHOSIS, METACARPAL FRAC	NA	$22.26
L3918			HAND ORTHOSIS,METACARP FX,PRE-	NA	$65.96
L3919			HAND ORTHOSIS, WITHOUT JOINTS,	NA	$169.05
L3921			HAND FINGER ORTHOSIS, INCLUDES	NA	$200.49
L3923			HAND FINGER ORTHOSIS, WITHOUT	NA	$21.23
L3924			HAND FINGER ORTH,W/O JOINTS PR	NA	$55.92
L3925			FINGER ORTHOSIS, PROXIMAL INTE	NA	$31.74
L3927			FINGER ORTHOSIS, PROXIMAL INTE	NA	$21.80
L3929			HAND FINGER ORTHOSIS, INCLUDES	NA	$50.26
L3930			HAND FINGER ORTHOSIS PRE-FABRI	NA	$50.26
L3931			WRIST HAND FINGER ORTHOSIS, IN	NA	$122.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3933			FINGER ORTHOSIS, WITHOUT JOINT	NA	$133.16
L3935			FINGER ORTHOSIS, NONTORSION JO	NA	$137.88
L3960			SHOULDER-ELBOW-WRIST-HAND ORTH	NA	$460.00
L3961			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,048.68
L3962			ERBS PALSY SPLINT	NA	$420.00
L3967			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,238.13
L3971			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,175.29
L3973			SHOULDER ELBOW WRIST HAND ORTH	NA	$1,238.13
L3975			SHOULDER ELBOW WRIST HAND FING	NA	$1,048.68
L3976			SHOULDER ELBOW WRIST HAND FING	NA	$1,048.68
L3977			SHOULDER ELBOW WRIST HAND FING	NA	$1,175.29
L3978			SHOULDER ELBOW WRIST HAND FING	NA	$1,238.13
L3980			UPPER EXTR FRACT ORTHOSIS HUME	NA	$163.17
L3981			UPPER EXTREMITY FRACTURE ORTHO	NA	$628.27
L3982			UP.EXTR.FRACT.ORTH.RADIUS/ULNE	NA	$172.00
L3984			UP.EXTR.FRACT.ORTHOSIS, WRIST	NA	$122.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L3995			ADDUP.EXTR.ORTH,SOCK,FRACT.OR	NA	$14.80
L3999			UNLISTED PROCEDURES	BY REPORT	BY REPORT
L4000			REPLACE GIRDLE FOR SPINAL ORTH	NA	$696.00
L4002			REPLACEMENT STRAP, ANY ORTHOSI	NA	$18.00
L4010			REPLACE TRILATERAL SOCKET BRIM	NA	$444.59
L4020			REPLACE QUADRILATERAL SOCKET B	NA	$532.00
L4030			REPLACE QUADRILATERAL SOCKET B	NA	$373.06
L4040			REPLACE MOLDED THIGH LACER, FO	NA	$272.53
L4045			REPLACE NON-MOLDED THIGH LACER	NA	$140.00
L4050			REPLACE MOLDED CALF LACER, FOR	NA	$331.80
L4055			REPLACE NON-MOLDED CALF LACER,	NA	$61.02
L4060			REPLACE HIGH ROLL CUFF	NA	$136.00
L4070			REPLACE PROXIMAL AND DISTAL UP	NA	$168.00
L4080			METAL THIGH BAND	NA	$72.00
L4090			BR REPAIR METAL CALF BAND	NA	$60.00
L4100			BR REPAIR LEATHER THIGH BAND	NA	$80.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L4110			BR REPAIR LEATHER CALF BAND	NA	$52.00
L4130			REPLACE PRETIBIAL SHELL	NA	$331.45
L4205			REPAIR OF ORTHOTIC DEVICE, LAB	NA	$10.60
L4210			REPAIR OF ORTHOTIC DEVICE, REP	NA	$69.00
L4350			ANKLE CONTROL ORTHOSIS, STIRRU	NA	$52.00
L4360			WALKING BOOT, PNEUMATIC AND/OR	NA	$160.00
L4361			WALKING BOOT, PNEUMATIC AND/OR	NA	$188.74
L4370			PNEUMATIC FULL LEG SPLINT, PRE	NA	$88.00
L4386			WALKING BOOT, NON-PNEUMATIC, W	NA	$99.66
L4387			WALKING BOOT, NON-PNEUMATIC, W	NA	$108.73
L4392			REPLACE INTERFACE MAT ANKLE CO	NA	$13.56
L4394			REPLACE INTERFACE MAT FOOT DRO	NA	$9.90
L4396			STATIC OR DYNAMIC ANKLE FOOT O	NA	$96.67
L4397			STATIC OR DYNAMIC ANKLE FOOT O	NA	$115.08
L4398			FOOT DROP SPLINT, RECUMBENT PO	NA	$44.52
L4631			ANKLE FOOT ORTHOSIS, WALKING B	NA	$1,235.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5000			PARTIAL FOOT, SHOE INSERT WITH	NA	$339.53
L5010			PARTIAL FOOT, MOLDED SOCKET, A	NA	$680.00
L5020			PARTIAL FOOT, MOLDED SOCKET, T	NA	$1,040.00
L5050			ANKLE, SYMES, MOLDED SOCKET, S	NA	$1,360.00
L5060			ANKLE, SYMES, METAL FRAME, MOL	NA	$2,000.00
L5100			BELOW KNEE, MOLDED SOCKET, SHI	NA	$1,036.56
L5105			BELOW KNEE,PLAST.SOCK.JOINTS&T	NA	$2,000.00
L5150			KNEE DISARTICULATION (OR THROU	NA	$2,500.00
L5160			KNEE DISARTICULATION (OR THROU	NA	$2,683.30
L5200			ABOVE KNEE, MOLDED SOCKET, SIN	NA	$1,301.76
L5210			ABOVE KNEE, SHORT PROSTHESIS,	NA	$1,360.00
L5220			ABOVE KNEE, SHORT PROSTHESIS,	NA	$1,680.00
L5230			ABOVE KNEE, FOR PROXIMAL FEMOR	NA	$1,607.20
L5250			HIP DISARTICULATION, CANADIAN	NA	$3,040.00
L5270			HIP DISARTICULATION, TILT TABL	NA	$3,040.00
L5280			HEMIPELVECTOMY, CANADIAN TYPE:	NA	$3,440.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5301			BELOW KNEE MOLD SOCK SHIN SACH	NA	$1,379.04
L5312			KNEE DISARTICULATION (OR THROU	NA	$2,348.88
L5321			ABOVE KNEE MOLDED SOCKET OPEN	NA	$2,085.72
L5331			HIP DISARTIC CAN TYPE MOLDED S	NA	$2,951.37
L5341			HEMIPELV MOLD SOCK HIP JOINT C	NA	$3,231.24
L5400			IMMEDIATE POST SURGICAL OR EAR	NA	$844.78
L5410			IMMEDIATE POST SURGICAL OR EAR	NA	$328.42
L5420			IMMEDIATE POST SURGICAL OR EAR	NA	$1,070.47
L5430			IMMEDIATE POST SURGICAL OR EAR	NA	$461.40
L5450			IMMEDIATE POST SURGICAL OR EAR	NA	$200.00
L5460			IMMEDIATE POST SURGICAL OR EAR	NA	$240.00
L5500			PREPARATORY, BELOW KNEE ("PTB"	NA	$726.60
L5505			PREPARATORY, ABOVE KNEE DISART	NA	$980.00
L5510			PREPARATORY, BELOW KNEE ("PTB"	NA	$726.60
L5520			PREPARATORY, BELOW KNEE, ("PTB	NA	$960.00
L5530			PREPARATORY, BELOW KNEE ("PTB"	NA	$1,120.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5535			PREP.BEL.KNEE"PTB"SOCK.USMC OR	NA	$1,000.00
L5540			PREPARATORY, BELOW KNEE ("PTB"	NA	$1,146.60
L5560			PREPARATORY, ABOVE KNEE, DISAR	NA	$1,120.00
L5570			PREPARATORY, ABOVE KNEE, DISAR	NA	$1,200.00
L5580			PREPARATORY, ABOVE KNEE DISART	NA	$1,320.00
L5585			KNEE DISART SACH FOOT ISCHIAL	NA	$1,248.88
L5590			PREPARATORY, ABOVE KNEE DISART	NA	$1,499.40
L5595			PREP.HIP DIS.HEM.PYLON MOLD.PA	NA	$2,120.00
L5600			PREP.HIP DIS.HEM.PYLONLAMINATE	NA	$2,240.00
L5610			ADDITIONS TO LOWER EXTREMITY,	NA	$1,454.31
L5611			ADD.LOW.EXTR.ABOVE KNEE,FRICTI	NA	$768.00
L5613			ADD.LOW.EXTR.HYDRAULIC SWING P	NA	$1,240.00
L5614			ADD LW EXTR ABOVE KNEE DIS 4BA	NA	$1,062.81
L5616			ADDITIONS TO LOWER EXTREMITY,	NA	$720.00
L5617			ADD TO LOW EXTREM ABOVE/BELOW	NA	$320.52
L5618			ADDITIONS TO LOWER EXTREMITY,	NA	$160.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5620			BELOW KNEE ADD TEST SOCKETS	NA	$208.63
L5622			ADDITIONS TO LOWER EXTREMITY,	NA	$264.00
L5624			OPEN-END SOCKET FOR TEMP. A/K	NA	$240.00
L5626			ADDITIONS TO LOWER EXTREMITY,	NA	$300.00
L5628			ADDITIONS TO LOWER EXTREMITY,	NA	$340.00
L5629			ADD LOW EXTR BELOW KNEE ACRYLI	NA	$289.07
L5630			ADDITIONS TO LOWER EXTREMITY,	NA	$280.00
L5631			ADD.LOW.EXTR.ACRYLIC SOCKET	NA	$320.00
L5632			PLASTIC HARD SOCKET FOR PTB EN	NA	$180.02
L5634			ADDITIONS TO LOWER EXTREMITY,	NA	$231.74
L5636			ADDITIONS TO LOWER EXTREMITY,	NA	$196.85
L5637			ADD LOW EXTR BELOW KNEE TOTAL	NA	$160.00
L5638			ADDITIONS TO LOWER EXTREMITY,	NA	$320.00
L5639			ADD.LOW.EXTR.BEL.KNEE,WOOD SOC	NA	$600.00
L5640			ADDITIONS TO LOWER EXTREMITY,	NA	$400.00
L5642			SOCKET/THIGH: MOLDED GLUTEAL C	NA	$400.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5643			ADD TO LOW EXT HIP DISARTIC FL	NA	$691.20
L5644			SOCKET/THIGH: WOOD, OPEN-END (	NA	$400.00
L5645			ADD TO LOW EXT BELOW KNEE FLEX	NA	$325.44
L5646			AIR-CUSHION PTB SOCKET FOR END	NA	$260.00
L5647			ADD TO LOW EXT BELOW KNEE SUCT	NA	$223.74
L5648			SOCKET/THIGH: PLASTIC, A/K, TO	NA	$300.00
L5649			ADD TO LOW EXT CAT-CAM SOCKET	NA	$1,354.99
L5650			PLASTIC TOTAL CONTACT STD A/K	NA	$354.91
L5651			ADD TO LOW EXT ABOVE KNEE FLEX	NA	$528.84
L5652			ADDITIONS TO LOWER EXTREMITY,	NA	$310.53
L5653			ADDITIONS TO LOWER EXTREMITY,	NA	$408.96
L5654			ADDITIONS TO LOWER EXTREMITY,	NA	$231.71
L5655			ADDITIONS TO LOWER EXTREMITY,	NA	$184.80
L5656			ADDITIONS TO LOWER EXTREMITY,	NA	$273.00
L5658			ADDITIONS TO LOWER EXTREMITY,	NA	$259.38
L5661			ADD TO LOW EXT SOCKET INSERT M	NA	$438.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5665			ADD TO LOW EXT BELOW KNEE SOCK	NA	$223.74
L5666			ADDITIONS TO LOWER EXTREMITY,	NA	$40.72
L5668			ADDITIONS TO LOWER EXTREMITY,	NA	$77.53
L5670			ADDITIONS TO LOWER EXTREMITY,	NA	$199.00
L5671			ADD TO LOW EXTREM BELOW/ABOVE	NA	$315.64
L5672			ADDITIONS TO LOWER EXTREMITY,	NA	$220.00
L5673			ADDITION TO LOWER EXTREMITY, B	NA	$506.15
L5676			ADDITIONS TO LOWER EXTREMITY,	NA	$178.96
L5677			ADD TO LOW EXT BELOW KNEE,KNEE	NA	$203.40
L5678			ADDITIONS TO LOWER EXTREMITY,	NA	$20.00
L5679			ADDITION TO LOWER EXTREMITY, B	NA	$421.77
L5680			ADD.LOW.EXTR.BEL.KNEE,THIGH LA	NA	$172.88
L5681			ADDITION TO LOWER EXTREMITY, B	NA	$828.47
L5682			ADDITION TO LOWER EXTREMITY, B	NA	$420.00
L5683			ADDITION TO LOWER EXTREMITY, B	NA	$828.47
L5684			ADDITIONS TO LOWER EXTREMITY,	NA	$32.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5685			ADDITION TO LOWER EXTREMITY PR	NA	$87.06
L5686			ADDITIONS TO LOWER EXTREMITY,	NA	$32.00
L5688			ADDITIONS TO LOWER EXTREMITY,	NA	$40.72
L5690			HVY. DUTY UNILATERAL B/K BELT	NA	$71.62
L5692			ADDITIONS TO LOWER EXTREMITY,	NA	$69.20
L5694			ADDITIONS TO LOWER EXTREMITY,	NA	$125.53
L5695			ADD.LOW.EXTR.SLEEVE SUSP.NEOPR	NA	$100.00
L5696			ADDITIONS TO LOWER EXTREMITY,	NA	$140.00
L5697			ADDITIONS TO LOWER EXTREMITY,	NA	$32.56
L5698			ADDITION TO LOWER EXTREMITY, A	NA	$72.40
L5699			ALL LOWER EXTREMITY PROSTHESIS	NA	$113.40
L5700			REPL,SOCKET,BEL.KNEE,MOLDED TO	NA	$1,549.30
L5701			REPL.SOCKET,ABOVE KNEE DIART.I	NA	$1,922.04
L5702			REPL,SOCKET,HIP DIS,INCL.HIP J	NA	$2,422.44
L5703			ANKLE,SYMES,MOLDED TO PT MODEL	NA	$1,628.21
L5704			CUSTOM SHAPED PROTECTIVE COVER	NA	$315.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5705			CUSTOM SHAPED PROTECTIVE COVER	NA	$579.14
L5706			CUSTOM SHAPED PROTECTIVE COVER	NA	$564.88
L5707			CUSTOM SHAPED PROTECTIVE COVER	NA	$758.92
L5710			KNEE, ARTIFICIAL: BOCK, 3P4 W/	NA	$174.96
L5711			ADD EXOSKEL KNEE-SHIN SYSTEM S	NA	$284.80
L5712			ADDITION, EXOSKELETAL KNEE-SHI	NA	$252.00
L5714			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$280.00
L5716			ADDITIONS, KNEE-SHIN SYSTEM, P	NA	$420.00
L5718			ADDITIONS, KNEE-SHIN SYSTEM, P	NA	$420.00
L5722			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$633.19
L5724			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$880.00
L5726			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$1,000.00
L5728			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$1,540.00
L5780			ADDITIONS, KNEE-SHIN SYSTEM, S	NA	$600.00
L5781			ADDIT TO LOW LIMB PROSTH VACUU	NA	$2,520.06
L5782			ADD LOW LIMB PROSTH HEAVY DUTY	NA	$2,772.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5785			ADD TO EXOSKEL SYS BELOW KNEE	NA	$203.40
L5790			ABOVE KNEE ADD TO EXOSKEL SYS	NA	$305.10
L5795			HIP DISARTICULATION ULTRA-LIGH	NA	$406.80
L5810			ENDOSKEL KNEE-SHIN SYS SINGLE	NA	$264.42
L5811			ULTRA-LIGHT ADD TO ENDOSKEL KN	NA	$325.44
L5812			ENDOSKELETAL SINGLE AXIS VARIF	NA	$284.80
L5814			ADD TO ENDOSKEL KNEE-SHIN POLY	NA	$400.00
L5816			ADD TO ENDOSKEL KNEE-SHIN POLY	NA	$386.46
L5818			POLYCENTRIC KNEE	NA	$552.00
L5822			ADD ENDOSKEL KNEE-SHIN SINGLE	NA	$1,120.00
L5824			ADD ENDOSKEL KNEE-SHIN FLUID S	NA	$610.20
L5826			ADDITION ENDOSKEL KNEE-SHIN SY	NA	$2,087.20
L5828			ENDOSKEL KNEE-SHIN SYS-SGL AXI	NA	$1,440.00
L5830			PNEUMATIC/HYDRAPNEU SWING CTRL	NA	$1,076.00
L5840			ADD END KNEE/SHIN MULT PNEUM S	NA	$1,262.08
L5845			ADDITION ENDOSKEL KNEE SHIN SY	NA	$1,128.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5848			ADDIT TO ENDOSKEL KNEE SHIN SY	NA	$677.28
L5850			ABOVE KNEE/HIP DISARTICULATE K	NA	$64.80
L5855			ADD.END.SYSTEM,HIP DIS.MECH.HI	NA	$171.52
L5856			ADDITION TO LOWER EXTREMITY PR	NA	$16,390.33
L5857			ADDITION TO LOWER EXTREMITY PR	NA	$5,863.63
L5858			ADDITION TO LOWER EXTREMITY PR	NA	$12,771.23
L5859			ADDITION TO LOWER EXTREMITY PR	NA	$9,970.39
L5910			ADD ENDOSKEL SYS BELOW KNEE AL	NA	$280.25
L5920			ABOVE KNEE OR HIP DIS ALIGNABL	NA	$252.00
L5925			ADD END ST ABOVE KNEE DIS HIP	NA	$186.61
L5930			ADD ENDOSKEL SYS HI ACT KNEE C	NA	$1,928.18
L5940			ULTRA-LIGHT ADD ENDOSKEL SYS B	NA	$224.00
L5950			ULTRA-LIGHT ABOVE KNEE ADD END	NA	$500.00
L5960			ULTRA-LIGHT MATERIAL FOR HIP D	NA	$467.82
L5961			ADDITION, ENDOSKELETAL SYSTEM,	NA	$3,030.13
L5962			ADD END ST BEL KNEE FL PROT SU	NA	$326.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5964			ADD END ST AB KNEE FL PR OUT C	NA	$566.20
L5966			ADD END ST SP DIS FL PROT OUTE	NA	$729.36
L5968			ADDITION TO LOWER LIMB PROSTHE	NA	$1,958.73
L5969			ADDITION, ENDOSKELETAL ANKLE-F	NA	$9,366.38
L5970			ALL LOW.EXTR.PROSTH. SACH FOOT	NA	$78.40
L5971			ALL LOWER EXTREMITY PROSTHESIS	NA	$142.16
L5972			ALL LOWER EXTREMITY PROSTHESES	NA	$122.40
L5974			ALL LOW.EXTR.PROSTH. SINGLE AX	NA	$109.60
L5975			ALL LOW EXTREM PROSTH ANKLE/FO	NA	$249.89
L5976			ALL LOW. EXTR.PROSTH.ENERG.STO	NA	$284.80
L5978			ALL LOW.EXTR.PROSTH.FOOT,MULT.	NA	$135.20
L5979			ALL LW EXTR PROTH MULT ANKLE/F	NA	$1,267.27
L5980			ALL LOW.EXTR.PROSTH.FLEX FOOT	NA	$2,033.60
L5981			ALL LW EXTR PROSTH FL-WK SYST	NA	$1,723.48
L5982			ADDITION TO LOWER LIMB PROSTHE	NA	$406.40
L5984			ALL END.LOW.EXTR.PROSTH.AXIAL	NA	$304.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L5985			ALL ENDOSKEL LOW EXTREM PROSTH	NA	$181.42
L5986			ALL LOW.EXTR.PROSTH.MULTI-AXIA	NA	$304.80
L5987			ALL LOWER EXTREM PROSTHESIS SH	NA	$4,152.19
L5988			ADDITION TO LOWER LIMB PROSTHE	NA	$1,076.78
L5990			ADDITION TO LOWER EXTREM PROST	NA	$1,130.21
L5991			ADDITION TO LOWER EXTREMITY PR	NA	$7,878.11
L5999			UNLISTED PROCEDURES FOR LOWER	BY REPORT	BY REPORT
L6000			PARTIAL HAND, THUMB REMAINING	NA	$924.32
L6010			PARTIAL HAND, LITTLE AND/OR RI	NA	$1,000.00
L6020			PARTIAL HAND, NO FINGER REMAIN	NA	$953.27
L6026			TRANSCARPAL/METACARPAL OR PART	NA	$2,755.28
L6050			WRIST DISARTICULATION, MOLDED	NA	$1,120.00
L6055			WRIST DISARTICULATION MOLDED S	NA	$1,587.00
L6100			BELOW ELBOW, MOLDED SOCKET, FL	NA	$1,120.00
L6110			BELOW ELBOW, MOLDED SOCKET, (M	NA	$1,420.00
L6120			BELOW ELBOW, MOLDED DOUBLE WAL	NA	$1,520.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6130			BELOW ELBOW, MOLDED DOUBLE WAL	NA	$1,975.33
L6200			ELBOW DISARTICULATION, MOLDED	NA	$1,504.00
L6205			ELBOW DISARTICULATION MOLDED S	NA	$2,522.40
L6250			ABOVE ELBOW, MOLDED DOUBLE WAL	NA	$1,760.00
L6300			SHOULDER DISARTICULATION, MOLD	NA	$2,120.00
L6310			SHOULDER DISARTICULATION, PASS	NA	$1,840.00
L6320			SHOULDER DISARTICULATION, PASS	NA	$1,200.00
L6350			INTERSCAPULAR THORACIC, MOLDED	NA	$2,380.00
L6360			INTERSACPULAR THORACIC, PASSIV	NA	$1,545.84
L6370			INTERSCAPULAR THORACIC, PASSIV	NA	$1,400.00
L6380			IMMED POST SURGICAL EARLY FITT	NA	$691.56
L6382			ELBOW/ABOVE KNEE IMMED POST SU	NA	$813.60
L6384			SHOULDER/INTRASCAPULAR-IMMED P	NA	$976.00
L6386			EA ADD CAST CHANGE REALIGNMENT	NA	$223.74
L6388			APPLICATION OF RIGID DRESSING	NA	$203.40
L6400			BELOW ELBOW, MOLDED SOCKET, EN	NA	$1,204.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6450			ELBOW DISARTICULATION, MOLDED	NA	$1,301.60
L6500			ABOVE ELBOW, MOLDED SOCKET, EN	NA	$1,512.00
L6550			SHOULDER DISARTICULATION, MOLD	NA	$1,760.00
L6570			INTERSCAPULAR THORACIC, MOLDED	NA	$2,160.00
L6580			PREP WRIST DISARTIC/BELOW ELBO	NA	$813.60
L6582			DIRECT FORMED PREP WRIST DISAR	NA	$691.56
L6584			MOLDED/PREP ELBOW DISARTICULAT	NA	$1,159.38
L6586			DIRECT FORMED PREP ELBOW/ABOVE	NA	$996.66
L6588			PREP SHOULDER DISARTICULATE/IN	NA	$1,732.80
L6590			DIRECT FORMED PREP SHOULDER/IN	NA	$1,586.40
L6600			HOSMER POLYCENTRIC HINGE	NA	$52.00
L6605			HOSMER ELBOW HINGES FOR WD OR	NA	$116.00
L6610			FLEXIBLE METAL HINGES FOR WD O	NA	$46.00
L6611			ADDITION TO UPPER EXTREMITY PR	NA	$282.94
L6615			FM WRIST DISCONNECT,FM-100	NA	$60.00
L6616			UPP.EXTR.ADD.DISC.INSERT LOCK.	NA	$59.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6620			HOSMER FLEXION WRIST,FW-500	NA	$211.56
L6621			UPPER EXTREMITY PROSTHESIS ADD	NA	$1,571.77
L6623			UPPER EXTREMITY SPRING ASSISTE	NA	$386.40
L6624			UPPER EXTREMITY ADDITION, FLEX	NA	$2,587.97
L6625			ECONOMY FRICTION WRIST,WE-500	NA	$160.00
L6628			UPPER EXTREMITY QUICK RELEASE	NA	$284.76
L6629			UPPER EXTREMITY QUICK DISCONNE	NA	$73.22
L6630			OVAL FRICTION WRIST,OW-100N	NA	$68.00
L6632			UPPER EXTREMITY LATEX SUSP SLE	NA	$32.54
L6635			HOSMER FOREARM LIFT ASSIST ELB	NA	$152.48
L6637			UPPER EXTREMITY NUDGE CONTROL	NA	$251.68
L6638			UPPER EXTREM ADDITION TO PROST	NA	$1,575.48
L6640			HOSMER SHOULDER ABDUCTION JOIN	NA	$130.40
L6641			UPPER EXTREMITY EXCURSION AMPL	NA	$97.60
L6642			LEVER TYPE EXCURSION AMP UPPER	NA	$138.40
L6645			HOSMER FLEXION-ABDUCTION JOINT	NA	$65.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6646			UPPER EXTREM ADDITION SHLDER J	NA	$1,986.49
L6647			UPPER EXTREM ADD SHLODER LOCK	NA	$327.03
L6648			UPPER EXTREM ADD SHLDER LOCK M	NA	$2,048.78
L6650			UPPER EXTREMITY ADDS,UNIVERSAL	NA	$200.00
L6655			UPPER EXTREMITY ADDITIONS, STA	NA	$35.00
L6660			UPPER EXTREMITY ADDITIONS, HEA	NA	$56.00
L6665			UPPER EXTREMITY ADDITIONS, TEF	NA	$24.00
L6670			UPPER EXTREMITY ADDITIONS, HOO	NA	$43.40
L6672			UPPER EXTREMITY ADDITIONS, HAR	NA	$108.00
L6675			UNI. SWTCH CNTRL-RING/FIG.8 HA	NA	$80.42
L6676			UNILATERAL FIG.& HARNESS FOR W	NA	$86.32
L6677			UPPER EXTREMITY ADDITION, HARN	NA	$203.85
L6680			SOCKET & FOREARM FOR BE, PLAST	NA	$160.00
L6682			SOCKET&UPPER ARM FORED,AE W,W/	NA	$180.00
L6684			ADJUSTABLE-FRICTION BULKHEAD J	NA	$148.00
L6686			UPPER EXTREMITY ADDIT SUCTION	NA	$406.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6687			FRAME TYPE SOCKET BELOW UPPER	NA	$244.08
L6688			FRAME TYPE SOCKET ABOVE ELBOW	NA	$284.76
L6689			FRAME TYPE SOCKET SHOULDER DIS	NA	$325.60
L6690			FRAME TYPE SOCKET INTERSCAPULA	NA	$366.40
L6691			UPPER EXTREMITY ADDIT REMOVABL	NA	$244.08
L6692			UP.EXTR.ADD.SIL.GEL INSERT OR	NA	$240.00
L6693			UP EXTR ADD EXT LOCK ELB/FOREA	NA	$1,530.26
L6694			ADDITION TO UPPER EXTREMITY PR	NA	$462.64
L6695			ADDITION TO UPPER EXTREMITY PR	NA	$385.53
L6696			ADDITION TO UPPER EXTREMITY PR	NA	$894.05
L6697			ADDITION TO UPPER EXTREMITY PR	NA	$894.05
L6698			ADDITION TO UPPER EXTREMITY PR	NA	$344.39
L6703			TERMINAL DEVICE, PASSIVE HAND/	NA	$303.41
L6704			TERMINAL DEVICE, SPORT/RECREAT	NA	$410.71
L6706			TERMINAL DEVICE, HOOK, MECHANI	NA	$244.24
L6707			TERMINAL DEVICE, HOOK, MECHANI	NA	$959.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6708			TERMINAL DEVICE, HAND, MECHANI	NA	$643.03
L6709			TERMINAL DEVICE, HAND, MECHANI	NA	$860.87
L6711			TERMINAL DEVICE, HOOK, MECHANI	NA	$461.99
L6712			TERMINAL DEVICE, HOOK, MECHANI	NA	$850.62
L6713			TERMINAL DEVICE, HAND, MECHANI	NA	$1,073.58
L6714			TERMINAL DEVICE, HAND, MECHANI	NA	$909.31
L6721			TERMINAL DEVICE, HOOK OR HAND,	NA	$1,616.20
L6722			TERMINAL DEVICE, HOOK OR HAND,	NA	$1,393.29
L6805			TERMINAL DEVICE, MODIFIER WRIS	NA	$248.00
L6810			TERMINAL DEVICE PINCHER TOOL O	NA	$104.24
L6881			AUTOMATIC GRASP FEATURE ADD UP	NA	$2,546.90
L6882			MICROPROCESSOR CONT FEATURE AD	NA	$1,931.94
L6883			REPLACEMENT SOCKET, BELOW ELBO	NA	$1,481.05
L6884			REPLACEMENT SOCKET, ABOVE ELBO	NA	$1,628.73
L6885			REPLACEMENT SOCKET, SHOULDER D	NA	$2,229.57
L6890			ADDITION TO UPPER EXTREMITY PR	NA	$84.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6895			ADDITION TO UPPER EXTREMITY PR	NA	$296.00
L6900			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6905			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6910			HAND RESTORATION (CASTS, SHADI	NA	$1,000.00
L6915			HAND RESTORATION (SHADING, AND	NA	$320.00
L6920			WRIST DISARTICULATION EXTERNAL	NA	$3,789.90
L6925			WRIST DISARTICULATION EXT POWE	NA	$4,350.58
L6930			BELOW ELBOW EXTERNAL POWER	NA	$3,807.50
L6935			BELOW ELBOW ETT PWR SELF-SUSP	NA	$4,384.65
L6940			ELBOW DISARTIC EXT PWR MOLDED	NA	$5,210.69
L6945			ELBOW DISARTIC EXT MOLDED INNE	NA	$5,780.01
L6950			ABOVE ELBOW EXTERNAL POWER	NA	$5,761.18
L6955			ABOVE ELBOW EXTERNAL POWER	NA	$6,850.89
L6960			SHOU PROSTH EXTERNAL POWER	NA	$6,950.69
L6965			SHOU PROST EXT POWER MOLDED MY	NA	$7,934.50
L6970			INTERSCAPULAR-THORACIC EXT PWR	NA	$8,475.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L6975			INTERSCAPULAR-THORACIC EXT PWR	NA	$9,418.54
L7008			ELECTRIC HAND, SWITCH OR MYOEL	NA	$4,301.63
L7009			ELECTRIC HOOK, SWITCH OR MYOEL	NA	$2,603.52
L7040			PREHENSILE ACTUATOR HOSMER/EQU	NA	$1,616.36
L7045			ELEC HOOK CHILD MICH OR EQUAL	NA	$854.01
L7170			SWITCH CTRL ELEC ELBOW HOSMER/	NA	$3,238.90
L7180			ELECTRONIC ELBOW, MICROPROCESS	NA	$24,064.29
L7181			ELECTRONIC ELBOW, MICROPROCESS	NA	$27,233.61
L7185			SWITCH CTRL ELEC ELBOW VARIETY	NA	$3,625.58
L7186			ELECTR.ELB.CHILD VAR.VILL.OR =	NA	$4,800.00
L7190			MYOELEC CTRL ELBOW VARIETY VIL	NA	$5,177.71
L7191			ELECTR.ELBOW CHILD VAR. OR = M	NA	$5,072.00
L7259			ELECTRONIC WRIST ROTATOR, ANY	NA	$2,237.09
L7360			SIX VOLT BATTERY, EACH	NA	$167.90
L7362			BATTERY CHARGER, SIX VOLT, EAC	NA	$150.23
L7364			TWELVE VOLT BATTERY, EACH	NA	$296.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L7366			BATTERY CHARGER, TWELVE VOLT,	NA	$398.67
L7367			LITHIUM ION BATTERY, RECHARGEA	NA	$245.20
L7368			LITHIUM ION BATTERY CHARGER, R	NA	$317.88
L7400			ADDITION TO UPPER EXTREMITY PR	NA	$210.62
L7401			ADDITION TO UPPER EXTREMITY PR	NA	$235.78
L7402			ADDITION TO UPPER EXTREMITY PR	NA	$254.63
L7403			ADDITION TO UPPER EXTREMITY PR	NA	$253.05
L7404			ADDITION TO UPPER EXTREMITY PR	NA	$381.95
L7405			ADDITION TO UPPER EXTREMITY PR	NA	$499.53
L7499			UPPER EXTREMITY PROSTHESIS, NO	BY REPORT	BY REPORT
L7510			REPAIR PROSTHETIC DEVICE, REPA	BY REPORT	BY REPORT
L7600			PROSTHETIC DONNING SLEEVE, ANY	BY REPORT	BY REPORT
L7700			GASKET OR SEAL, FOR USE WITH P	NA	$95.51
L7902			TENSION RING, FOR VACUUM ERECT	BY REPORT	BY REPORT
L8000			BREAST PROSTHESIS, MASTECTOMY	NA	$26.58
L8001			BREAST PROSTHESIS, MASTECTOMY	NA	$82.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L8002			BREAST PROSTHESIS, MASTECTOMY	NA	$102.72
L8010			BREAST PROSTHESES, MASTECTOMY	NA	$40.56
L8015			EXT BRST PROSTH GARM W/MASTEC	NA	$30.58
L8020			BREAST PROSTHESES, MASTECTOMY	NA	$132.00
L8030			BREAST PROSTHESIS, SILICONE OR	NA	$216.51
L8035			CUST BRST PROSTH MOLD TO PT MO	NA	$1,974.74
L8039			BREAST PROSTHESIS NOS	BY REPORT	BY REPORT
L8300			TRUSS, SINGLE WITH STANDARD	NA	$51.28
L8310			TRUSS, DOUBLE WITH STANDARD	NA	$101.68
L8320			TRUSS,ADD.TO STAND.PAD-WATER P	NA	$24.00
L8330			TRUSS,ADDIT.TO STAND.PAD,SCROT	NA	$33.65
L8400			PROSTHETIC SHEATH, BELOW KNEE,	NA	$12.00
L8410			PROSTHETIC SHEATH, ABOVE KNEE,	NA	$12.00
L8415			PROSTHETIC SHEATH UPPER LIMB E	NA	$11.20
L8417			PROSTHETIC SHEATH BELOW/ABOVE	NA	$59.09
L8420			PROSTHETIC SOCK, WOOL,BELOW KN	NA	$14.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L8430			PROSTHETIC SOCK WOOL ABOVE KNE	NA	$18.40
L8435			PROSTHETIC SOCK WOOL UPPER LIM	NA	$8.14
L8440			PROSTHETIC SHRINKER,BELOW KNEE	NA	$33.60
L8460			PROSTHETIC SHRINKER,ABOVE KNEE	NA	$41.60
L8465			PROSTHETIC SHRINKER UPPER LIMB	NA	$33.60
L8470			PROSTHETIC SOCK, SINGLE PLY, F	NA	$2.52
L8480			STUMP SOCK SINGLE PLY FIT.>KNE	NA	$2.52
L8485			PROSTHETIC SOCK, SINGLE PLY, F	NA	$6.21
L8499			UNLISTED PROCEDURE FOR MISCELL	BY REPORT	BY REPORT
L8500			ARTIFICIAL LARYNX, ANY TYPE	NA	$548.39
L8501			TRACHEOSTOMY SPEAKING VALVE	NA	$87.17
L8605			INJ BULKING AGENT DEXTRAN/HYAL	NA	$492.18
L8607			INJECTABLE BULKING AGENT FOR V	NA	$29.46
L8608			MISCELLANEOUS EXTERNAL COMPONE	BY REPORT	BY REPORT
L8615			REPLACE HEADSET FOR COCH IMPL	NA	$306.55
L8616			REPLACE MICROPHONE FOR COCH IM	NA	$71.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L8617			REPLACE TRANSMIT COIL FOR COCH	NA	$62.36
L8618			TRANSMITTER CABLE FOR USE WITH	NA	$17.82
L8619			COCHLEAR IMPLANT, EXTERNAL SPE	NA	$5,194.15
L8621			ZINC AIR BATTERY FOR USE WITH	NA	$0.42
L8622			REPLACE ALK BATTERY COCH IMPL	NA	$0.22
L8623			LITHIUM ION BATTERY FOR COCHLE	NA	$44.45
L8624			LITHIUM ION BATTERY FOR USE WI	NA	$110.82
L8625			EXTERNAL/RECHARGING, SYSTEM FO	NA	$129.77
L8627			COCHLEAR IMPLANT, EXTERNAL SPE	NA	$4,908.32
L8628			COCHLEAR IMPLANT, EXTERN CONTR	NA	$850.09
L8629			TRANSMITTING COIL & CABLE, INT	NA	$123.04
L8678			ELECTRICAL STIMULATOR SUPPLIES	NA	$12.89
L8679			IMPLANTABLE NEUROSTIMULATOR, P	NA	$5,733.78
L8690			AUDITORY OSSEOINTEGRATED DEVIC	NA	$3,269.01
L8691			AUDITORY OSSEOINTEGRATED DEVIC	NA	$1,183.40
L8692			AUDITORY OSSEOINTEGRATED DEVIC	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
L8693			AUDITORY OSSEOINTEGRATED DEVIC	NA	$1,041.98
L8694			AUDITORY OSSEOINTEGRATED DEVIC	NA	$648.94
L8696			ANTENNA (EXTERNAL) FOR USE WIT	NA	$148.94
L8698			MISCELLANEOUS COMPONENT, SUPPL	BY REPORT	BY REPORT
L8699			PROSTHETIC IMPLANT NOS	BY REPORT	BY REPORT
L8701			POWERED UPPER EXTREMITY RANGE	BY REPORT	BY REPORT
L8702			POWERED UPPER EXTREMITY RANGE	BY REPORT	BY REPORT
L9900			O&P SUPPLY ACCESSORY + SERV CO	BY REPORT	BY REPORT
P3000			SCREENING PAP SMEAR,CERV OR VA	NA	$6.00
P9031			PLATELATS LEVK, REDUCED EACH U	NA	$8.00
P9032			PLATELETS IRRADIATED EACH UNIT	NA	$8.00
P9033			PLATELETS LEUKOCYTES IRRADIATE	NA	$16.00
P9034			PLATELETS,PHERESIS,EACH UNIT	NA	$25.00
P9035			PLATELETS-PHERESIS LEUKOCYTES	NA	$16.00
P9036			PLATELETS,PHERESIS,IRRADIATED	NA	$8.00
P9037			PLATELETS,PHERESIS,LEUK.RE.IRR	NA	$8.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
P9038			RED BL. CELL,IRRADIATED EA UNI	NA	$8.00
P9039			RED BL CELL DEGLYCEROLIZED EA	NA	$8.00
P9040			RED BL,CELLS,LEUK,RE IRR,EA UN	NA	$8.00
P9041			INFUSION,ALBUMIN,5%,50ML	NA	$10.00
P9043			INFUSION,PLASMA PROTEIN FRACTI	NA	$10.00
P9044			PLASMA,CRYOPRECIPITATE REDUCED	NA	$20.00
P9046			INFUSION, ALBUMIN (HUMAN), 25%	NA	$10.00
P9073			PLATELETS, PHERESIS, PATHOGEN-	BY REPORT	BY REPORT
P9603			TRAVEL ALLOWANCE ONE WAY IN CO	NA	$1.01
P9604			TRAVEL ALLOWANCE ONE WAY IN CO	NA	$10.10
Q0111			WET MOUNT,PREP OF VAG.CERVICAL	NA	$2.40
Q0111	FP		WET MOUNT,PREP OF VAG.CERVICAL	NA	$31.16
Q0112			ALL POTASSIUM HYDROXIDE PREPAR	NA	$0.10
Q0113			PINWORM EXAMINATION	NA	$5.10
Q0114			FERN TEST	NA	$9.60
Q0115			POST-COITAL DIRECT,QUAL EX VAG	NA	$12.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q0138			INJECTION, FERUMOXYTOL, FOR TR	$0.78	$0.78
Q0139			INJECTION, FERUMOXYTOL, FOR TR	$0.78	$0.78
Q0161			CHLORPROMAZINE HYDROCHLORIDE O	NA	$8.65
Q0163			DIPHENHYDRAMINE HCL 50 MG ORAL	NA	$0.15
Q0164			PROCHLORPERAZINE MALEATE 5 MG	NA	$0.54
Q0166			KYTRIL 1 MGM ORAL	NA	$57.37
Q0167			MARINOL 2.5 MG ORAL	NA	$5.73
Q0169			PROMETHAZINE HCL 12.5 MG ORAL	NA	$0.43
Q0173			TRIMETHOBENZAMIDE HCL 250 MG O	NA	$0.60
Q0174			THIETHYLPERAZINE MALEATE 10 MG	NA	$0.71
Q0175			PERPHENAZINE 4 MG ORAL	NA	$0.78
Q0177			HYDROXYZINE PAMOATE 25 MG ORAL	NA	$0.31
Q0180			DOLASETRON MESYLATE 100 MG ORA	NA	$66.71
Q0220			TIXAGEV AND CILGAV, 300MG	NA	$0.01
Q0221			INJECTION, TIXAGEVIMB AND CILG	NA	$0.01
Q0222			INJECTION, BEBTELOVIMAB, 175 M	NA	$0.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q0249			INJECTION, TOCILIZUMBAB, FOR H	NA	$6.57
Q0477			POWER MODULE PATIENT CABLE FOR	NA	$527.30
Q2009			INJECTION, FOSPHENYTOIN, 50 MG	NA	$10.19
Q2041			AXICABTAGENE CILOLEUCEL, UP TO	BY REPORT	BY REPORT
Q2042			TISAGENLECLEUCEL, UP TO 600 MI	BY REPORT	BY REPORT
Q2043			SIPULEUCEL-T, MINIMUM OF 50 MI	NA	$61,976.49
Q2049			INJECTION, DOXORUBICIN HYDROCH	NA	$474.85
Q2050			INJECTION, DOXORUBICIN HYDROCH	NA	$533.56
Q2053			BREXUCABTAGENE AUTOLEUCEL, UP	BY REPORT	BY REPORT
Q2054			LISOCABTAGENE MARALEUCEL, UP T	BY REPORT	BY REPORT
Q2055			IDECABTAGENE VICLEUCEL, UP TO	BY REPORT	BY REPORT
Q2056			CILTACABTAGENE AUTOLEUCEL, UP	BY REPORT	BY REPORT
Q3027			INJECTION, INTERFERON BETA-1A,	NA	$37.50
Q3028			INJECTION, INTERFERON BETA-1A,	NA	$13.61
Q4081			INJECTION, EPOETIN ALFA, 100 U	NA	$1.33
Q4101			APLIGRAF, PER SQUARE CENTIMETE	NA	$30.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q4102			OASIS WOUND MATRIX, PER SQUARE	NA	$5.02
Q4105			INTEGRA DERMAL REGENERATION TE	BY REPORT	BY REPORT
Q4106			DERMAGRAFT, PER SQUARE CENTIME	NA	$15.99
Q4117			HYALOMATRIX, PER SQUARE CENTIM	BY REPORT	BY REPORT
Q4121			THERASKIN, PER SQUARE CENTIMET	NA	$32.69
Q4132			GRAFIX CORE AND GRAFIXPL CORE,	BY REPORT	BY REPORT
Q4133			GRAFIX PRIME, GRAFIXPL PRIME,	NA	$68.23
Q4158			KERECIS OMEGA3, PER SQUARE CEN	BY REPORT	BY REPORT
Q4159			AFFINITY, PER SQUARE CENTIMETE	NA	$291.83
Q4160			NUSHIELD, PER SQUARE CENTIMETE	NA	$46.38
Q4186			EPIFIX, PER SQUARE CENTIMETER	NA	$160.59
Q4195			PURAPLY, PER SQUARE CENTIMETER	NA	$37.93
Q4196			PURAPLY AM, PER SQUARE CENTIME	NA	$108.34
Q5101			INJECTION, FILGRASTIM-SNDZ, BI	NA	$0.91
Q5103			INJECTION, INFLIXIMAB-DYYB, BI	NA	$20.03
Q5104			INJECTION, INFLIXIMAB-ABDA, BI	NA	$19.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q5105			INJECTION, EPOETIN ALFA-EPBX,	NA	$1.09
Q5106			INJECTION, EPOETIN ALFA-EPBX,	NA	$10.92
Q5107			INJECTION, BEVACIZUMAB-AWWB, B	NA	$67.06
Q5108			INJECTION, PEGFILGRASTIM-JMDB	NA	$574.06
Q5109			INJECTION, INFLIXIMAB-QBTX, BI	BY REPORT	BY REPORT
Q5110			INJECTION, FILGRASTIM-AAFI, BI	NA	$1.45
Q5111			INJECTION, PEGFILGRASTIM-CBQV	NA	$344.44
Q5112			INJECTION, TRASTUZUMAB-DTTB, B	NA	$36.04
Q5113			INJECTION, TRASTUZUMAB-PKRB, B	NA	$33.38
Q5114			INJECTION, TRASTUZUMAB-DKST, B	NA	$87.43
Q5115			INJECTION, RITUXIMAB-ABBS, BIO	NA	$83.81
Q5116			INJECTION, TRASTUZUMAB-QYYP, B	NA	$32.39
Q5117			INJECTION, TRASTUZUMAB-ANNS, B	NA	$87.15
Q5118			INJECTION, BEVACIZUMAB-BVZR, B	NA	$60.73
Q5119			INJECTION, RITUXIMAB-PVVR, BIO	NA	$70.96
Q5120			INJECTION, PEGFILGRASTIM-BMEZ	NA	$323.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q5121			INJECTION, INFLIXIMAB-AXXQ, BI	NA	$49.50
Q5122			INJECTION, PEGFILGRASTIM-APGF	NA	$323.81
Q5123			INJECTION, RITUXIMAB-ARRX, BIO	NA	$70.96
Q5124			INJECTION, RANIBIZUMAB-NUNA, B	NA	$223.74
Q5125			INJECTION, FILGRASTIM-AYOW, BI	NA	$0.52
Q5126			INJECTION, BEVACIZUMAB-MALY, B	$0.00	$0.00
Q5127			INJECTION, PEGFILGRASTIM-FPGK	NA	$344.44
Q5128			INJECTION, RANIBIZUMAB-EQRN (C	NA	$269.28
Q5129			INJECTION, BEVACIZUMAB-ADCD (V	NA	$67.06
Q5130			INJECTION, PEGFILGRASTIM-PBBK	NA	$206.25
Q5131			INJECTION, ADALIMUMAB-AACF (ID	NA	$3,255.36
Q9953			INJ, IRON-BASED MAG RES CONT A	NA	$32.02
Q9957			INJ, PERFLUTREN LIPID MICROSPH	NA	$46.33
Q9958			HIGH OSMOLAR CONTRAST MAT UP T	NA	$0.17
Q9960			HIGH OSMOLAR CONTRAST MAT 200-	NA	$0.15
Q9961			HIGH OSMOLAR CONTRAST MAT 250-	NA	$0.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Q9963			HIGH OSMOLAR CONTRAST MAT 350-	NA	$0.23
Q9964			HIGH OSMOLAR CONTRAST MAT 400	NA	$0.33
Q9965			LOW OSMOLAR CONTRAST MATERIAL,	NA	$2.45
Q9966			LOW OSMOLAR CONTRAST MATERIAL,	NA	$0.83
Q9967			LOW OSMOLAR CONTRAST MATERIAL,	NA	$0.99
Q9969			TC-99M FROM NON-HIGHLY ENRICHE	BY REPORT	BY REPORT
Q9979			INJECTION ALEMTUZUMAB 1 MG	$0.00	$0.00
Q9991			INJECTION, BUPRENORPHINE EXTEN	NA	$1,996.35
Q9992			INJECTION, BUPRENORPHINE EXTEN	NA	$1,901.30
R0070			TRANSPORTATION OF PORTABLE X-R	$26.00	$26.00
S0013			ESKETAMINE, NASAL SPRAY, 1 MG	NA	$13.00
S0023			INJECTION, TAGAMET 300 MG	NA	$2.44
S0104			ZIDOVUDINE, ORAL, 100 MG	NA	$1.68
S0140			SAQUINAVIR, 200 MG	NA	$3.81
S0190	UD		MIFEPRISTONE, ORAL 200 MG	NA	$128.30
S0191	UD		MISOPROSTOL, ORAL, 200 MCG	NA	$2.26

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S0215	HA		NON-EMERG TRANSPORT(NON-MED WH	NA	$8.71
S0215	HA	22	NON-EMERG TRANSPORT(AMBULANCE)	NA	$25.63
S0215	HA	52	NON-MEDICAID TRANSPORT WC/LIVE	NA	$12.30
S0220	HH		MED CONF BY MD W/ INTERDISP TE	$0.00	$0.00
S0221	HH		MEDICAL CONFERENCE, 60 MINS	$0.00	$0.00
S1040			CRANIAL REMOLDING ORTHOSIS, RI	BY REPORT	BY REPORT
S4005			INTERIM LABOR FACILITY GLOBAL	NA	$500.00
S5101	ST		TBI-STRUCTURED DAY PROGRAM HAL	NA	$44.00
S5102			MEDICAL DAY CARE VISIT	NA	$89.55
S5102	ST		TBI-STRUCTURED DAY PROG. FULL	NA	$87.00
S5105	HA	52	DAY CARE SERVICES	BY REPORT	BY REPORT
S5109			HOME CARE TRAINING TO HOME CAR	NA	$40.00
S5110	HA		HOME CARE TRAINING(NATURAL SUP	BY REPORT	BY REPORT
S5110	HA	52	HOME CARE TRAINING(NATURAL SUP	BY REPORT	BY REPORT
S5110	HI		HME CARE TRAINING,FAMILY:PER 1	BY REPORT	BY REPORT
S5111	SE		PPP-PARTICIPANT/CARE GIVER TRA	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S5115			HOME CARE TRAINING, NON-FAM PE	CONTRACT PRICING	NA
S5120	SE		PPP-CHORE SERVICES	$0.00	$0.00
S5120	ST		TBI-CHORE SERVICE PER HOUR	NA	$10.00
S5120	22		INITIAL CHORE SERVICE PER HOUR	NA	$30.75
S5120	52		CHORE SERVICE PER HOUR	NA	$15.00
S5125	HG	SE	ATTENDANT CARE SERVICES	$0.00	$0.00
S5125	HQ	SE	PCA GROUP SELF-DIRECTED	$0.00	$0.00
S5125	SE	U3	ATTENDANT CARE SERVICES, 15 MI	$0.00	$0.00
S5125	SE	XU	PPP-PCA-GROUP DIR SICK LEAVE	$0.00	$0.00
S5125	TJ		INDIV BEHAV ASSIST SERV NON TI	NA	$9.75
S5125	TJ	UN	GRP BEHAV ASSIST SERV NON TITL	NA	$5.62
S5125	TJ	UP	GRP BEHAV ASSIST SERV NON TITL	NA	$4.25
S5125	22		INITIAL ATTENDENT CARE HOURLY	NA	$32.75
S5125	52		ATTENDANT CARE PER HOUR	NA	$17.00
S5130	HA	22	HOMEMAKER ASSISTANCE	BY REPORT	BY REPORT
S5130	TV	22	HOMEMAKER SERVICE WEEKEND GLOB	NA	$17.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S5130	22		HOMEMAKER SERVICE WEEKDAY GLOB	NA	$15.50
S5150	HA		UNSKILLED RESPITE (1:1 AIDE)	BY REPORT	BY REPORT
S5160			PERSONAL EMERGENCY RESPONSE SY	NA	$78.00
S5160	HI		EMERG RESPONSE SYS/MO W/INST/T	BY REPORT	BY REPORT
S5160	22		PERS EMERG RESP SYS W/PILL DIS	NA	$78.00
S5161			PERSONAL EMERGENCY RESPONSE SY	NA	$48.00
S5161	HI		EMERG RESPONSE SYS/MO NO INST/	BY REPORT	BY REPORT
S5161	22		PERONAL EMERG RESP SYS W/PILL	NA	$75.00
S5165			HOME MODIFICATIONS: PER MONTH	NA	$5,000.00
S5165	HA		HOME MODIFICATIONS(ASSIST TECH	BY REPORT	BY REPORT
S5165	HI		HOME MODIFICATIONS PER SERVICE	BY REPORT	BY REPORT
S5165	SE		PPP-HOME MODIFICATIONS	$0.00	$0.00
S5165	52		HOME MOD TRANS FEE - MO	CONTRACT PRICING	NA
S5170			HOME MEALS PER MEAL	NA	$15.00
S5170	SE		PPP-MEAL SERVICE & SUPPORTS	$0.00	$0.00
S5170	22		INITIAL HOME MEAL PER MEAL	NA	$18.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S5199	HI		ONE TIME CLOTHING MFP	NA	$500.00
S8990	HI		MAINTENANCE PHYSICAL THERAPY	NA	$28.48
S8990	HI	UN	MAINTENANCE PHYSICAL THERAPY	NA	$8.14
S8990	HI	UP	MAINTENANCE PHYSICAL THERAPY	NA	$9.20
S8990	HI	UQ	MAINTENANCE PHYSICAL THERAPYY	NA	$6.90
S8990	HI	UR	MAINTENANCE PHYSICAL THERAPY	NA	$5.52
S8990	ST		TBI-PHSICAL THERAPY PER VISIT(	NA	$73.00
S8990	22		PHYSICAL THERAPY PER DAY CCPED	NA	$98.29
S9122			HOME HEALTH AIDE OR CERTIFIED	NA	$25.50
S9122	HA		HOME HEALTH AIDE	BY REPORT	BY REPORT
S9122	SE	22	PPP-GROUP-AGENCY DIRECTED	$0.00	$0.00
S9122	SE	52	PPP-GROUP-SELF-DIRECTED	$0.00	$0.00
S9122	TV		HOME HEALTH AIDE OR CERTIFIED	NA	$25.16
S9123			NURSING CARE, IN THE HOME: BY	NA	$63.00
S9123	TD	52	SPECIALTY RN PER 15 MIN/WEEKDA	NA	$15.75
S9123	TV	52	RN SPEC/15 MIN WEEKEND/EVE/HOL	NA	$15.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S9123	52		PRIVATE DUTY NURSING RN/15 MIN	NA	$15.75
S9124	TE	52	SPECIALTY LPN PER 15 MIN/WEEKD	NA	$12.75
S9124	TV	52	LPN SPEC/15 MIN WEEKEND/EVE/HO	NA	$12.75
S9124	52		PRIVATE DUTY NURSING LPN/15 MI	NA	$12.75
S9125			RESPITE, DAILY,	NA	$250.00
S9125	HA		RESPITE CARE IN HOME(OVERNIGHT	BY REPORT	BY REPORT
S9125	HA	52	RESPITE CARE IN HOME (PER 15 M	NA	$10.69
S9125	HI		RESPITE CARE,HOME,PER DIEM	NA	$198.54
S9125	HI	22	CONTRACTED GROUP HOME RESPITE	NA	$526.71
S9128	HQ	ST	TBI SPEECH GROUP THERAPY	NA	$48.00
S9129			OCCUPATIONAL THERAPY DAILY CCP	NA	$101.42
S9129	HQ	ST	TBI OCCUPATIONAL GROUP THERAPY	NA	$48.00
S9131	HQ	ST	TBI PHYSICAL GROUP THERAPY	NA	$48.00
S9140	TH		DIABETIC MANAGEMENT PROGRAM, E	CONTRACT PRICING	NA
S9142	SE	22	PPP-GROUP-AGENCY DIRECTED	$0.00	$0.00
S9208	TH		PRETERM LABOR MANAGE/MULT GEST	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S9211	TH		HOME MANAGEMENT OF GESTATIONAL	CONTRACT PRICING	NA
S9213	TH		HOME MANAGEMENT OF PREECLAMPSI	CONTRACT PRICING	NA
S9214	TH		OBSTETRICAL DIAB MANAGE,INSULI	CONTRACT PRICING	NA
S9336	TH		CONTINUOUS HEPARIN INFUSION TH	CONTRACT PRICING	NA
S9349	TH		SUBCUTANEOUS TOCOLYTIC THERAPY	CONTRACT PRICING	NA
S9351	TH		CONTINUOUS ONDANSETRON INFUS T	CONTRACT PRICING	NA
S9353	TH		OBSTET DIABETES,CONT SUBCU INS	CONTRACT PRICING	NA
S9374	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9375	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9376	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9377	TH		HOME INFUSION THERAPY, HYDRATI	CONTRACT PRICING	NA
S9379	TH		CONTINUOUS METOCLOPRAMIDE INFU	CONTRACT PRICING	NA
S9443			LACTATION CLASSES, NON-PHYSICI	NA	$15.64
S9445			PATIENT EDUCATION, NOT OTHERWI	NA	$19.55
S9445	HH		PT EDUC NOT OTHERWISE CLASS IN	$0.00	$0.00
S9445	TT		PATIENT EDUCATION, NOT OTHERWI	NA	$19.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
S9446			PATIENT EDUCATION, NOT OTHERWI	NA	$7.82
S9475	HA		AMBULATORY SUBST ABUSE TX(IOP)	NA	$71.00
S9480			INTENSIVE OUTPATIENT PSYCHIATR	NA	$820.80
S9480	HH		INTENSIVE OUTPATIENT PSYCHIATR	$0.00	$0.00
S9482	HH		FAMILY STABILIZATION, PER 15 M	$0.00	$0.00
S9484			CRISIS INTERVENTION MENTAL HEA	NA	$27.23
S9484	HH		CRISIS INTERVENTION MENTAL HEA	$0.00	$0.00
S9485	HH		MOBILE RESPONSE INITIAL	$0.00	$0.00
S9485	TJ		MOBILE RESPONSE - INITIAL	NA	$1,675.28
S9529			ROUTINE VENIPUNCTURE FOR COLLE	NA	$1.80
S9529	22		HOUSE CALL TO HOMEBOUND PT BY	NA	$10.00
S9560	TH		17 ALPHA-HYDROXYPROGESTERONE C	CONTRACT PRICING	NA
S9970	HA		HEALTH CLUB MEMBERSHIP(RECREAT	BY REPORT	BY REPORT
S9977	HI		ONE TIME GROCERIES MFP	NA	$400.00
T1001			NURSING ASSESSMENT / EVALUATIO	NA	$51.00
T1001	76		NURSING REASSESSMENT/EVALUATIO	NA	$48.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T1004	22		HOME HEALTH AIDE/HOUR GLOBAL O	NA	$25.76
T1005	HA	22	RESPITE CARE SERVICE (PER 15 M	NA	$7.06
T1005	HI		RESPITE CARE SERVICES,UP TO 15	NA	$7.16
T1005	HI	UN	RESPITE/DAY OOH OVNGT TIER F	NA	$645.27
T1005	HI	UP	RESPITE/DAY OOH OVNGT TIER E	NA	$484.47
T1005	HI	UQ	RESPITE/DAY OOH OVNGT TIER D	NA	$376.80
T1005	HI	UR	RESPITE/DAY OOH OVNGT TIER C	NA	$269.14
T1005	HI	US	RESPITE/DAY OOH OVNGT TIER B	NA	$161.49
T1005	HI	U1	RESPITE/DAY OOH OVNGT TIER A A	NA	$142.57
T1005	HI	U2	RESPITE/DAY OOH OVNGT TIER B A	NA	$285.16
T1005	HI	U3	RESPITE/DAY OVNGT TIER C AC DI	NA	$475.27
T1005	HI	U4	RESPITE/DAY OOH OVNGT TIER D A	NA	$665.36
T1005	HI	U5	RESPITE/DAY OOH OVNGT TIER E A	NA	$855.49
T1005	HI	U7	RESPITE/DAY OOH OVNGT TIER F A	NA	$1,139.45
T1005	HI	U8	RESPITE SELF DIRECTED EMPLOYEE	BY REPORT	BY REPORT
T1005	HI	52	RESPITE/DAY-OUT OF HME OVNG TI	NA	$80.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T1005	22		RESPITE, HOURLY, DDD�CCW	NA	$35.00
T1006	HA		FAMILY COUNSELING/EDUCATION AM	NA	$24.50
T1006	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1007	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1012	HH		ALCOHOL AND/OR SUBSTANCE ABUSE	$0.00	$0.00
T1013	HA		INTERPRETER SERV OTH SPOKE LNG	NA	$6.24
T1013	HA	22	SIGN LANGUAGE/INTERPRETER SERV	NA	$16.66
T1013	HA	52	INTERPRETER SERV SELF DIRECTED	BY REPORT	BY REPORT
T1013	HI		SIGN LGE OR ORAL INTERP SERV/1	NA	$6.29
T1013	HI	22	SIGN LGE OR ORAL INTERP SERV P	NA	$16.78
T1013	HI	52	SIGN LGE OR ORAL INTERP SERV/1	BY REPORT	BY REPORT
T1015	EP	HU	CHEC SERVICES ENCOUNTER (FQHC)	CONTRACT PRICING	NA
T1015	HD		OB/GYN ENCOUNTER	CONTRACT PRICING	NA
T1015	HE		MENTAL HEALTH ENCOUNTER (FQHC)	CONTRACT PRICING	NA
T1015	HH		CLINIC SERVICE/ENCOUNT, ALL-IN	$0.00	$0.00
T1016	TJ		CASE MANAGEMENT PER 15 MIN CBH	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T1017	HE		TARGETED CASE MANAGEMENT PER 1	NA	$31.50
T1017	HH		TARGETED CASE MGT, 15 MINS	$0.00	$0.00
T1017	TJ		YOUTH CASE MANAGEMENT SERV PER	NA	$20.50
T1017	52		CLINICAL CASE MANAGEMENT SVC	NA	$42.31
T1018	TR		SCHOOL-BASED INDIVIDUALIZED ED	NA	$92.97
T1019			PERSONAL CARE SERVICES, PER 15	NA	$6.29
T1019	SE		PERSONAL CARE SERVICES PER 15	$0.00	$0.00
T1019	SE	U1	PERSONAL CARE SERVICES PER 15	$0.00	$0.00
T1019	SE	XU	PPP-PCA-GROUP DIR SICK LEAVE	$0.00	$0.00
T1021			HOME HEALTH AIDE UP TO 4HR CCP	NA	$66.66
T1021	22		HOME HEALTH AIDE 5HR-8HR CCPE	NA	$133.32
T1023	HH		SCREEN TO DETERMINE THE APPROP	$0.00	$0.00
T1028	HA		NON-LICENSED ASSESSMENT/15MINS	NA	$7.69
T1028	HA	22	LICENSED ASSESSMENT/15MINS	NA	$7.69
T1028	HI		ENVIRONMENTAL ASSESSMENT INDIV	NA	$750.00
T1041	HA	HH	SED (CHILD ADOLESCENT PROGRAM)	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T1041	HE	HH	SMI (MENTAL HEALTH)	CONTRACT PRICING	NA
T1041	HF	HH	SUD (SUBSTANCE USE DISORDER) P	CONTRACT PRICING	NA
T1041	HH		GENERAL	CONTRACT PRICING	NA
T1041	HH	HK	VETERANS WITH PTSD	CONTRACT PRICING	NA
T1502	HH		ADMINISTRATION OF ORAL, IM MED	$0.00	$0.00
T1999	HI		INDIVIDUAL GOODS & SERVICES MF	NA	$438.00
T1999	HI	22	MISC THER ITEM PURCHASES NOC	BY REPORT	BY REPORT
T1999	SE		PPP-EMERGENCY CASH	$0.00	$0.00
T1999	SE	U1	NOC RETAIL ITEM AND SUPPLIES	$0.00	$0.00
T1999	SE	22	PPP-ROUTINE CASH	$0.00	$0.00
T2001			NON-EMERG TRANSP 1 WAY(REPLACE	NA	$10.00
T2002	HI		TRANSPORTATION NON-MEDICAL MFP	NA	$5.00
T2003	SE		PPP-TRANSPORTATION	$0.00	$0.00
T2012	HQ	ST	TBI COGNITIVE REHAB THERAPY	NA	$48.00
T2013	HA	UG	HABILITATION EDUC(AFTER SCHOOL	NA	$7.40
T2013	HA	22	HABILITATION EDUC(AFTER SCHOOL	NA	$7.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2015	HI		HABILITATION HOURLY MFP	NA	$20.36
T2015	HI	UN	HABILITATION,PREVOC,WAIVER PER	NA	$12.38
T2015	HI	UP	HABILITATION,PREVOC,WAIVER PER	NA	$9.33
T2015	HI	UQ	HABILITATION,PREVOC,WAIVER PER	NA	$6.29
T2015	HI	UR	HABILITATION,PREVOC,,WAIVER PE	NA	$5.09
T2015	HI	US	HABILITATION,PREVOC,WAIVER PER	NA	$3.99
T2015	HI	22	HABILITATION,PREVOC,WAIVER PER	NA	$18.57
T2015	SE		PPP-MILEAGE	NA	$0.54
T2016	HA	U1	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U2	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U3	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U4	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2016	HA	U5	HABILITATION RES(DDD OUT OF HO	CONTRACT PRICING	NA
T2018			HABILITATION SUPPORTED EMPLOYM	NA	$36.59
T2018	HI		JOB DEVELOPMENT SPECIALIST MFP	BY REPORT	BY REPORT
T2019	HI		HABILITATION,SUPEMPLOY,WAIVER,	NA	$21.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2019	HI	UN	HABILITATION,SUP EMPLOY,WAIVER	NA	$14.00
T2019	HI	UP	HABILITATION,SUP EMPLOY,WAIVER	NA	$10.56
T2019	HI	UQ	HABILITATION,SUP,EMPLOY WAIVER	NA	$7.12
T2019	HI	UR	HABILITATION,SUP EMPLOY,WAIVER	NA	$5.75
T2019	HI	US	HABILITATION,SUP EMPLOY,WAIVER	NA	$4.52
T2020			DAY HABILITATION, WAIVER: PER	NA	$71.63
T2021	HA	HN	COMM BASED WRAP AROUND(II HABI	NA	$27.79
T2021	HA	HO	COMM BASED WRAP AROUND SERV(II	NA	$29.13
T2021	HA	22	COMMUN BASED WRAP AROUND SERV(	NA	$31.60
T2021	HI	UN	DAY HABILITATION WAIVER/ 15 MI	NA	$11.08
T2021	HI	UP	DAY HABILITATION WAIVER/ 15 MI	NA	$8.35
T2021	HI	UQ	DAY HABILITATION WAIVER/ 15 MI	NA	$5.63
T2021	HI	UR	DAY HABILITATION WAIVER/15 MIN	NA	$4.55
T2021	HI	US	DAY HABILITATION WAIVER PER 15	NA	$3.57
T2021	HI	U1	DAY HABILITATION WAIVER/ 15 MI	NA	$4.97
T2021	HI	U2	DAY HABILITATION WAIVER PER/15	NA	$6.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2021	HI	U3	DAY HABILITATION WAIVER/15 MIN	NA	$7.84
T2021	HI	U4	DAY HABILITATION WAIVER/15 MIN	NA	$11.62
T2021	HI	U5	DAY HABILITATION WAIVER/15 MIN	NA	$15.42
T2021	HI	U7	DAY HABILITATION WAIVER/15 MIN	NA	$23.13
T2021	HI	22	DAY HABILITATION WAIVER PER 15	NA	$16.62
T2021	HO	52	COMM BASED WRAP AROUND SERV(II	NA	$29.46
T2022	AJ		GO/SOC WORKER MANAGEMENT INIT	NA	$122.00
T2022	HA		CARE MANAGEMENT	NA	$982.95
T2022	HC		GO/RN MANAGEMENT INITIAL MONTH	NA	$200.00
T2023	TJ		CSOCI CARE MANAGEMENT (CMO) SE	NA	$982.94
T2023	TL		TARGETED CASE MANAGEMENT: PER	NA	$383.38
T2023	TL	22	TARGETED CASE MANAGEMENT: PER	NA	$579.31
T2024			SERVICE ASSESSMENT/PLAN OF CAR	NA	$122.00
T2024	HC		GLOBAL OPTIONS TRANSIT CARE MN	NA	$840.00
T2024	HI		SERV ASSESS/POC,DVLP,WAIVER	NA	$374.68
T2024	HI	52	SERV ASSESS/POC,DVLP,WAIVER	NA	$12.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2025	SE		PPP-INITIAL CASE MGT PLAN (CMP	NA	$125.00
T2025	SE	UB	WAIVER SERVICES, NOT OTHERWISE	$0.00	$0.00
T2025	SE	UC	WAIVER SERVICES NOT CLASSIFIED	$0.00	$0.00
T2025	SE	U2	WAIVER SERVICES, NOT OTHERWISE	$0.00	$0.00
T2025	SE	22	PPP-FINANCIAL COUNSELING	NA	$81.00
T2025	SE	26	PPP-PCA-AGENCY DIRECTED	$0.00	$0.00
T2025	SE	52	PPP-PCA-SELF DIRECTED	$0.00	$0.00
T2025	ST		TBI SERVICE PROVIDER RETENTION	NA	$100.00
T2028	HA		SPECIALIZED SUPPLY(ASSIST TECH	BY REPORT	BY REPORT
T2028	HA	22	SPECIALIZED SUPPLY(ASSESS FOR	BY REPORT	BY REPORT
T2028	HI		SPECIALIZED SUPPLY NOC WAIVER	BY REPORT	BY REPORT
T2028	HI	22	SPECIALIZED SUPPLY NOC WAIVER	BY REPORT	BY REPORT
T2028	SE		PPP-ADAPTIVE EQUIPMENT	$0.00	$0.00
T2029	HA		SPEC MED EQUIPMENT(ASSIST TECH	BY REPORT	BY REPORT
T2029	HI		SPEC MED EQUIP NOC WAIVER	BY REPORT	BY REPORT
T2031			ASSISTED LIVING: WAIVER, PER D	NA	$89.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2033	HA	U1	RES CARE NOS(DD OUT OF HOME SE	CONTRACT PRICING	NA
T2033	HA	U2	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U3	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U4	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2033	HA	U5	RES CARE NOS(DDD OUT OF HOME S	CONTRACT PRICING	NA
T2034			CRISIS INTERVENTION, WAIVER: P	NA	$862.19
T2034	HH		CRISIS INTERVENTION, WAIVER: P	$0.00	$0.00
T2035	SE		PPP-TECHNOLOGY	$0.00	$0.00
T2036	HA		THERAPEUTIC CAMPING OVERNIGHT	NA	$133.00
T2036	HI		RESPITE DAY OVERNIGHT CAMP	NA	$322.64
T2036	HI	22	DAY CAMP ONLY UP TO 6 HRS PER	NA	$161.49
T2037	HA		THERAPEUTIC CAMPING PER DAY	NA	$80.00
T2038			COMMUNITY TRANSITION, WAIVER:	NA	$5,000.00
T2038	HA		COMMUN TRANSIT(YOUTH SUPP/TRAI	NA	$9.75
T2038	HA	HU	HOSPITAL LEAVE RM&BD NON-JCAHO	CONTRACT PRICING	NA
T2038	HA	HW	HOSPITAL LEAVE RM&BD NON-JCAHO	CONTRACT PRICING	NA

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2038	HA	22	COMM TRANSIT(YOUTH LIFE SKILL	NA	$9.75
T2038	HC		GLOBAL OPTIONS TRANSITION SERV	NA	$5,000.00
T2038	HE	HU	HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
T2038	HE	HW	HOSPITAL LEAVE REHAB NON-JCAHO	CONTRACT PRICING	NA
T2038	HI		COMMUNITY TRANSITION SERVICES	NA	$4,000.00
T2038	HI	22	COMMUNITY TRANSITION WAIVER/SE	BY REPORT	BY REPORT
T2038	HU		HOSPITAL LEAVE JCAHO RTC/DYFS	CONTRACT PRICING	NA
T2038	HW		HOSPITAL LEAVE JCAHO RTC/DMHS/	CONTRACT PRICING	NA
T2038	TJ		CSOCI CARE MANAGEMENT (CMO) SE	NA	$1,004.00
T2039	HA		VEHICLE MODIFICATION(ASSIST TE	BY REPORT	BY REPORT
T2039	HI		VEHICLE MOD,WAIVER:PER SERVICE	BY REPORT	BY REPORT
T2039	SE		PPP-VEHICAL MODIFICATIONS	$0.00	$0.00
T2040	HI	22	FINANCIAL MGT SELF-DIRECTED WA	BY REPORT	BY REPORT
T2041	HI		SUPPORT COORDINATION MFP	NA	$167.00
T2041	HI	U7	SUPPORTS BROKE,SELF-DIR,WVR,15	BY REPORT	BY REPORT
T2041	HI	22	SUPPORTS BROKE,SELF-DIR,WVR,15	NA	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T2041	HI	52	PEER & FAMILY MENTOR MFP	NA	$10.00
T2041	SE		PPP-ADMINISTRATIVE/PERSONNEL F	$0.00	$0.00
T2041	SE	UA	SUPPORTS BROKERAGE, SELF-DIREC	$0.00	$0.00
T2041	SE	22	PPP-ADMINISTRATIVE/PERSONNEL F	$0.00	$0.00
T2046			ROOM/BOARD FOR HOSPICE PATIENT	NA	$125.00
T4521			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4522			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4523			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4524			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4525			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4526			ADULT SIZED DISPOSABLE INCONTI	NA	$0.63
T4527			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4528			ADULT SIZED DISPOSABLE INCONTI	NA	$0.81
T4529			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4530			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4531			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
T4532			PEDIATRIC SIZED DISPOSABLE INC	NA	$0.45
T4533			YOUTH SIZED DISPOSABLE INCONTI	NA	$0.63
T4534			YOUTH SIZED PROTECT UNDERWEAR/	NA	$0.63
T4535			DISPOSABLE LINER/SHIELD/GUARD/	BY REPORT	BY REPORT
T5999	SE		PPP-HOUSEHOLD APPLIANCES	$0.00	$0.00
T5999	52		HOSPICE DRUG BIO CO-PAY	NA	$5.00
U0001			CDC 2019 NOVEL CORONAVIRUS (20	NA	$35.92
U0002			2019-NCOV CORONAVIRUS, SARS-CO	NA	$51.31
V2020			FRAMES,PURCHASE	NA	$51.44
V2020	RB		REPAIR OF FRAMES	NA	$15.00
V2100			SPHERE, SINGLE VISION, PLANO T	NA	$5.80
V2101			SPHERE, SINGLE VISION, PLUS OR	NA	$6.00
V2102			SPHERE, SINGLE VISION, PLUS OR	NA	$14.25
V2103			SPHEROCYLINDER, SINGLE VISION,	NA	$8.50
V2104			SPHEROCYLINDER, SINGLE VISION,	NA	$9.50
V2105			SPHEROCYLINDER, SINGLE VISION,	NA	$10.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2106			SPHEROCYLINDER SIN VIS PL TO T	NA	$40.43
V2107			SPHEROCYLINDER, SINGLE VISION,	NA	$10.50
V2108			SPHEROCYLINDER, SINGLE VISION,	NA	$11.50
V2109			SPHEROCYLINDER, SINGLE VISION,	NA	$12.50
V2110			SPHEROCYLINDER SINGLE VISION P	NA	$43.67
V2111			SPHEROCYLINDER, SINGLE VISION,	NA	$13.50
V2112			SPHEROCYLINDER, SINGLE VISION,	NA	$14.50
V2113			SPHEROCYLINDER, SINGLE VISION,	NA	$15.50
V2114			SPHEROCYLINDER, SINGLE VISION,	NA	$19.50
V2115			LENTICULAR MYODISC PER LENS SI	NA	$25.00
V2118			ANISEIKONIA LENS SINGLE VISION	NA	$56.10
V2121			LENTICULAR LENS, PER LENS, SIN	NA	$40.00
V2199			NOT OTHERWISE CLASSIFIED SINGL	BY REPORT	BY REPORT
V2200			SPHERE, BIFOCAL, PLANO TO PLUS	NA	$12.00
V2200	52		SPHERE, BIFOCAL, PLANO TO PLUS	NA	$7.00
V2201			SPHERE, BIFOCAL, PLUS OR MINUS	NA	$14.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2201	52		SPHERE, BIFOCAL, PLUS OR MINUS	NA	$7.00
V2202			SPHERE, BIFOCAL, PLUS OR MINUS	NA	$18.85
V2203			SPHEROCYLINDER,BIFOCAL,PLANO T	NA	$13.50
V2204			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$14.50
V2205			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$15.50
V2206			SPHEROCYLINDER, BIFOCAL, PLANO	NA	$52.20
V2207			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$18.60
V2208			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$20.65
V2209			SPHEROCYLINDER,BIFOCAL, PLUS O	NA	$21.65
V2210			SPHEROCYLINDER BIFOCAL PLUS OR	NA	$53.89
V2211			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$23.60
V2212			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$25.60
V2213			SPHEROCYLINDER, BIFOCAL, PLUS	NA	$25.60
V2214			SPHEROCYLINDER, BIFOCAL, SPHER	NA	$25.60
V2215			LENTICULAR MYODISC PER LENS BI	NA	$40.00
V2218			ANISEKONIA PER LENS BIFOCAL	NA	$86.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2219			BIFOCAL SEG WIDTH OVER 28MM	NA	$37.40
V2220			BIFOCAL ADD OVER 3.25D	NA	$15.00
V2221			LENTICULAR LENS, PER LENS, BIF	NA	$60.00
V2299			SPECIALTY BIFOCAL	BY REPORT	BY REPORT
V2300			SPHERE, TRIFOCAL, PLANO TO PLU	NA	$19.50
V2301			SPHERE, TRIFOCAL, PLUS OR MINU	NA	$21.75
V2302			SPHERE, TRIFOCAL, PLUS OR MINU	NA	$26.35
V2303			SPHEROCYLINDER, TRIFOCAL, PLAN	NA	$21.00
V2304			SPHEROCYLINDER, TRIFOCAL, PLA	NA	$22.00
V2305			SPHEROCYLINDER, TRIFOCAL, PLAN	NA	$23.00
V2306			SHEROCYLINDER TRIFOCAL PIANO T	NA	$30.00
V2307			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.29
V2308			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.38
V2309			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$61.09
V2310			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$62.12
V2311			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$59.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2312			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$60.25
V2313			SPHEROCYLINDER, TRIFOCAL, PLUS	NA	$67.85
V2314			SPHEROCYLINDER, TRIFOCAL, SPHE	NA	$77.36
V2315			LENTICULAR MYODISC PER LENS TR	NA	$96.38
V2318			ANISEIKONIA PER LENS TRIFOCAL	NA	$130.93
V2319			TRIFOCAL SEG WIDTH OVER 28MM	NA	$38.09
V2320			TRIFOCAL ADD OVER 325D	NA	$15.00
V2321			LENTICULAR LENS, PER LENS, TRI	NA	$95.22
V2399			SPECIALTY TRIFOCAL	BY REPORT	BY REPORT
V2410			VARIABLE SPHERICITY LENS SINGL	NA	$74.03
V2430			VARIABLE SPHERICITY LENS BIFOC	NA	$96.45
V2499			VARIABLE SPHERICITY LENS OTHER	BY REPORT	BY REPORT
V2500			CONTACT LENS, PMMA, SPHERICAL,	NA	$72.55
V2501			CONTACT LENS, PMMA, TORIC OR P	NA	$110.51
V2502			CONTACT LENS PMMA, BIFOCAL, PE	NA	$136.14
V2503			CONTACT LENS PMMA, COLOR VISIO	NA	$125.38

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2510			CONTACT LENS, GAS PERMEABLE, S	NA	$81.05
V2511			CONTACT LENS, GAS PERMEABLE, T	NA	$142.30
V2512			CONTACT LENS, GAS PERMEABLE, B	NA	$168.14
V2513			CONTACT LENS, GAS PERMEABLE, E	NA	$120.00
V2520			CONTACT LENS HYDROPHILIC, SPHE	NA	$100.00
V2521			CONTACT LENS HYDROPHILIC, TORI	NA	$162.06
V2522			CONTACT LENS HYDROPHILLIC, BI	NA	$163.12
V2523			CONTACT LENS HYDROPHILIC, EXTE	NA	$100.00
V2530			CONTACT LENS, SCLERAL, PER LEN	NA	$149.30
V2599			NOT OTHERWISE CLASSIFIED, CONT	BY REPORT	BY REPORT
V2600			HAND HELD LOW VISION AIDS AND	NA	$75.00
V2610			SINGLE LENS SPECTACLE MOUNTED	NA	$150.00
V2615			TELESCOPIC AND OTHER COMPOUND	BY REPORT	BY REPORT
V2623			PROSTHETIC EYE, PLASTIC, CUSTO	NA	$743.57
V2624			POLISHING/RESURFACING OCULAR P	NA	$39.06
V2625			ENLARGEMENT OF OCULAR PROSTHES	NA	$237.46

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2626			REDUCTION OF OCULAR PROSTHESIS	NA	$128.00
V2627			SCLERAL COVERED SHELL	NA	$1,014.30
V2628			FABRICATION OF FITTING OF CONF	NA	$198.28
V2629			PROSTHETIC EYE,INTRAOCULAR LEN	BY REPORT	BY REPORT
V2630			ANTERIOR CHAMBER INTRAOCULAR L	NA	$90.79
V2631			IRIS SUPPORTED INTRAOCULAR LEN	NA	$90.79
V2632			POSTERIOR CHAMBER INTRAOCULAR	NA	$90.79
V2700			BALANCE LENS SINGLE VISION PER	NA	$41.42
V2700	22		BALANCE LENS BIFOCAL PER LENS	$10.00	$10.00
V2710			SLAB OFF PRISM, GLASS OR PLAST	NA	$57.23
V2715			PRISM, PER LENS	NA	$7.00
V2718			PRESS ON LENS FRESNELL PRISM P	NA	$23.67
V2730			SPECIAL BASE CURVE GLASS OR PL	NA	$12.12
V2744			TINT, PHOTOCHROMATIC, PER LENS	NA	$11.12
V2745			ADDITION TO LENS: TINT, ANY CO	NA	$1.75
V2755			UV LENS PER PAIR	NA	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V2770			OCCLUDER LENS, PER LENS	NA	$20.54
V2781			PROGRESSIVE LENS, PER LENS	BY REPORT	BY REPORT
V2784			LENS, POLYCARBONATE OR EQUAL,	NA	$10.00
V2785			PROCESSING PRESERUING AND TRAN	NA	$500.00
V2799			VISION ITEM OR SERVICE, MISCEL	BY REPORT	BY REPORT
V5014			REPAIR/MODIFICATION OF A HEARI	BY REPORT	BY REPORT
V5014	52		HEARING AID REPAIR, DISP.'S SE	NA	$50.00
V5030			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT
V5040			HEARING AID, MONAURAL, BODY WO	BY REPORT	BY REPORT
V5050			HEARING AID, MONAURAL, IN THE	BY REPORT	BY REPORT
V5050	52		RETURNED HEARING AID	NA	$30.00
V5060			HEARING AID, MONAURAL, BEHIND	BY REPORT	BY REPORT
V5070			GLASSES, AIR CONDUCTION	BY REPORT	BY REPORT
V5080			GLASSES, BONE CONDUCTION	BY REPORT	BY REPORT
V5090			DISPENSING FEE, UNSPEC. HEARIN	NA	$175.00
V5100			HEARING AID, BIL. BODY WORN, 1	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
V5110			DISPENSING FEE, BILATERAL	NA	$175.00
V5120			BINAURAL, BODY	BY REPORT	BY REPORT
V5130			BINAURAL IN THE EAR	BY REPORT	BY REPORT
V5140			BINAURAL, BEHIND THE EAR	BY REPORT	BY REPORT
V5150			BINAURAL, GLASSES	BY REPORT	BY REPORT
V5160			DIPENSING FEE, BINAURAL	NA	$280.00
V5190			HEARING AID, CONTRALATERAL ROU	BY REPORT	BY REPORT
V5200			DISPENSING FEE, CONTRALATERAL,	NA	$175.00
V5230			HEARING AID, CONTRALATERAL ROU	BY REPORT	BY REPORT
V5240			DISPENSING FEE, CONTRALATERAL	NA	$175.00
V5265			EARMOLD, LABORATORY INVOICE CO	NA	$35.00
V5265	52		EARMOLD, DISPENSING'S SERVICE	NA	$10.00
V5266			BATTERIES FOR HEARING AIDS (PE	NA	$0.80
V5267			HEARING AID OR ASSISTIVE LISTE	BY REPORT	BY REPORT
V5299			HEARING AID, NOT OTHERWISE CLA	BY REPORT	BY REPORT
W9026			(HEALTHSTART) SUBSEQUENT ANTEP	$32.40	$27.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
W9026	SB		(HEALTHSTART) SUBSEQUENT ANTEP	NA	$32.40
W9027			(HEALTHSTART) REGULAR DELIVERY	$861.78	$732.51
W9027	SB		(HEALTHSTART) REG DELIVERY BY	NA	$861.78
W9028			(HEALTHSTART) POSTPARTUM CARE	$295.39	$251.08
W9028	SB		(HEALTHSTART) POSTPARTUM CARE	NA	$295.39
W9029			(HEALTHSTART) REGULAR DELIVERY	$861.78	$732.51
W9029	SB		(HEALTHSTART) REGULAR DELIVERY	NA	$861.78
W9030			(HEALTHSTART) TOTAL OBSTETRICA	$2,615.36	$2,223.06
W9030	SB		(HEALTHSTART) TOTAL OBSTETRLIC	NA	$2,615.36
W9031			(HEALTHSTART) CESAREAN SECTION	$972.94	$827.00
W9040			(HEALTHSTART) ENROLLMENT PROCE	$30.00	$30.00
W9041			(HEALTHSTART) DEVELOPMENT OF M	$1,124.46	$955.79
W9042			(HEALTHSTART) SUBSEQUENT MATER	$615.52	$523.19
W9043			(HEALTHSTART) POSTPARTUM MATER	$295.39	$251.08
W9840			MEDICAL ENCOUNTER	CONTRACT PRICING	NA
X8334			PARENTERAL INFUSION BY GRAVITY	NA	$39.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
X8335			PARENTERAL INFUSION-DISPOSABLE	NA	$39.00
X8336			PAR INFUSION W/EXT AMB INF PMP	NA	$60.00
X8337			PARENTERAL LINE MAINTENANCE	NA	$8.00
Y0010			WAITING TIME- MAV - ONE WAY ON	NA	$1.25
Y3533			DAY TRAINING - REHABILITATION	NA	$71.63
Y3534			DAY TRAINING - TRANS (ROUND TR	NA	$96.12
Y4620			USE OF ELECTRIC TEST BOX TO TE	NA	$10.00
Y4630			HEARING AID, MONAURAL, IN THE	BY REPORT	BY REPORT
Y4640			HEARING AID, BINAURAL, IN THE	BY REPORT	BY REPORT
Y5100			LENS SERVICE (CATARACT BIFOCAL	NA	$40.00
Y5105			LENS SERVICE (CATARACT OVER +	NA	$20.00
Y5110			LENS SERVICE (SINGLE VISION LE	$12.00	$12.00
Y5112			LENS SERVICE (BIFOCAL LENS)	$15.00	$15.00
Y5114			LENS SERVICE (TRIFOCAL LENS)	NA	$17.00
Y5165			FRAMES, (DISPENSING FEE)	$8.00	$8.00
Y7433			TBI-CASE MANAGEMENT-INITAL MON	NA	$200.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Y7434			TBI-CASE MANAGEMENT-CONTINUING	NA	$135.00
Y7437			TBI-COMMUNITY RESID'HIGH LEVEL	NA	$220.00
Y7443			TBI-SUPPORTED DAY PROGRAM	NA	$30.00
Y7456			TBI-RESPITE 8 HR. DAY	NA	$88.00
Y7458			TBI-RESPITE OVER 8 TO 12 DAY	NA	$128.00
Y7463			TBI-RESPITE OVER 12 TO 24 DAY	NA	$160.00
Y7556			TBI-SPEECH THERAPY PER 1/2 HOU	NA	$73.00
Y7559			TBI-COUNSELING (INDIV'L FAMILY	NA	$65.00
Y7564			TBI-BEHAVIOR PROGRAM(ASSESSMEN	NA	$75.00
Y7566			TBI-BEHAVIOR SPECIALIST	NA	$35.00
Y7568			TBI-ENVIRONMENTAL MODIFICATION	NA	$5,000.00
Y7573			ALTERNATE FAMILY CARE	NA	$50.00
Y7574			ASSIT'D LIV'G/COMPR.PERS'L CAR	NA	$79.50
Y7634	FP		FOLLOW-UP TEEN-DIRECTED FP SER	NA	$104.02
Y8363			TO AND/OR FROM A CLINIC,	NA	$4.50
Y8370			LOAD CHARGE-LIVERY SERVICE	NA	$3.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Y9333			EARLY INTERVENTION: MULTI REHA	NA	$299.43
Y9334			EARLY INTERVENTION: REHAB W/EV	NA	$1,010.35
Y9336			EARLY INTERVENTION: TCM	NA	$383.38
Y9337			EARLY INTERVENTION: TCM W/EVAL	NA	$579.31
Y9433			SCHOOL-BASED REHAB: EVALUATION	NA	$1,788.55
Y9434			SCHOOL-BASED REHAB: IN-DISTRIC	NA	$92.97
Y9435			SCHOOL-BASED REHAB: OUT OF DIS	NA	$92.97
Y9436			SCHOOL-BASED: NON-PUBLIC	NA	$68.09
Y9438			SCHOOL REHAB- SPECIAL TRANS RO	NA	$29.31
Y9439			SCHOOL REHAB - STATE FACILITY	NA	$172.00
Y9533			PSYCH EVAL CHLD PROT/PERM BY P	NA	$17.50
Y9534			PSYCH/COUN CHLD PROT/PERM BY P	NA	$17.50
Y9535			GRP PSYCH/COUNS CHLD PROT/PERM	NA	$6.67
Y9536			PROF CONSULT CHLD PROT/PERM BY	NA	$17.50
Y9537			PSYCH INTER ASSESS/EVAL CHD PR	NA	$21.25
Y9538			PSY/COUN CHLD PRO/PERM BY PHYS	NA	$21.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Y9539			GRP PSY/COUN CHD PRO/PER BY PH	NA	$8.34
Y9543			PROF CONSULT CHLD PROT/PERM BY	NA	$21.25
Y9633			ASSISTED LIVING RESIDENCE	NA	$89.50
Y9634			ASSISTED LIVING PROGRAM	NA	$89.50
Y9733			ENVIRONMENTAL LEAD INSPECTION/	NA	$130.00
Y9734			ENVIRONMENTAL LEAD INSPEC/REIN	NA	$50.00
Y9735			SCHOOL BASED REHABILITATION	NA	$4,132.96
Y9792			RESPITE CARE AL FACILITY 24 HR	NA	$100.00
Y9793			RESPITE CARE 8HR DAY	NA	$250.00
Y9794			RESPITE CARE HRLY RATE	NA	$6.00
Y9795			ENVIRONMENTAL MODIFICATIONS PE	NA	$10,000.00
Y9833			PPP MONTHLY CASH GRANT	$0.00	$0.00
Y9835			TRANSPORTATION OTHER	NA	$53.00
Y9836			SPECIAL MEDICAL EQUIP	NA	$15,000.00
Y9837			CHORE PER JOB	NA	$153.00
Y9845			HOME BASED CARE PER HOUR CEP	NA	$16.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Y9846			HOME BASED CARE PER HOUR-AGENC	NA	$15.40
Y9848			CAREGIVER RECIPIENT TRAINING	NA	$103.00
Y9849			CAREGIVER-RECIPIENT TRAINING	NA	$103.00
Y9853			SOC ADULT DAY CARE	NA	$31.12
Y9854			ENVIRONMENTAL ACCESS EVAL	NA	$103.00
Y9855			SPEC MED EQUIP EVALUATION	NA	$103.00
Y9856			ATTENDANT CARE EVALUATION	NA	$103.00
Y9898			ECO CASE MANAGEMENT INITIAL MO	NA	$200.00
Z0330			TRANSPORTATION, ONE WAY	NA	$4.76
Z1205			INITIAL NURSING ASSESSMENT VIS	NA	$35.00
Z1210			RESPITE CARE 8 HOUR DAY CCPED/	NA	$55.00
Z1215			RESPITE CARE 8 HOUR NIGHT CCPE	NA	$65.00
Z1220			RESPITE CARE 8 TO 12 HOUR CCPE	NA	$80.00
Z1225			RESPTIE CARE 8-12HR/NIGHT CCPE	NA	$90.00
Z1230			RESPITE CARE 12-24 HOURS CCPED	NA	$100.00
Z1235			SOCIAL ADULT DAY CARE, CCPED/D	NA	$31.12

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Z1240			CASE MANAGEMENT PER MONTH CCPE	NA	$95.00
Z1243			CCPED CASE MANAGEMENT INITIAL	NA	$200.00
Z1260			SPEECH THERAPY DAILY CCPED/HC	NA	$109.44
Z1270			MEDICAL SOCIAL SERVICES/DAT CC	NA	$80.00
Z1275			SKILLED NURSING CARE DAILY CCP	NA	$106.00
Z1280			MEDICAL SUPPLIES CCPED/HCEP	$50.00	$50.00
Z1285			RESPITE CARE IN NF UNDER CCPED	NA	$560.95
Z1290			HOME BASED SUPPORT CARE NURSE	NA	$35.00
Z1400			CASE MANAGEMENT DDD\CCW	NA	$72.00
Z1405			HABILITATION, AA DDD$\diamondsuit$CCW	NA	$69.00
Z1410			PERSONAL CARE, GROUP HOME, DDD	NA	$111.00
Z1413			PERSONAL CARE INDEPENDENT LIVI	NA	$40.10
Z1435			PERSONAL CARE, SD HOME, DDD$\diamondsuit$CC	$24.09	$24.09
Z1435	22		PERSONAL CARE, SD HOME, DDD$\diamondsuit$CC	$24.09	$24.09
Z1467			HABILITATION, NON-AA, DDD$\diamondsuit$CCW	NA	$72.00
Z1520			PERSONAL CARE, SSD HOME, DDD$\diamondsuit$C	NA	$102.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Z1535			INTEGRATED THERAPEUTIC NETWORK	NA	$18.24
Z1541			INDIVIDUAL HABILITATION KEYSTO	$52.72	$52.72
Z1720			RN/HR WEEKEND/EVENING/HOLIDAY	NA	$63.00
Z1725			LPN/HR WEEKEND/EVENING/HOLIDAY	NA	$51.00
Z1730			SPECIALTY RN PER HOUR/WEEKDAY	NA	$63.00
Z1735			SPECIALTY LPN PER HOUR/WEEKDAY	NA	$51.00
Z1740			RN/HR SPECIALTY WEEKEND/EVE/HO	NA	$63.00
Z1745			LPN/HR SPECIALTY WEEKEND/EVE/H	NA	$51.00
Z1800			CASE MANAGEMENT/MONTH ACCAP	NA	$125.00
Z2000			FAMILY THERAPY RENDERED IN A N	NA	$113.94
Z2001			FAMILY CONFERENCE RENDERED IN	NA	$22.91
Z2004			GROUP THERAPY RENDERED IN A NA	$27.50	$27.50
Z2005			PSYCHOLOGICAL TESTING RENDERED	$37.00	$37.00
Z2006			METHADONE TREATMENT RENDERED I	$4.25	$4.25
Z2010			URINE ANALYSIS FOR DRUG ADDICT	$4.50	$4.50
Z3333			COMPREHENSIVE INTAKE EVALUATIO	NA	$157.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Z3334			SUB ACUTE RESIDENTIAL DETOXIFI	NA	$408.80
Z3335			SHORT TERM RESIDENTIAL SA TREA	NA	$201.60
Z3336			SHORT TERM RESIDENT SA - CHILD	NA	$30.00
Z3337			THERAPEUTIC COMMUNITY SA TREAT	NA	$84.40
Z3338			THERAPEUTIC COMMUNITY SA - CHI	NA	$30.00
Z3339			SA HALFWAY HOUSE	NA	$67.90
Z3343			SA HALFWAY HOUSE - CHILD	NA	$30.00
Z3344			SA PARTIAL CARE	NA	$78.31
Z3345			SA PARTIAL CARE - CHILD	NA	$20.00
Z3346			INTENSIVE OUTPATIENT SA	NA	$109.48
Z3347			INTENSIVE OUTPATIENT SA - CHIL	NA	$10.00
Z3348			FAMILY THERAPY IN SA CENTER	NA	$113.94
Z3349			FAMILY CONFERENCE IN SA CENTER	NA	$23.00
Z3355			GROUP THERAPY IN SA CENTER / P	NA	$30.53
Z3356			PSYCH TEST IN DRUG CENTER	NA	$15.80
Z3357			METHADONE TREATMENT IN DRUG CE	NA	$4.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
Z3359			URINALYSIS FOR DRUG ADDICTION	NA	$4.50
Z3363			CASE MANAGEMENT SERVICES	NA	$25.00
Z4334			PLAN B CONTRACEPTIVE KIT	NA	$15.09
Z5005			INITIAL EVALUATION SERVICES	NA	$19.92
Z5006			CLINICAL CASE MANAGEMENT SERVI	NA	$42.31
Z5007			LIAISON CASE MANAGEMENT SERVIC	NA	$19.25
Z6001			AMB SURG CENTER - GROUP 1	NA	$195.00
Z6002			AMB SURG CENTER - GROUP 2	NA	$261.00
Z6003			AMB SURG CENTER - GROUP 3	NA	$300.00
Z6004			AMB SURG CENTER -GROUP 4	NA	$369.00
Z6005			AMB SURG CENTER - GROUP 5	NA	$421.00
Z6006			AMB SURG CENTER - GROUP 6	NA	$541.00
Z6007			AMB SRG CENTER - GROUP 7	NA	$585.00
Z6008			AMB SURG CENTER - GROUP 8	NA	$627.00
Z6009			AMBULATORY SURGICAL CENTER - G	NA	$794.00
10004			FINE NEEDLE ASPIRATION BIOPSY,	$26.14	$22.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
10005			FINE NEEDLE ASPIRATION BIOPSY	$67.78	$57.61
10006			FINE NEEDLE ASPIRATION BIOPSY	$29.91	$25.42
10007			FINE NEEDLE ASPIRATION BIOPSY	$154.79	$131.57
10008			FINE NEEDLE ASPIRATION BIOPSY	$71.51	$60.78
10009			FINE NEEDLE ASPIRATION BIOPSY	$217.64	$184.99
10010			FINE NEEDLE ASPIRATION BIOPSY	$119.51	$101.58
10011			FINE NEEDLE ASPIRATION BIOPSY	BY REPORT	BY REPORT
10012			FINE NEEDLE ASPIRATION BIOPSY	BY REPORT	BY REPORT
10021			FINE NEEDLE ASPIRATION BIOPSY,	$51.19	$43.51
10021	TC		FINE NEEDLE ASPIRATION WO IMAG	NA	$19.00
10021	26		FINE NEEDLE ASPIRATION WO IMAG	$26.94	$22.89
10030			DRAINAGE OF FLUID COLLECTION I	$323.76	$275.19
10030	26		FLUID COLLECTION DRAINAGE BY C	$65.38	$55.57
10035			PLACEMENT OF SOFT TISSUE LOCAT	$184.17	$156.54
10035	26		PLACEMENT OF SOFT TISSUE LOCAL	$40.70	$34.60
10036			PLACEMENT OF SOFT TISSUE LOCAT	$151.34	$128.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
10036	26		PLACEMENT OF SOFT TISSUE LOCAL	$20.60	$17.51
10040			ACNE SURGERY	$59.24	$50.35
10040	SA		ACNE SURGERY BY APN	NA	$50.74
10060			SIMPLE OR SINGLE DRAINAGE OF S	$64.60	$54.91
10060	SA		DRAINAGE OF SKIN ABSCESS	NA	$10.50
10061			COMPLICATED OR MULTIPLE DRAINA	$108.68	$92.37
10080			SIMPLE DRAINAGE OF CYST OF TAI	$128.38	$109.12
10081			COMPLICATED DRAINAGE OF CYST O	$175.29	$148.99
10120			REMOVAL OF FOREIGN BODY FROM T	$77.66	$66.01
10120	SA		SIMPLE REMOVAL FOREIGN BODY	NA	$15.20
10121			REMOVAL OF FOREIGN BODY FROM T	$134.15	$114.02
10140			DRAINAGE HEMATOMA SIMPLE	$86.39	$73.43
10140	SA		DRAINAGE HEMATOMA SIMPLE	NA	$15.20
10160			ASPIRATION OF ABSCESS, BLOOD,	$65.93	$56.04
10160	SA		PUNCTURE DRAINAGE OF LESION	NA	$10.50
10180			COMPLEX DRAINAGE OF WOUND INFE	$133.66	$113.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11000			REMOVAL OF INFLAMED OR INFECTE	$29.99	$25.49
11000	SA		DEBRIDEMENT INFECT SKIN UP TO	NA	$24.85
11001			REMOVAL OF INFLAMED OR INFECTE	$13.79	$11.72
11004			REMOVAL OF INFECTED SKIN, TISS	$277.74	$236.07
11005			REMOVAL OF INFECTED SKIN, TISS	$378.65	$321.85
11006			REMOVAL OF INFECTED SKIN, TISS	$342.46	$291.09
11008			REMOVAL OF PROSTHETIC MATERIAL	$133.31	$113.31
11010			REMOVAL OF FOREIGN MATERIAL FR	$226.60	$192.61
11011			REMOVAL OF FOREIGN MATERIAL FR	$252.73	$214.82
11012			REMOVAL OF FOREIGN MATERIAL FR	$328.52	$279.24
11042			REMOVAL OF SKIN AND TISSUE, 20	$66.01	$56.10
11044			REMOVAL OF BONE, 20.0 SQ CM OR	$156.38	$132.92
11045			REMOVAL OF SKIN AND TISSUE, EA	$20.10	$17.08
11045	26		DEBRIDEMENT, SUBCUTANEOUS TISS	$12.36	$10.51
11046			REMOVAL OF MUSCLE AND/OR TISSU	$36.54	$31.05
11046	26		DEBRIDEMENT, MUSCLE &/OR FASCI	$26.91	$22.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11047			REMOVAL OF BONE, EACH ADDITION	$60.28	$51.24
11047	26		DEBRIDEMENT, BONE (INCLUDES EP	$47.55	$40.42
11055			REMOVAL OF NONCANCER THICKENED	$36.45	$30.98
11055	SA		PARING BENIGN HYPERKER LESION	NA	$10.45
11056			REMOVAL OF NONCANCER THICKENED	$42.14	$35.82
11056	SA		PARING 2-4 BENIGN HYPERKERATOT	NA	$13.30
11057			REMOVAL OF NONCANCER THICKENED	$45.94	$39.05
11057	SA		PARING>4 BENIGN HYPERKERATOTIC	NA	$13.30
11102			BIOPSY OF RELATED SKIN GROWTH,	$51.26	$43.57
11103			BIOPSY OF RELATED SKIN GROWTH,	$25.58	$21.74
11104			PUNCH BIOPSY, FIRST SKIN GROWT	$63.80	$54.23
11105			PUNCH BIOPSY, EACH ADDITIONAL	$30.31	$25.76
11106			INCISION BIOPSY, FIRST SKIN GR	$79.26	$67.37
11107			INCISION BIOPSY, EACH ADDITION	$36.24	$30.80
11200			REMOVAL OF SKIN TAG, 1-15 SKIN	$47.13	$40.06
11201			REMOVAL OF SKIN TAG, EACH ADDI	$9.16	$7.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11300			SHAVING OF SKIN GROWTH OF BODY	$51.32	$43.62
11300	SA		SHAVING EPID, LESION 0.6 TO 1	NA	$45.31
11301			SHAVING OF SKIN GROWTH OF BODY	$61.84	$52.56
11301	SA		SHAVING EPID, LESION 0.6 TO 1	NA	$54.42
11302			SHAVING OF SKIN GROWTH OF BODY	$69.77	$59.30
11302	SA		SHAVING EPID, LESION 1.1 TO 3	NA	$62.10
11303			SHAVING OF SKIN GROWTH OF BODY	$77.12	$65.55
11305			SHAVING OF SKIN GROWTH OF SCAL	$53.53	$45.50
11305	SA		SHAVING LESION UP TO 0.5 CM	NA	$47.30
11306			SHAVING OF SKIN GROWTH OF SCAL	$62.30	$52.95
11307			SHAVING OF SKIN GROWTH OF SCAL	$70.30	$59.75
11308			SHAVING OF SKIN GROWTH OF SCAL	$73.82	$62.74
11310			SHAVING OF SKIN GROWTH OF FACE	$59.02	$50.16
11310	SA		SHAVING LESION UP TO 0.5 CM	NA	$51.96
11311			SHAVING OF SKIN GROWTH OF FACE	$69.54	$59.10
11311	SA		SHAVING EPID LESION 0.6 TO 1 C	NA	$61.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11312			SHAVING OF SKIN GROWTH OF FACE	$78.96	$67.12
11313			SHAVING OF SKIN GROWTH OF FACE	$91.80	$78.03
11400			REMOVAL OF NONCANCER SKIN GROW	$65.61	$55.76
11400	SA		EXCISE BENIGN LESION TO 0.5 CM	NA	$56.36
11401			REMOVAL OF NONCANCER SKIN GROW	$79.66	$67.71
11401	SA		EXCISE BENIGN LESION 0.6 TO 1	NA	$68.25
11402			REMOVAL OF NONCANCER SKIN GROW	$87.73	$74.57
11403			REMOVAL OF NONCANCER SKIN GROW	$100.88	$85.75
11404			REMOVAL OF NONCANCER SKIN GROW	$114.16	$97.03
11406			REMOVAL OF NONCANCER SKIN GROW	$161.78	$137.51
11420			REMOVAL OF NONCANCER SKIN GROW	$64.63	$54.94
11421			REMOVAL OF NONCANCER SKIN GROW	$81.36	$69.15
11422			REMOVAL OF NONCANCER SKIN GROW	$91.27	$77.58
11422	SA		EXCISE BENIGN LESION 1.1 TO 2	NA	$78.54
11423			REMOVAL OF NONCANCER SKIN GROW	$104.45	$88.78
11424			REMOVAL OF NONCANCER SKIN GROW	$120.83	$102.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11426			REMOVAL OF NONCANCER SKIN GROW	$165.70	$140.84
11440			REMOVAL OF NONCANCER SKIN GROW	$73.38	$62.37
11441			REMOVAL OF NONCANCER SKIN GROW	$88.85	$75.52
11442			REMOVAL OF NONCANCER SKIN GROW	$98.57	$83.78
11443			REMOVAL OF NONCANCER SKIN GROW	$115.84	$98.46
11443	SA		EXCISE BENIGN LESION 2.1 TO 3	NA	$99.04
11444			REMOVAL OF NONCANCER SKIN GROW	$143.48	$121.96
11450			REMOVAL OF SKIN AND TISSUE OF	$219.66	$186.71
11451			REMOVAL OF SKIN AND TISSUE OF	$267.01	$226.96
11462			REMOVAL OF SKIN AND TISSUE OF	$213.71	$181.65
11463			REMOVAL OF SKIN AND TISSUE OF	$270.48	$229.90
11470			REMOVAL OF SKIN AND TISSUE OF	$231.85	$197.07
11471			REMOVAL OF SKIN AND TISSUE OF	$277.59	$235.95
11600			REMOVAL OF CANCER SKIN GROWTH	$100.61	$85.51
11600	SA		EXCISE MALIGNANT LESION TO 0.5	NA	$87.62
11601			REMOVAL OF CANCER SKIN GROWTH	$116.32	$98.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11602			REMOVAL OF CANCER SKIN GROWTH	$124.38	$105.72
11602	SA		ESCISE MALIGNANT LESION 1.1 TO	NA	$107.25
11603			REMOVAL OF CANCER SKIN GROWTH	$141.32	$120.12
11604			REMOVAL OF CANCER SKIN GROWTH	$157.45	$133.83
11606			REMOVAL OF CANCER SKIN GROWTH	$226.56	$192.58
11620			REMOVAL OF CANCER SKIN GROWTH	$101.11	$85.94
11621			REMOVAL OF CANCER SKIN GROWTH	$116.65	$99.15
11622			REMOVAL OF CANCER SKIN GROWTH	$128.69	$109.38
11623			REMOVAL OF CANCER SKIN GROWTH	$149.95	$127.45
11624			REMOVAL OF CANCER SKIN GROWTH	$170.70	$145.10
11626			REMOVAL OF CANCER SKIN GROWTH	$205.01	$174.25
11640			REMOVAL OF CANCER SKIN GROWTH	$103.67	$88.12
11641			REMOVAL OF CANCER SKIN GROWTH	$120.51	$102.43
11642			REMOVAL OF CANCER SKIN GROWTH	$136.19	$115.76
11643			REMOVAL OF CANCER SKIN GROWTH	$159.41	$135.49
11644			REMOVAL OF CANCER SKIN GROWTH	$196.59	$167.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11646			REMOVAL OF CANCER SKIN GROWTH	$254.16	$216.03
11719			TRIMMING NONDYSTROPHIC NAILS	$7.22	$6.14
11719	SA		TRIMMING NONDYSTROPHIC NAILS	NA	$4.75
11720			REMOVAL OF FINGERNAILS OR TOEN	$16.70	$14.19
11721			REMOVAL OF FINGERNAILS OR TOEN	$22.49	$19.12
11740			REMOVAL OF BLOOD ACCUMULATION	$29.55	$25.11
11750			PERMANENT REMOVAL FINGERNAIL O	$81.61	$69.37
11755			BIOPSY OF FINGERNAIL OR TOENAI	$61.83	$52.56
11760			REPAIR OF FINGERNAIL OR TOENAI	$93.91	$79.82
11762			REPAIR OF FINGERNAIL OR TOENAI	$145.86	$123.98
11765			REMOVAL OF SKIN OF FINGERNAIL	$84.74	$72.03
11770			SIMPLE REMOVAL OF CYST OF TAIL	$180.55	$153.47
11771			EXTENSIVE REMOVAL OF CYST OF T	$319.98	$271.98
11772			COMPLICATED REMOVAL OF CYST OF	$392.02	$333.22
11900			INJECTION INTO SKIN GROWTH, 1-	$29.21	$24.83
11900	SA		INTRALESIONAL INJECTION UP TO	NA	$24.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11901			INJECTION INTO SKIN GROWTH, MO	$35.46	$30.14
11960			INSERTION OF TISSUE EXPANDER	$513.62	$436.57
11970			REPLACEMENT OF TISSUE EXPANDER	$283.33	$240.83
11971			REMOVAL OF TISSUE EXPANDER	$279.37	$237.46
11976			REMOVE WO REINSERT,IMPL.CONTRA	$263.63	$224.08
11976	FP		REMOVE WO REINSERT.IMPL.CONTRA	$263.63	$224.08
11976	SA		REMOVE WO REINSERT,IMPL.CONTRA	NA	$286.38
11976	SB		REMOVE WO REINSERT,IMPL.CONTRA	NA	$100.00
11980			PLACEMENT OF HORMONE PELLET UN	$47.50	$40.38
11980	26		SUBCUTANEOUS HORMONE PELLET IM	$27.21	$23.12
11981			INSERTION, NON-BIODEGRAD DRUG	$183.13	$155.66
11981	FP		INSERTION, NON-BIOGRAD DRUG DE	NA	$199.12
11981	SB		INSERTION NON-BIODEGRAD DRUG D	NA	$100.00
11982			REMOVAL NON-BIODEGRAD DRUG DEL	$201.55	$171.31
11982	FP		REMOVAL NON-BIODEGRAD DRUG DEL	$201.55	$171.31
11982	SB		REMOVAL NON-BIODEGRAD DRUG DEL	NA	$222.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
11983			REM W/INSERT NON-BIOGRAD DRUG	$256.88	$218.35
11983	FP		REM W/INSERT NON-BIOGRAD DRUG	$256.88	$218.35
11983	SB		REM W/INSERT NON-BIOGRAD DRUG	NA	$180.00
12001			SIMPLE REPAIR OF SURFACE WOUND	$47.93	$40.74
12001	SA		SIMPLE WOUND REPAIR TO 2.5 CM	NA	$15.20
12002			SIMPLE REPAIR OF SURFACE WOUND	$57.91	$49.22
12002	SA		SIMPLE WOUND REPAIR 2.6 TO 7.5	NA	$20.00
12004			SIMPLE REPAIR OF SURFACE WOUND	$67.38	$57.27
12005			SIMPLE REPAIR OF SURFACE WOUND	$89.67	$76.22
12006			SIMPLE REPAIR OF SURFACE WOUND	$103.32	$87.82
12007			SIMPLE REPAIR OF SURFACE WOUND	$117.02	$99.47
12011			SIMPLE REPAIR OF SURFACE WOUND	$56.96	$48.41
12013			SIMPLE REPAIR OF SURFACE WOUND	$59.20	$50.32
12014			SIMPLE REPAIR OF SURFACE WOUND	$72.23	$61.39
12015			SIMPLE REPAIR OF SURFACE WOUND	$87.08	$74.01
12016			SIMPLE REPAIR OF SURFACE WOUND	$110.21	$93.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
12017			SIMPLE REPAIR OF SURFACE WOUND	$75.57	$64.23
12018			SIMPLE REPAIR OF SURFACE WOUND	$85.08	$72.31
12020			SIMPLE CLOSURE OF SURFACE WOUN	$152.44	$129.57
12021			TREAT SUPER.DEHISCIENCE:W/PACK	$89.97	$76.47
12031			INTERMEDIATE REPAIR OF WOUND O	$133.94	$113.84
12031	SA		LAYER CLOSURE WOUND TO 2.5 CM	NA	$115.57
12032			INTERMEDIATE REPAIR OF WOUND O	$154.55	$131.37
12032	SA		LAYER CLOSURE 2.6 TO 7.5 CM	NA	$134.21
12034			INTERMEDIATE REPAIR OF WOUND O	$170.04	$144.53
12035			INTERMEDIATE REPAIR OF WOUND O	$197.59	$167.95
12036			INTERMEDIATE REPAIR OF WOUND O	$219.78	$186.81
12037			INTERMEDIATE REPAIR OF WOUND O	$246.60	$209.61
12041			INTERMEDIATE REPAIR OF WOUND O	$134.18	$114.05
12042			INTERMEDIATE REPAIR OF WOUND O	$157.53	$133.90
12044			INTERMEDIATE REPAIR OF WOUND O	$194.57	$165.38
12045			INTERMEDIATE REPAIR OF WOUND O	$209.87	$178.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
12046			INTERMEDIATE REPAIR OF WOUND O	$254.31	$216.16
12047			INTERMEDIATE REPAIR OF WOUND O	$278.18	$236.45
12051			INTERMEDIATE REPAIR OF WOUND O	$144.24	$122.60
12052			INTERMEDIATE REPAIR OF WOUND O	$160.19	$136.16
12053			INTERMEDIATE REPAIR OF WOUND O	$184.64	$156.94
12054			INTERMEDIATE REPAIR OF WOUND O	$194.22	$165.08
12055			INTERMEDIATE REPAIR OF WOUND O	$255.32	$217.02
12056			INTERMEDIATE REPAIR OF WOUND O	$293.82	$249.75
12057			INTERMEDIATE REPAIR OF WOUND O	$306.98	$260.93
13101			COMPLICATED REPAIR OF WOUND OF	$201.16	$170.98
13102			COMPLICATED REPAIR OF WOUND OF	$58.69	$49.88
13120			COMPLICATED REPAIR OF WOUND OF	$179.93	$152.94
13121			COMPLICATED REPAIR OF WOUND OF	$215.25	$182.96
13122			COMPLICATED REPAIR OF WOUND OF	$63.81	$54.23
13131			COMPLICATED REPAIR OF WOUND OF	$196.43	$166.96
13132			COMPLICATED REPAIR OF WOUND OF	$237.82	$202.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
13133			COMPLICATED REPAIR OF WOUND OF	$84.35	$71.70
13151			COMPLICATED REPAIR OF WOUND OF	$213.67	$181.62
13152			COMPLICATED REPAIR OF WOUND OF	$250.62	$213.02
13153			COMPLICATED REPAIR OF WOUND OF	$92.72	$78.81
13160			EXTENSIVE OR COMPLICATED REPAI	$397.79	$338.12
14000			REPAIR OF WOUND OF TRUNK BY TR	$323.63	$275.08
14001			REPAIR OF WOUND OF TRUNK BY TR	$411.42	$349.71
14020			REPAIR OF WOUND OF SCALP, ARMS	$357.59	$303.95
14021			REPAIR OF WOUND OF SCALP, ARMS	$439.38	$373.47
14040			REPAIR OF WOUND OF FOREHEAD, C	$385.07	$327.31
14041			REPAIR OF WOUND OF FOREHEAD, C	$467.01	$396.96
14060			REPAIR OF WOUND OF EYELIDS, NO	$388.56	$330.28
14061			REPAIR OF WOUND OF EYELIDS, NO	$504.33	$428.68
14301			REPAIR OF WOUND BY TRANSFERRIN	$546.85	$464.82
14301	26		ADJACENT TISSUE TRANSFER OR RE	$434.35	$369.19
14302			REPAIR OF WOUND BY TRANSFERRIN	$105.99	$90.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
14350			FILLETED FINGER OR TOE FLAP	$337.38	$286.77
15002			PREPARATION OF SKIN GRAFT SITE	$173.17	$147.19
15002	26		SURGICAL PREPARATION OR CREATI	$108.32	$92.07
15003			PREPARATION OF SKIN GRAFT SITE	$34.88	$29.65
15003	26		SURGICAL PREPARATION OR CREATI	$22.15	$18.83
15004			PREPARATION OF SKIN GRAFT SITE	$197.38	$167.77
15004	26		SURGICAL PREPARATION OR CREATI	$127.72	$108.56
15005			PREPARATION OF SKIN GRAFT SITE	$58.09	$49.37
15005	26		SURGICAL PREPARATION OR CREATI	$43.98	$37.38
15040			RELOCATION OF SKIN FOR SELF SK	$132.65	$112.75
15040	26		HARVEST OF SKIN FOR TISSUE CUL	$62.12	$52.80
15100			PARTIAL THICKNESS SELF SKIN GR	$438.53	$372.75
15101			PARTIAL THICKNESS SELF SKIN GR	$93.72	$79.66
15110			OUTER LAYER SELF SKIN GRAFT OF	$419.13	$356.26
15110	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	$357.38	$303.77
15111			OUTER LAYER SELF SKIN GRAFT TO	$56.23	$47.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15111	26		EPIDERMAL AUTOGRAFT, TRUNK,ARM	$49.87	$42.39
15115			OUTER LAYER SELF SKIN GRAFT OF	$406.13	$345.21
15115	26		EPIDERMAL AUTOGRAFT, FACE,SCAL	$347.30	$295.20
15116			OUTER LAYER SELF SKIN GRAFT OF	$76.15	$64.73
15116	26		EPIDERMAL AUTOGRAFT, FACE,SCAL	$67.90	$57.71
15120			PARTIAL THICKNESS SELF SKIN GR	$426.90	$362.87
15121			PARTIAL THICKNESS SELF SKIN GR	$104.44	$88.77
15130			DEEP LAYER SELF SKIN GRAFT OF	$364.30	$309.66
15130	26		DERMAL AUTOGRAFT, TRUNK,ARMS,L	$300.83	$255.70
15131			DEEP LAYER SELF SKIN GRAFT OF	$48.41	$41.15
15131	26		DERMAL AUTOGRAFT, TRUNK,ARMS,L	$43.94	$37.35
15135			DEEP LAYER SELF SKIN GRAFT OF	$439.16	$373.28
15135	26		DERMAL AUTOGRAFT, FACE,SCALP,E	$379.12	$322.25
15136			DEEP LAYER SELF SKIN GRAFT OF	$47.73	$40.57
15136	26		DERMAL AUTOGRAFT, FACE,SCALP,E	$43.94	$37.35
15150			TISSUE SKIN GRAFT FROM SELF OF	$354.47	$301.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15150	26		TISSUE CULTURED EPIDERMAL AUTO	$320.41	$272.34
15151			TISSUE SKIN GRAFT FROM SELF OF	$58.61	$49.82
15151	26		TISSUE CULTURED EPIDERMAL AUTO	$53.45	$45.43
15152			TISSUE SKIN GRAFT FROM SELF OF	$73.08	$62.11
15152	26		TISSUE CULTURED EPIDERMAL AUTO	$68.26	$58.02
15155			TISSUE SELF SKIN GRAFT OF FACE	$399.45	$339.53
15155	26		TISSUE CULTURED EPIDERMAL AUTO	$364.88	$310.14
15156			TISSUE SKIN GRAFT FROM SELF OF	$78.91	$67.07
15156	26		TISSUE CULTURED EPIDERMAL AUTO	$73.75	$62.69
15157			TISSUE SKIN GRAFT FROM SELF OF	$87.74	$74.58
15157	26		TISSUE CULTURED EPIDERMAL AUTO	$80.35	$68.29
15200			FULL THICKNESS SKIN GRAFT TO T	$425.50	$361.68
15201			FULL THICKNESS SKIN GRAFT TO T	$70.62	$60.03
15220			FULL THICKNESS SKIN GRAFT TO S	$390.53	$331.95
15221			FULL THICKNESS SKIN GRAFT TO S	$65.27	$55.48
15240			FULL THICKNESS SKIN GRAFT TO F	$470.64	$400.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15241			FULL THICKNESS SKIN GRAFT TO F	$87.94	$74.74
15260			FULL THICKNESS SKIN GRAFT TO N	$505.40	$429.59
15261			FULL THICKNESS SKIN GRAFT TO N	$103.22	$87.73
15271			APPLICATION OF SKIN SUBSTITUTE	$78.03	$66.33
15271	26		APPLICATION OF SKIN SUBSTITUTE	$41.39	$35.18
15272			APPLICATION OF SKIN SUBSTITUTE	$12.38	$10.52
15272	26		APPLICATION OF SKIN SUBSTITUTE	$8.25	$7.01
15273			SKIN SUBSTITUTE GRAFT TO WOUND	$155.44	$132.12
15273	26		APLICATION OF SKIN SUBSTITUTE	$95.92	$81.53
15274			SKIN SUBSTITUTE GRAFT TO WOUND	$40.91	$34.77
15274	26		APPLICATION OF SKIN SUBSTITUTE	$21.81	$18.54
15275			APPLICATION OF SKIN SUBSTITUTE	$80.13	$68.11
15275	26		APPLICATION OF SKIN SUBSTITUTE	$45.72	$38.86
15276			APPLICATION OF SKIN SUBSTITUTE	$16.15	$13.73
15276	26		APPLICATION OF SKIN SUBSTITUTE	$12.20	$10.37
15277			SKIN SUBSTITUTE GRAFT TO WOUND	$171.41	$145.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15277	26		APPLICATION OF SKIN SUBSTITUTE	$109.31	$92.91
15278			SKIN SUBSTITUTE GRAFT TO WOUND	$47.74	$40.58
15278	26		APPLICATION OF SKIN SUBSTITUTE	$27.28	$23.18
15570			FORM DIRECT/TUBE PEDICLE,....T	$457.97	$389.27
15572			CREATION OF FLAP GRAFT TO SCAL	$445.96	$379.07
15574			CREATION OF FLAP GRAFT TO FORE	$447.17	$380.09
15576			CREATION OF FLAP GRAFT TO EYEL	$394.09	$334.98
15600			INTERM DELAY FLAP TRUNK	$173.60	$147.56
15610			TRANSFER OF SKIN FLAP TO SCALP	$188.53	$160.25
15620			TRANSFER OF SKIN FLAP TO FOREH	$228.33	$194.08
15630			TRANSFER OF SKIN FLAP TO EYELI	$235.94	$200.54
15650			TRANS INTERM ANY PEDICLE FLAP	$276.17	$234.74
15730			CREATION OF FLAP GRAFT TO MIDF	$719.68	$611.73
15730	26		CREATION OF FLAP GRAFT TO MIDF	$456.83	$388.31
15731			CREATION OF FLAP GRAFT TO NOSE	$565.35	$480.55
15731	26		FOREHEAD FLAP WITH PRESERVATIO	$499.12	$424.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15733			CREATION OF FLAP GRAFT TO HEAD	$513.61	$436.56
15734			CREATION OF MUSCLE GRAFT TO TR	$748.51	$636.23
15736			CREATION OF MUSCLE GRAFT TO AR	$610.20	$518.67
15738			CREATION OF MUSCLE GRAFT TO LE	$632.44	$537.57
15740			FLAP: ISLAND PEDICLE REQUIRING	$512.57	$435.68
15750			NEUROVASCULAR PEDICLE GRAFT	$469.00	$398.65
15756			MUSCLE GRAFT WITH REPAIR OF SM	$1,133.25	$963.26
15757			SKIN GRAFT WITH REPAIR OF SMAL	$1,125.43	$956.61
15758			TISSUE GRAFT WITH REPAIR OF SM	$1,120.90	$952.77
15760			GRAFT WITH CLOSURE OF WOUND	$427.71	$363.55
15769			SELF SOFT TISSUE GRAFT	$241.72	$205.46
15770			"CREATION OF SKIN, FAT AND MUS	$339.62	$288.68
15771			GRAFT USING PATIENT'S FAT REMO	$309.62	$263.18
15771	26		GRAFTING OF PATIENT FAT, HARVE	$258.18	$219.45
15772			GRAFT USING PATIENT'S FAT REMO	$96.16	$81.74
15772	26		GRAFTING OF PATIENT FAT, HARVE	$73.11	$62.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15773			GRAFT USING PATIENT'S FAT REMO	$301.83	$256.55
15774			GRAFT USING PATIENT'S FAT REMO	$93.51	$79.48
15774	26		GRAFTING OF PATIENT FAT, HARVE	$70.63	$60.04
15777			IMPLANTATION OF BIOLOGIC IMPLA	$105.54	$89.70
15777	50		IMPLANTATION OF BIOLOGIC IMPLA	$169.34	$143.94
15778			IMPLANTATION OF ARTIFICIAL MAT	$189.70	$161.25
15780			DERMABRASION OF SKIN OF TOTAL	$429.44	$365.02
15787			SCRAPING OF SKIN GROWTH, EACH	$15.15	$12.87
15788			CHEMICAL PEEL OF OUTER LAYER O	$199.56	$169.63
15789			CHEMICAL PEEL OF DEEP LAYER OF	$271.05	$230.39
15819			REMOVAL OF EXTRA SKIN OF NECK	$402.49	$342.11
15820			REPAIR OF LOWER EYELID DEFECT	$293.49	$249.46
15821			BLEPHAROPLASTY HERNIATED FAT P	$313.99	$266.89
15822			BLEPHAROPLASTY,UPPER EYELID	$234.39	$199.23
15823			BLEPHAROPLASTY,UPPER:EXCESSIVE	$314.57	$267.38
15830			REMOVAL OF EXTRA SKIN AND TISS	$586.37	$498.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15840			TISSUE GRAFT TO TREAT FACIAL P	$506.35	$430.39
15841			MUSCLE GRAFT TO TREAT FACIAL P	$888.07	$754.86
15842			MICROSURGICAL MUSCLE GRAFT TO	$1,341.47	$1,140.25
15845			MUSCLE TRANSFER TO TREAT FACIA	$533.66	$453.61
15847			EXTENSIVE REMOVAL OF EXTRA SKI	$212.00	$180.20
15851			REMOVAL OF SUTURES OR STAPLES	$28.08	$23.87
15852			DRESSING CHANGE NOT BURNS UNDE	$21.94	$18.65
15853			REMOVAL OF SUTURES OR STAPLES	$6.02	$5.11
15854			REMOVAL OF SUTURES AND STAPLES	$8.25	$7.01
15920			REMOVAL OF PRESSURE SORE TISSU	$318.36	$270.61
15922			COCCYGECTOMY FLAP CLOSURE	$401.77	$341.50
15931			REMOVAL OF PRESSURE SORE TISSU	$354.15	$301.03
15933			REMOVAL OF PRESSURE SORE TISSU	$439.36	$373.46
15934			REMOVAL OF PRESSURE SORE TISSU	$494.46	$420.29
15935			EXC SAC ULCER/FLAP/OSTECTOMY	$580.06	$493.05
15936			REMOVAL OF PRESSURE SORE TISSU	$449.89	$382.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
15937			EXC SAC ULCER/FLAP/OSTECTOMY	$519.01	$441.16
15940			REMOVAL OF PRESSURE SORE TISSU	$356.35	$302.90
15941			REMOVAL OF PRESSURE SORE TISSU	$466.89	$396.85
15944			REMOVAL OF PRESSURE SORE TISSU	$470.02	$399.52
15945			EXC ISCHAL ULC/OSTECTOMY/FLAP	$512.96	$436.01
15946			EXC ISCHIAL ULC/OSTECTOMY/FLAP	$804.77	$684.05
15950			REMOVAL OF PRESSURE SORE TISSU	$321.61	$273.36
15951			REMOVAL OF PRESSURE SORE TISSU	$452.91	$384.97
15952			REMOVAL OF PRESSURE SORE TISSU	$460.88	$391.74
15953			EXC TROCH ULC SKIN FL CLO/OSTE	$507.49	$431.36
15956			REMOVAL OF PRESSURE SORE TISSU	$594.97	$505.72
15958			TROCH ULC/EXC-FLAP-OSTECTOMY	$588.67	$500.37
15999			OTHER REMOVAL OF PRESSURE ULCE	BY REPORT	BY REPORT
16000			INIT TREAT 1ST DEGREE BURN	$40.32	$34.27
16000	SA		INIT TREAT 1ST DEGREE BURN	NA	$13.30
16020			DRESSING CHANGE OR REMOVAL OF	$43.78	$37.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
16020	SA		DRESS/DEBRID BURN SMALL NO ANE	NA	$13.30
16025			DRESSING CHANGE OR REMOVAL OF	$79.64	$67.69
16030			DRESSING CHANGE OR REMOVAL OF	$99.87	$84.89
16036			ADDITIONAL INCISION OF BURN TI	$40.46	$34.39
17000			DESTRUCTION OF PRECANCER SKIN	$34.45	$29.28
17000	SA		DESTROY BENIGN PREMALIG LESION	NA	$28.50
17003			DESTRUCTION OF PRECANCER SKIN	$3.40	$2.89
17003	SA		DESTROY BENIGN PREMALIG LESION	NA	$2.85
17004			DESTRUCTION OF PRECANCER SKIN	$85.25	$72.46
17106			DESTRUCTION OF BIRTHMARK, LESS	$174.98	$148.73
17107			DESTRUCTION OF BIRTHMARK, 10.0	$226.99	$192.94
17108			DESTRUCTION OF BIRTHMARK, MORE	$321.72	$273.46
17110			DESTRUCTION OF SKIN GROWTH, 1-	$58.27	$49.53
17110	SA		DESTROY ANY METHOD UP TO 15 LE	NA	$49.73
17111			DESTRUCTION OF SKIN GROWTH, 15	$67.96	$57.77
17111	SA		DESTROY FLAT WARTS 15 OR MORE	NA	$57.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
17250			APPLICATION OF CHEMICAL TO STO	$44.53	$37.85
17260			DESTRUCTION OF CANCER SKIN GRO	$50.77	$43.15
17261			DESTRUCTION OF CANCER SKIN GRO	$75.78	$64.41
17261	SA		DESTRUCT MALIG LESION 0.6 TO 1	NA	$64.41
17262			DESTRUCTION OF CANCER SKIN GRO	$90.83	$77.21
17262	SA		DESTRUCT MALIG LESION 1.1-2.0	NA	$77.23
17263			DESTRUCTION OF CANCER SKIN GRO	$98.18	$83.45
17264			DESTRUCTION OF CANCER SKIN GRO	$105.24	$89.45
17266			DESTRUCTION OF CANCER SKIN GRO	$119.44	$101.52
17270			DESTRUCTION OF CANCER SKIN GRO	$76.31	$64.86
17271			DESTRUCTION OF CANCER SKIN GRO	$84.73	$72.02
17271	SA		DESTR MALIGNANT LESION 0.6-1.0	NA	$71.86
17272			DESTRUCTION OF CANCER SKIN GRO	$95.96	$81.57
17272	SA		DESTR MALIGNANT LESION 1.1-2.0	NA	$81.50
17273			DESTRUCTION OF CANCER SKIN GRO	$106.33	$90.38
17273	SA		DESTR MALIGNANT LESION 2.1-3.0	NA	$90.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
17274			DESTRUCTION OF CANCER SKIN GRO	$124.00	$105.40
17276			DESTRUCTION OF CANCER SKIN GRO	$143.64	$122.09
17280			DESTRUCTION OF CANCER SKIN GRO	$71.82	$61.05
17280	SA		DESTR MALIGNANT LESION UP TO 0	NA	$61.05
17281			DESTRUCTION OF CANCER SKIN GRO	$91.54	$77.80
17281	SA		DESTR MALIGNANT LESION 0.6-1.0	NA	$77.47
17282			DESTRUCTION OF CANCER SKIN GRO	$104.45	$88.78
17283			DESTRUCTION OF CANCER SKIN GRO	$123.25	$104.76
17284			DESTRUCTION OF CANCER SKIN GRO	$139.74	$118.78
17286			DESTRUCTION OF CANCER SKIN GRO	$178.82	$152.00
17311			REMOVAL AND MICROSCOPIC EXAM O	$345.25	$293.46
17311	26		MOHS MICROGRAPHIC TECHNIQUE, I	$174.43	$148.26
17312			REMOVAL AND MICROSCOPIC EXAM O	$210.00	$178.50
17312	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$92.85	$78.92
17313			REMOVAL AND MICROSCOPIC EXAM O	$324.76	$276.05
17313	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$156.52	$133.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
17314			REMOVAL AND MICROSCOPIC EXAM O	$201.31	$171.11
17314	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$86.05	$73.14
17315			REMOVAL AND MICROSCOPIC EXAM O	$40.37	$34.31
17315	26		MOHS MICROGRAPHIC TECHNIQUE,IN	$24.55	$20.86
17340			COLD TREATMENT OF ACNE	$26.37	$22.41
17360			CHEMICAL EXFOLIATION FOR ACNE	$62.28	$52.93
17380			HAIR REMOVAL BY ELECTROLYSIS,	$8.00	$6.00
17999			OTHER PROCEDURE ON SKIN, MUCOU	BY REPORT	BY REPORT
19000			ASPIRATION OF CYST OF BREAST,	$50.88	$43.24
19001			ASPIRATION OF CYST OF BREAST,	$13.15	$11.17
19020			DRAINAGE OF ABSCESS OF BREAST	$239.58	$203.64
19081			BIOPSY OF BREAST AND PLACEMENT	$251.99	$214.19
19081	26		BIOPSY OF BREAST ACCESSED THRO	$78.94	$67.09
19082			BIOPSY OF BREAST AND PLACEMENT	$194.54	$165.35
19082	26		BIOPSY OF BREAST ACCESSED THRO	$39.55	$33.61
19083			BIOPSY OF BREAST AND PLACEMENT	$251.32	$213.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
19083	26		BIOPSY OF BREAST ACCESSED THRO	$74.65	$63.45
19084			BIOPSY OF BREAST AND PLACEMENT	$191.55	$162.81
19084	26		BIOPSY OF BREAST ACCESSED THRO	$37.24	$31.65
19085			BIOPSY OF BREAST AND PLACEMENT	$386.16	$328.24
19085	26		BIOPSY OF BREAST ACCESSED THRO	$86.67	$73.67
19086			BIOPSY OF BREAST AND PLACEMENT	$299.48	$254.56
19086	26		BIOPSY OF BREAST ACCESSED THRO	$43.17	$36.69
19100			BREAST BIOPSY NEEDLE	$75.63	$64.28
19101			BIOPSY OF BREAST THROUGH INCIS	$166.29	$141.35
19105			REMOVAL OF GROWTH OF BREAST US	$1,165.70	$990.85
19105	26		ABLATION, CRYOSURGICAL, OF FIB	$103.64	$88.09
19110			NIPPLE EXP. W/ORW/OUT EXCISION	$247.97	$210.77
19112			EXCISION OF LACTIFEROUS DUCT F	$235.27	$199.98
19120			REMOVAL OF GROWTH AND TISSUE O	$263.86	$224.28
19120	50		EXCISE ONE/MORE BREAST LESIONS	$155.00	$132.00
19125			REMOVAL OF GROWTH OF BREAST ID	$290.48	$246.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
19126			REMOVAL OF GROWTH OF BREAST ID	$78.71	$66.90
19281			PLACEMENT OF LOCATING DEVICE I	$121.94	$103.64
19281	26		PLACEMENT OF BREAST LOCALIZATI	$47.62	$40.48
19282			PLACEMENT OF LOCATING DEVICE I	$86.69	$73.68
19282	26		PLACEMENT OF BREAST LOCALIZATI	$23.90	$20.31
19283			PLACEMENT OF LOCATING DEVICE I	$130.87	$111.24
19283	26		PLACEMENT OF BREAST LOCALIZATI	$48.12	$40.90
19284			PLACEMENT OF LOCATING DEVICE I	$96.14	$81.71
19284	26		PLACEMENT OF BREAST LOCALIZATI	$24.06	$20.45
19285			PLACEMENT OF LOCATING DEVICE I	$185.89	$158.00
19285	26		PLACEMENT OF BREAST LOCALIZATI	$40.70	$34.60
19286			PLACEMENT OF LOCATING DEVICE I	$152.38	$129.52
19286	26		PLACEMENT OF BREAST LOCALIZATI	$20.44	$17.37
19287			PLACEMENT OF LOCATING DEVICE I	$321.08	$272.91
19288			PLACEMENT OF LOCATING DEVICE I	$247.92	$210.73
19294			PLACEMENT OF RADIATION THERAPY	$80.71	$68.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
19296			INSERTION OF EXPANDABLE TUBE I	$1,849.41	$1,571.99
19296	26		PLACEMENT OF RADIOTHERAPY AFTE	$103.90	$88.31
19297			PLACEMENT OF EXPANDABLE TUBE I	$46.04	$39.13
19298			PLACEMENT OF TUBES IN BREAST F	$442.14	$375.81
19298	26		PLACEMENT OF RADIOTHERAPY AFTE	$156.58	$133.09
19300			REMOVAL OF EXTRA BREAST TISSUE	$293.49	$249.47
19300	26		MASTECTOMY FOR GYNECOMASTIA	$218.84	$186.01
19301			MASTECTOMY, PARTIAL (EG, LUMPE	$331.29	$281.59
19302			MASTECTOMY, PARTIAL (EG, LUMPE	$454.69	$386.49
19303			SIMPLE COMPLETE REMOVAL OF BRE	$479.70	$407.75
19305			EXTENSIVE REMOVAL OF BREAST, C	$575.80	$489.43
19306			EXTENSIVE REMOVAL OF BREAST, C	$612.32	$520.47
19307			MASTECTOMY, MODIFIED RADICAL,	$591.01	$502.36
19316			REPAIR FOR SAGGING OF THE BREA	$398.15	$338.43
19318			BREAST REDUCTION	$547.06	$465.00
19318	50		REDUCTION MAMMAPLASTY	$312.00	$265.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
19325			INSERTION OF BREAST IMPLANT	$310.32	$263.77
19325	50		MAMMAPLASTY WITH PROSTHETIC	$182.00	$155.00
19328			REMOVE INTACT MAMMARY IMPLANT	$279.23	$237.34
19330			REMOVAL OF RUPTURED BREAST IMP	$324.81	$276.09
19342			PLACEMENT OF IMPLANT ON SEPARA	$382.90	$325.46
19350			NIPPLE/AREOLA RECONSTRUCTION	$420.87	$357.74
19357			RECONSTRUCTION OF BREAST USING	$584.15	$496.53
19357	50		BREAST RECONSTRUCTION-BILATERA	$710.00	$620.00
19361			RECONSTRUCTION OF BREAST WITH	$777.24	$660.65
19361	50		BREAST RECONSTRUCTION W/WO PRO	$998.00	$848.00
19364			RECONSTRUCTION OF BREAST WITH	$1,350.33	$1,147.78
19367			RECONSTRUCTION OF BREAST WITH	$882.02	$749.72
19368			RECONSTRUCTION OF BREAST WITH	$1,077.52	$915.89
19369			RECONSTRUCTION OF BREAST WITH	$1,001.59	$851.35
19370			REVISION OF CAPSULE AROUND BRE	$338.24	$287.50
19371			REMOVAL OF CAPSULE AROUND BREA	$357.64	$303.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
19380			SURGICAL CHANGE TO RECONSTRUCT	$405.87	$344.99
19499			OTHER PROCEDURE ON BREAST	BY REPORT	BY REPORT
20100			EXPLORATION OF WOUND OF NECK	$297.87	$253.19
20102			EXPLORATION OF WOUND OF ABDOME	$311.83	$265.06
20103			EXPLORATION OF WOUND OF ARM OR	$285.84	$242.96
20150			EXCISION EPIPYSEAL BAR W/WO AU	$504.45	$428.78
20200			MUSCLE BIOPSY: SUPERFICIAL	$110.15	$93.63
20205			MUSCLE BIOPSY: DEEP/SUPERFICIA	$154.68	$131.48
20206			NEEDLE BIOPSY OF MUSCLE	$111.63	$94.89
20220			SUPERFICIAL BIOPSY OF BONE: NE	$117.48	$99.85
20240			BIOPSY OF SURFACE BONE	$69.14	$58.76
20245			BIOPSY OF DEEP BONE	$169.75	$144.28
20250			BIOPSY OF MIDDLE SPINE BONE	$197.66	$168.01
20251			BIOPSY OF UPPER OR LOWER SPINE	$211.21	$179.53
20500			INJECT SINUS TRACT: THERAPEUTI	$62.81	$53.38
20501			INJECT SINUS TRACT: DIAGNOSTIC	$71.97	$61.17

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
20520			REMOVE FOREIGN BODY: SIMPLE	$111.13	$94.46
20525			COMPLICATED REMOVAL OF FOREIGN	$236.07	$200.66
20526			THERAPEUTIC INJECT CARPAL TUNN	$41.63	$35.39
20527			INJECTION OF MEDICATION INTO P	$44.31	$37.66
20550			INJECTION INTO TENDON OR LIGAM	$29.13	$24.76
20551			INJECTION INTO TENDON AT ATTAC	$28.96	$24.62
20552			INJECTION OF TRIGGER POINTS, 1	$26.48	$22.50
20553			INJECTION OF TRIGGER POINTS, 3	$30.51	$25.93
20555			INSERTION OF NEEDLES OR TUBES	$165.78	$140.91
20560			INSERTION OF NEEDLE, 1-2 MUSCL	$12.92	$10.98
20561			INSERTION OF NEEDLE, 3 MUSCLES	$18.61	$15.81
20600			ASPIRATION AND/OR INJECTION OF	$27.16	$23.09
20604			ASPIRATION AND/OR INJECTION OF	$41.89	$35.61
20604	26		DRAIN/INJ JOINT/BURSA W/US	$22.46	$19.09
20605			ASPIRATION AND/OR INJECTION OF	$27.83	$23.65
20606			ASPIRATION AND/OR INJECTION OF	$45.55	$38.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
20606	26		DRAIN/INJ JOINT/BURSA W/US	$25.60	$21.76
20610			ASPIRATION AND/OR INJECTION OF	$32.86	$27.93
20611			ASPIRATION AND/OR INJECTION OF	$50.26	$42.72
20611	26		DRAIN/INJ JOINT/BURSA W/US	$29.10	$24.73
20612			ASPIRATION AND/OR INJECTION OF	$32.96	$28.02
20612	26		ASPIRATION/INJECTION GANGLION	$20.41	$17.34
20615			ASPIRATION AND INJECTION OF CY	$129.44	$110.02
20650			INSERTION OF WIRE OR PIN TO BO	$118.11	$100.39
20661			PLACEMENT OF STABILIZING DEVIC	$269.96	$229.47
20662			APPLY HALO: PELVIC	$266.76	$226.74
20663			PLACEMENT OF STABILIZING DEVIC	$246.64	$209.64
20664			APPLIC/REMOVAL CRANIAL HALO W/	$456.00	$387.60
20665			REMOVAL OF STABILIZING DEVICE	$59.65	$50.70
20680			REMOVAL OF DEEP IMPLANT FROM B	$304.99	$259.24
20680	52		REMOVE IMPLANT: DEEP	$61.00	$53.00
20692			PLACEMENT OF MULTIPLE DIRECTIO	$568.57	$483.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
20693			REVISION OF EXTERNAL BONE STAB	$226.99	$192.94
20694			REMOVAL OF EXTERNAL BONE STABI	$220.64	$187.54
20696			PLACEMENT OF MULTIPLE DIRECTIO	$584.39	$496.73
20697			PLACEMENT OF MULTIPLE DIRECTIO	$913.42	$776.40
20700			INSERTION OF DRUG-DELIVERY DEV	$41.69	$35.44
20701			REMOVAL OF DRUG-DELIVERY DEVIC	$31.61	$26.86
20702			INSERTION OF DRUG-DELIVERY DEV	$70.17	$59.64
20703			REMOVAL OF DRUG-DELIVERY DEVIC	$51.33	$43.63
20704			INSERTION OF DRUG-DELIVERY DEV	$73.84	$62.76
20705			REMOVAL OF DRUG-DELIVERY DEVIC	$61.09	$51.93
20802			REATTACHMENT OF CUTOFF ARM	$1,366.52	$1,161.54
20805			REATTACHMENT OF CUTOFF FOREARM	$1,621.06	$1,377.90
20808			REATTACHMENT OF CUTOFF HAND	$1,953.34	$1,660.33
20838			REATTACHMENT OF CUTOFF FOOT	$1,387.22	$1,179.14
20900			HARVEST OF GRAFT FROM SMALL BO	$195.58	$166.24
20902			HARVEST OF GRAFT FROM LARGE BO	$136.36	$115.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
20910			CARTILAGE GRAFT: COSTOCHONDRAL	$244.12	$207.50
20912			GRAFT OF NOSE CARTILAGE	$244.39	$207.73
20920			REMOVAL OF DEEP THIGH TISSUE F	$202.72	$172.31
20922			FASCIA LATA GRAFT: BY INCISION	$312.68	$265.77
20924			TENDON GRAFT: DISTANT	$256.17	$217.74
20930			PLACEMENT OF FRAGMENTED BONE G	$94.00	$80.00
20931			GRAFT OF DONOR BONE TO SPINE	$54.63	$46.43
20932			GRAFT OF DONOR BONE AND JOINT	$371.35	$315.64
20933			GRAFT OF DONOR BONE TO PART OF	$340.55	$289.46
20934			GRAFT OF DONOR BONE TO LONG BO	$371.02	$315.36
20936			AUTOGRAFT FOR SPINE SURGERY, L	$142.00	$121.00
20937			HARVEST OF BONE FRAGMENT FOR S	$82.43	$70.07
20938			AUTOGRAFT SPINE SURG/LOCAL/STR	$90.87	$77.24
20939			ASPIRATION OF BONE MARROW FOR	$34.43	$29.27
20950			PLACEMENT OF DEVICE IN MUSCLE	$135.55	$115.22
20955			FIBULA GRAFT W MICROVASCULAR A	$1,212.01	$1,030.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
20956			BONE GRAFT/ILIAC CREST W/MICRO	$1,313.60	$1,116.56
20957			BONE GRAFT METATARSAL W/MICROV	$1,369.11	$1,163.74
20962			BONE GRAFT/MICROVAS ANSA.-OTHE	$1,334.72	$1,134.51
20969			FREE OSTEOCUTAN FLAP/MICROVAS	$1,346.27	$1,144.33
20970			PLACEMENT OF BONE AND SKIN FLA	$1,416.80	$1,204.28
20972			PLACEMENT OF BONE AND SKIN FLA	$1,412.58	$1,200.69
20973			PLACEMENT OF BONE AND SKIN FLA	$1,491.55	$1,267.81
20974			PLACEMENT OF ELECTRICAL STIMUL	$42.81	$36.39
20974	26		ELECTR STIM/BONE HEALING-NONIN	$25.79	$21.92
20975			PLACEMENT OF ELECTRICAL STIMUL	$88.02	$74.82
20982			DESTRUCTION OF GROWTHS AND ADJ	$1,762.67	$1,498.27
20982	26		ABLATION, BONE TUMOR(S)	$178.52	$151.74
20983			FREEZING OF GROWTH OF BONE AND	$2,568.90	$2,183.57
20983	26		DESTRUCTION OF 1 OR MORE BONE	$165.76	$140.89
20985			COMPUTER-ASSISTED SURGERY FOR	$71.19	$60.51
20999			OTHER PROCEDURE ON MUSCLE OR B	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21010			INCISION OF JAW JOINT	$370.41	$314.85
21010	50		ARTHROTOMY: BILATERAL	$272.00	$231.00
21011			REMOVAL OF GROWTH UNDER SKIN O	$191.12	$162.45
21011	26		EXCIS TUMOR,SOFT TISS FACE/SCA	$132.80	$112.88
21012			REMOVAL OF GROWTH UNDER SKIN O	$172.06	$146.25
21013			REMOVAL OF GROWTH OF MUSCLE OF	$272.04	$231.23
21013	26		EXCISION, TUMOR, SOFT TISSUE O	$203.41	$172.89
21014			REMOVAL OF GROWTH OF MUSCLE OF	$263.58	$224.04
21015			EXTENSIVE REMOVAL OF GROWTH OF	$351.14	$298.47
21016			EXTENSIVE REMOVAL OF GROWTH OF	$504.38	$428.72
21025			EXCISE BONE, MANDIBLE	$399.66	$339.71
21026			REMOVAL OF FACE BONE	$271.29	$230.59
21029			REMOVAL OF GROWTH OF FACE BONE	$391.85	$333.07
21030			REMOVAL OF GROWTH OR CYST OF J	$231.71	$196.95
21031			EXCISION TORUS MANDIBULARIS	$194.69	$165.49
21032			EXC MAXILLARY TORUS PALATINUS	$189.14	$160.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21034			REMOVAL OF GROWTH OF UPPER JAW	$652.19	$554.36
21040			REMOVAL OF GROWTH OR CYST OF L	$234.12	$199.00
21044			REMOVAL OF GROWTH OF LOWER JAW	$432.61	$367.72
21045			EXTENSIVE REMOVAL OF GROWTH OF	$599.48	$509.56
21046			REMOVAL OF GROWTH OR CYST OF L	$493.67	$419.62
21047			REMOVAL OF GROWTH OR CYST OF P	$601.76	$511.49
21048			REMOVAL OF GROWTH OR CYST OF U	$497.63	$422.98
21049			REMOVAL OF GROWTH OR CYST OF P	$571.57	$485.83
21050			REMOVAL OF ROUNDED ENDS OF LOW	$432.44	$367.57
21060			REMOVAL OF LOWER JAW JOINT BON	$391.54	$332.81
21070			PARTIAL REMOVAL OF LOWER JAW B	$308.25	$262.01
21070	50		CORONOIDECTOMY: BILATERAL	$543.00	$472.00
21073			MANIPULATION OF TEMPOROMANDIBU	$193.31	$164.31
21073	26		MANIPULATION-OF-TEMPOROMANDIBU	$120.37	$102.31
21076			PREPARATION OF TEMPORARY PROST	$432.30	$367.45
21079			IMP&CUST PREP:INTERIM OBTURATO	$725.53	$616.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21080			PREPARATION OF PERMANENT PROST	$828.09	$703.88
21081			IMP&CUST PREP:MANDIBULAR RESEC	$766.58	$651.59
21082			IMP&CUST PREP:PALATAL AUGMENTA	$716.58	$609.09
21083			PREPARATION OF PROSTHESIS TO L	$681.43	$579.22
21084			IMP&CUSTOM PREP:SPEECH AID PRO	$776.96	$660.42
21085			IMPRESSION AND CUSTOM PREPARAT	$341.80	$290.53
21086			IMP&CUSTOM PREP: AURICULAR PRO	$784.60	$666.91
21087			IMP&CUSTOM PREP: NASAL PROSTHE	$784.60	$666.91
21088			IMP&CUSTOM PREP: FACIAL PROSTH	$871.54	$740.80
21089			OTHER PROSTHETIC PROCEDURE FOR	BY REPORT	BY REPORT
21110			INTERDENTAL FIXATION	$435.97	$370.57
21116			INJECTION FOR X-RAY OF HINGED	$108.55	$92.27
21120			GENIOPLASTY:AUGMENTATION(AUTO,	$337.39	$286.78
21121			ENLARGEMENT OF CHIN BY MOVEMEN	$318.64	$270.84
21122			ENLARGEMENT OF CHIN BY MOVEMEN	$377.63	$320.98
21123			INSERTION OF SLIDING BONE GRAF	$422.90	$359.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21137			REDUCTION FOREHEAD:CONTOURING	$377.67	$321.02
21138			RED FOREHEAD:CONTO&APP PROS MA	$458.71	$389.90
21139			REDU FOREHEAD:CONTOUR&SETBACK	$545.97	$464.07
21141			RECONSTRUCTION OF UPPER JAW AN	$663.15	$563.68
21142			REPAIR OF MIDFACE BONES, 2 BON	$680.29	$578.24
21143			REPAIR OF MIDFACE BONES, 3 OR	$700.98	$595.83
21145			RECONSTRUCTION OF MIDFACE BONE	$768.98	$653.63
21146			REPAIR OF MIDFACE BONES WITH B	$803.26	$682.77
21147			REPAIR OF MIDFACE BONES WITH B	$844.58	$717.89
21151			RECONSTRUCTION OF MIDFACE BONE	$901.04	$765.88
21154			RECONSTRUCTION OF NOSE, CHEEK,	$969.81	$824.33
21155			RECONSTRUCTION OF MIDFACE BONE	$1,074.96	$913.72
21159			RECONSTRUCTION OF NOSE, CHEEK,	$1,285.92	$1,093.03
21160			RECONSTRUCTION OF NOSE, CHEEK,	$1,393.88	$1,184.80
21172			RECONSTRUCTION OF OUTER SIDE O	$1,072.13	$911.31
21175			RECON BIFR SUP-LAT ...W/WO GRA	$1,098.54	$933.76

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21179			RECONSTRUCTION OF FOREHEAD AND	$757.57	$643.93
21180			RECONSTRUCTION OF FOREHEAD AND	$845.18	$718.40
21181			RECONSTRUCTION OF SKULL BONES	$372.29	$316.44
21182			RECONSTRUCTION OF EYE, FOREHEA	$1,051.11	$893.44
21183			RECONSTRUCTION OF EYE, FOREHEA	$1,142.80	$971.38
21184			RECONSTRUCTION OF EYE, FOREHEA	$1,228.85	$1,044.52
21188			RECONSTRUCTION OF MIDFACE BONE	$784.95	$667.21
21193			RECON MANDI RAMOS...WO BONE GR	$611.40	$519.69
21194			RECONSTRUCTION OF LOWER JAW BO	$706.72	$600.71
21195			RECON MANDI RAMOS,SAGITTAL SPL	$666.85	$566.82
21196			RECON MANDI RAMOS...W INTERNAL	$711.88	$605.10
21198			INCISION OR PARTIAL REMOVAL OF	$502.78	$427.36
21199			INCISION OR PARTIAL REMOVAL OF	$503.76	$428.19
21206			INCISION OR PARTIAL REMOVAL OF	$482.46	$410.09
21208			OSTEOPLASTY,FACIAL:AUGMENTATIO	$830.20	$705.67
21209			OSTEOPLASTY,FACIAL BONES:REDUC	$402.36	$342.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21230			RIB CARTILAGE GRAFT: AUTOGENOU	$374.72	$318.51
21235			EAR CARTILAGE GRAFT: AUTOGENOU	$374.67	$318.47
21240			TEMPOROMANDIBULAR ARTHROPLASTY	$521.32	$443.12
21242			ARTHROPLASTY,TEMPOROMANDEBULAR	$504.98	$429.23
21243			ARTHROPLASTY,TEMPOROMAND,PROST	$835.11	$709.84
21244			RECONSTRUCT MANDIBLE,EXTRAORAL	$505.25	$429.46
21245			RECON MAND/MAX,SUBPERI IMPLANT	$615.08	$522.81
21246			COMPLETE RECONSTRUCTION OF LOW	$422.62	$359.23
21247			RECON MAND CONYLE...W BGFTS/AU	$784.36	$666.70
21248			RECONSTRUCTION OF PART OF LOWE	$492.69	$418.79
21249			COMPLETE RECONSTRUCTION OF LOW	$665.94	$566.04
21255			RECON ZYGOMATIC ARCH..W BONE G	$666.05	$566.14
21256			RECONSTRUCTION OF EYE SOCKET B	$621.15	$527.98
21260			REPOSITIONING OF EYE BONE FROM	$685.39	$582.58
21261			REPOSITIONING OF EYE SOCKET BO	$1,210.31	$1,028.76
21263			REVISE ORBIT: ADVANCE FOREHEAD	$1,120.45	$952.38

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21267			RECONSTRUCTION OF EYE BONE FRO	$801.71	$681.45
21268			REPOSITIONING OF EYE BONE FROM	$1,004.72	$854.01
21270			RECONSTRUCT ORBITOFACIAL BONES	$515.54	$438.20
21275			SECONDARY REVISION OF RECONSTR	$423.47	$359.95
21280			TIGHTENING OF TENDON OF INNER	$296.96	$252.41
21282			TIGHTENING OF TENDON OF OUTER	$202.90	$172.47
21295			REDUCTION OF MUSCLE USED FOR C	$101.34	$86.13
21296			REDUCTION OF MUSCLE USED FOR C	$207.46	$176.34
21299			OTHER PROCEDURE ON SKULL, FACE	BY REPORT	BY REPORT
21315			CLOSED TREATMENT OF BROKEN NOS	$78.08	$66.37
21320			CLOSED TREATMENT OF BROKEN NOS	$110.44	$93.87
21325			TREATMENT OF BROKEN NOSE BONE	$226.87	$192.84
21330			TREATMENT OF BROKEN NOSE BONE	$271.74	$230.97
21335			TREATMENT OF BROKEN NOSE BONE	$362.49	$308.12
21336			TREATMENT OF BROKEN BONE AND T	$323.49	$274.97
21338			TREATMENT OF BROKEN NOSE AND E	$340.75	$289.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21339			TREATMENT OF BROKEN NOSE AND E	$383.90	$326.31
21340			TREATMENT OF BROKEN NOSE BONES	$378.78	$321.96
21345			CLOSED TREATMENT OF BROKEN NOS	$408.75	$347.44
21346			TREATMENT OF BROKEN NOSE AND U	$516.27	$438.83
21347			TREATMENT OF COMPLEX BROKEN NO	$522.10	$443.79
21348			TREATMENT OF BROKEN NOSE AND U	$547.73	$465.57
21356			TREATMENT OF DEPRESSED BROKEN	$278.34	$236.58
21360			TREATMENT OF DEPRESSED BROKEN	$266.26	$226.32
21365			TREATMENT OF COMPLICATED BROKE	$539.23	$458.35
21366			TREATMENT OF COMPLICATED BROKE	$638.01	$542.30
21385			TREATMENT OF BROKEN FLOOR OF E	$368.94	$313.60
21386			TREATMENT OF BROKEN FLOOR OF E	$348.13	$295.91
21387			TREATMENT OF BROKEN FLOOR OF E	$384.86	$327.13
21390			TREATMENT OF BROKEN FLOOR OF E	$403.21	$342.73
21395			TREATMENT OF BROKEN FLOOR OF E	$503.83	$428.26
21400			CLOSED TREATMENT OF BROKEN EYE	$112.23	$95.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21401			CLOSED TREATMENT OF BROKEN EYE	$260.69	$221.58
21406			TREATMENT OF BROKEN EYE BONE	$295.10	$250.84
21407			TREATMENT OF BROKEN EYE BONE W	$322.70	$274.30
21408			TREATMENT OF BROKEN EYE BONE W	$452.45	$384.58
21421			CLOSED TREATMENT OF BROKEN ROO	$326.72	$277.71
21422			TREATMENT OF BROKEN ROOF OF MO	$313.16	$266.18
21423			COMPLICATED TREATMENT OF BROKE	$400.04	$340.03
21431			CLOSED TREATMENT OF BROKEN BON	$348.99	$296.64
21432			TREATMENT OF BROKEN FACE AND S	$358.76	$304.94
21433			COMPLICATED REPAIR OF BROKEN F	$863.14	$733.67
21435			COMPLICATED REPAIR OF BROKEN F	$703.96	$598.36
21436			COMPLICATED REPAIR OF BROKEN F	$1,015.77	$863.40
21454			TREATMENT OF BROKEN LOWER JAW	$245.31	$208.51
21465			TREATMENT OF BROKEN HINGED END	$397.87	$338.19
21470			COMPLICATED TREATMENT OF BROKE	$582.90	$495.47
21480			CLOSED TREATMENT OF DISLOCATED	$72.44	$61.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21490			TREATMENT OF DISLOCATED JAW JO	$392.19	$333.36
21499			OTHER PROCEDURE ON HEAD MUSCLE	BY REPORT	BY REPORT
21501			DRAINAGE OF DEEP ABSCESS OR BL	$249.47	$212.05
21502			DRAINAGE OF DEEP ABSCESS OR BL	$254.79	$216.57
21510			DEEP INCISION OF CHEST BONE	$228.28	$194.03
21552			REMOVAL OF GROWTH OF SOFT TISS	$225.94	$192.04
21554			REMOVAL OF GROWTH OF MUSCLE OF	$367.71	$312.55
21556			REMOVAL OF GROWTH OF MUSCLE OF	$267.44	$227.32
21557			EXTENSIVE REMOVAL OF GROWTH OF	$480.29	$408.25
21558			EXTENSIVE REMOVAL OF GROWTH OF	$668.24	$568.00
21600			PARTIAL REMOVAL OF RIB	$287.34	$244.24
21601			REMOVAL OF GROWTH OF CHEST WAL	$572.52	$486.64
21602			REMOVAL OF GROWTH OF CHEST WAL	$764.22	$649.59
21603			REMOVAL OF GROWTH OF CHEST WAL	$836.64	$711.14
21610			PARTIAL REMOVAL OF RIB AND SPI	$614.60	$522.41
21615			EXCISION CERVICAL RIB	$309.10	$262.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21616			EXCISE RIB WITH SYMPATHECTOMY	$352.30	$299.46
21620			OSTECTOMY OF STERNUM: PARTIAL	$252.55	$214.67
21627			REMOVAL OF CHEST BONE TISSUE	$276.29	$234.84
21630			EXTENSIVE REMOVAL OF CHEST BON	$657.15	$558.58
21632			EXTENSIVE REMOVAL OF CHEST BON	$601.54	$511.31
21685			REPOSITIONING OF BONE AND MUSC	$492.72	$418.81
21700			DIVISION OF SCALENUS ANTICUS	$175.68	$149.32
21705			DIVIDE SCALENUS AND RESECTION	$261.37	$222.16
21720			RELEASE OF TENDONS OF NECK MUS	$274.10	$232.99
21725			RELEASE OF NECK MUSCLE AND PLA	$276.51	$235.03
21740			REPAIR OF ABNORMAL POSITION OF	$506.23	$430.29
21742			MINIMALLY INVASIVE REPAIR OF A	NA	$434.30
21743			RECON REP PECTUS EXCAV W/THORA	BY REPORT	BY REPORT
21750			TREATMENT OF BROKEN CHEST BONE	$334.41	$284.24
21811			TREATMENT OF BROKEN RIBS ON SI	$291.57	$247.83
21811	26		OPEN TREATMENT BROKEN RIBS W/I	$336.01	$285.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
21812			TREATMENT OF BROKEN RIBS ON SI	$351.86	$299.08
21812	26		OPEN TREATMENT OF BROKEN RIBS	$343.68	$292.13
21813			TREATMENT OF BROKEN RIBS ON SI	$482.18	$409.85
21813	26		OPEN TX OF BROKEN RIBS W/INSER	$470.16	$399.63
21820			TREAT STERNUM FRACTURE: CLOSED	$78.81	$66.99
21825			TREATMENT OF BROKEN CHEST BONE	$278.16	$236.44
21899			OTHER PROCEDURE ON NECK OR CHE	BY REPORT	BY REPORT
21925			DEEP BIOPSY OF SOFT TISSUE OF	$252.99	$215.04
21930			REMOVAL OF GROWTH UNDER SKIN O	$256.45	$217.98
21931			REMOVAL OF GROWTH UNDER SKIN O	$237.17	$201.59
21932			REMOVAL OF GROWTH OF MUSCLE OF	$333.68	$283.63
21933			REMOVAL OF GROWTH OF MUSCLE OF	$370.85	$315.22
21935			EXTENSIVE REMOVAL OF GROWTH OF	$511.70	$434.94
21936			EXTENSIVE REMOVAL OF GROWTH OF	$706.26	$600.32
22010			DRAINAGE OF ABSCESS OF DEEP TI	$493.34	$419.34
22015			DRAINAGE OF ABSCESS OF DEEP TI	$481.30	$409.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22100			REMOVAL OF REAR PIECE OF UPPER	$484.77	$412.05
22101			REMOVAL OF REAR PIECE OF MIDDL	$446.66	$379.66
22102			REMOVAL OF REAR PIECE OF LOWER	$389.54	$331.11
22103			PARTIAL REMOVAL OF BONE AT BAC	$66.32	$56.37
22110			PARTIAL REMOVAL OF UPPER SPINE	$538.53	$457.75
22112			PARTIAL REMOVAL OF MIDDLE SPIN	$581.44	$494.22
22114			PARTIAL REMOVAL OF LOWER SPINE	$581.44	$494.22
22116			PARTIAL REMOVAL OF SPINE BONE,	$69.68	$59.23
22206			INCISION OR REMOVAL OF SEGMENT	$1,230.19	$1,045.66
22207			INCISION OR REMOVAL OF LOWER S	$1,203.51	$1,022.98
22208			INCISION OR REMOVAL OF SPINE B	$291.82	$248.04
22210			INCISION OR REMOVAL OF UPPER S	$903.36	$767.86
22212			INCISION OR REMOVAL OF MIDDLE	$765.29	$650.50
22214			INCISION OR REMOVAL OF LOWER S	$765.40	$650.59
22216			INCISION OR REMOVAL OF SPINE B	$178.94	$152.10
22220			INCISION OR REMOVAL OF UPPER S	$817.39	$694.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22222			INCISION OR REMOVAL OF MIDDLE	$896.95	$762.41
22224			INCISION OR REMOVAL OF LOWER S	$796.74	$677.22
22226			INCISION OR REMOVAL OF SPINE B	$177.10	$150.54
22310			CLOSED TREATMENT OF BROKEN SPI	$160.06	$136.05
22315			CLOSED TREATMENT OF BROKEN OR	$459.18	$390.30
22315	52		CLSD TX VRT FX/DISLOCATE...SIM	$75.00	$64.00
22318			TREATMENT OF BROKEN OR DISLOCA	$839.48	$713.56
22319			TREATMENT OF BROKEN OR DISLOCA	$930.31	$790.76
22325			TREATMENT OF BROKEN OR DISLOCA	$749.54	$637.11
22326			TREATMENT OF BROKEN OR DISLOCA	$766.09	$651.17
22327			TREATMENT OF BROKEN OR DISLOCA	$780.89	$663.75
22328			TREATMENT OF BROKEN OR DISLOCA	$139.37	$118.46
22505			MANIPULATION SPINE W/ANESTHESI	$65.49	$55.67
22510			STABILIZATION OF UPPER SPINE B	$910.25	$773.71
22510	26		INJ BONE CEMENT IN MID SPINE B	$212.18	$180.35
22511			STABILIZATION OF LOWER SPINE B	$909.66	$773.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22511	26		INJ BONE CEMENT IN MID SPINE B	$199.89	$169.91
22512			STABILIZATION OF SPINE BONE, E	$368.20	$312.97
22512	26		INJECTION OF BONE CEMENT INTO	$101.05	$85.89
22513			TREATMENT OF BROKEN MIDDLE SPI	$2,885.58	$2,452.74
22513	26		INJECTION OF BONE CEMENT INTO	$252.10	$214.28
22514			TREATMENT OF BROKEN LOWER SPIN	$2,873.58	$2,442.54
22514	26		INJECTION OF BONE CEMENT INTO	$235.11	$199.84
22515			TREATMENT OF BROKEN SPINE BONE	$1,478.39	$1,256.63
22515	26		INJECTION OF BONE CEMENT INTO	$106.52	$90.54
22526			TREATMENT OF SPINE DISC USING	$981.51	$834.28
22526	26		PERCUTANEOUS INTRADISCAL ELECT	$176.19	$149.76
22527			TREATMENT OF SPINE DISC USING	$762.65	$648.25
22527	26		PERCUTANEOUS INTRADISCAL ELECT	$80.19	$68.16
22532			FUSION OF MIDDLE SPINE BONE TH	$903.84	$768.26
22533			FUSION OF LOWER SPINE BONE THR	$834.62	$709.43
22534			FUSION OF MIDDLE OR LOWER SPIN	$178.27	$151.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22548			FUSION OF SPINE BONES AT BASE	$997.50	$847.88
22551			FUSION OF UPPER SPINE BONE WIT	$856.23	$727.80
22552			FUSION OF UPPER SPINE BONE WIT	$196.15	$166.73
22554			FUSION OF UPPER SPINE BONES TH	$638.55	$542.76
22556			FUSION OF MIDDLE SPINE BONE TH	$849.08	$721.71
22558			FUSION OF LOWER SPINE BONE THR	$764.99	$650.24
22585			FUSION OF SPINE BONES THROUGH	$160.26	$136.22
22586			FUSION OF LOWER SPINE OR SACRA	$1,031.46	$876.74
22590			FUSION OF SKULL AND FIRST 2 UP	$806.76	$685.74
22595			FUSION OF FIRST 2 SPINE BONES	$771.49	$655.77
22600			FUSION OF SPINE IN NECK BY POS	$662.09	$562.77
22610			FUSION OF SPINE IN UPPER BACK	$650.37	$552.81
22612			FUSION OF SPINE IN LOWER BACK	$794.79	$675.57
22614			FUSION OF ADDITIONAL SEGMENT O	$193.67	$164.62
22630			FUSION OF LOWER SPINE BONE AND	$788.67	$670.37
22632			FUSION OF LOWER BACK SPINE BON	$159.23	$135.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22633			FUSION OF SPINE IN LOWER BACK	$909.25	$772.86
22634			FUSION OF ADDITIONAL SEGMENT O	$239.85	$203.87
22800			FUSION TO REPAIR SPINE DEFORMI	$689.56	$586.12
22802			FUSION OF SPINE BONES FOR CORR	$1,062.34	$902.99
22804			FUSION TO REPAIR SPINE DEFORMI	$1,217.73	$1,035.07
22808			FUSION OF SPINE BONES FOR CORR	$918.72	$780.91
22810			FUSION OF SPINE BONES FOR CORR	$1,000.99	$850.84
22812			FUSION OF SPINE BONES FOR CORR	$1,097.35	$932.74
22818			REMOVAL OF 1-2 SPINE BONES TO	$1,069.74	$909.27
22819			REMOVAL OF PARTS OF 3 OR MORE	$1,231.49	$1,046.76
22830			EXPLORATION OF SPINE FUSION	$417.29	$354.69
22840			PLACEMENT OF STABILIZING DEVIC	$374.09	$317.98
22841			INSERTION OF WIRE TO STABILIZE	BY REPORT	BY REPORT
22842			PLACEMENT OF STABILIZING DEVIC	$377.58	$320.94
22843			PLACEMENT OF STABILIZING DEVIC	$404.39	$343.73
22844			PLACEMENT OF STABILIZING DEVIC	$485.84	$412.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22845			PLACEMENT OF STABILIZING DEVIC	$359.52	$305.59
22846			PLACEMENT OF STABILIZING DEVIC	$374.26	$318.12
22847			PLACEMENT OF STABILIZING DEVIC	$392.87	$333.94
22848			PELVIC FIXATION OTHER THAN SAC	$177.79	$151.12
22849			REINSERT SPINAL FIXATION DEVIC	$657.60	$558.96
22850			REMOVAL OF STABILIZING DEVICE	$373.50	$317.48
22852			REMOVAL OF SEGMENTAL STABILIZI	$360.26	$306.22
22853			INSERTION OF CAGE OR MESH DEVI	$127.46	$108.34
22854			INSERTION OF CAGE OR MESH DEVI	$166.01	$141.11
22855			REMOVAL OF STABILIZING DEVICE	$559.70	$475.74
22856			INSERTION OF ARTIFICIAL UPPER	$816.70	$694.20
22857			INSERTION OF ARTIFICIAL DISC B	$871.50	$740.78
22858			INSERTION OF ARTIFICIAL UPPER	$250.10	$212.59
22859			PLACEMENT OF MESH OR CAGE DEVI	$164.86	$140.13
22860			INSERTION OF ARTIFICIAL DISC B	BY REPORT	BY REPORT
22861			REVISION OF TOTAL DISC REPLACE	$1,171.38	$995.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
22862			REVISION OF TOTAL DISC REPLACE	$1,173.13	$997.16
22864			REVISION OF ARTIFICIAL UPPER S	$1,047.08	$890.01
22865			REVISION OF ARTIFICIAL LOWER S	$1,145.16	$973.39
22867			PLACEMENT OF DEVICE TO STABILI	$540.91	$459.77
22868			PLACEMENT OF DEVICE TO STABILI	$119.99	$101.99
22869			PLACEMENT OF STABILIZING DEVIC	$216.40	$183.94
22870			PLACEMENT OF STABILIZING DEVIC	$57.58	$48.94
22899			OTHER PROCEDURE ON SPINE	BY REPORT	BY REPORT
22900			REMOVAL OF GROWTH OF MUSCLE OF	$285.62	$242.77
22901			REMOVAL OF GROWTH OF MUSCLE OF	$335.18	$284.90
22902			REMOVAL OF GROWTH OF SOFT TISS	$240.64	$204.54
22902	26		EXCISION,TUMOR,SOFT TISSUE ABD	$169.77	$144.30
22903			REMOVAL OF GROWTH OF SOFT TISS	$222.39	$189.03
22904			EXTENSIVE REMOVAL OF GROWTH OF	$523.92	$445.33
22905			EXTENSIVE REMOVAL OF GROWTH OF	$663.01	$563.55
22999			OTHER PROCEDURE ON ABDOMINAL M	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23000			REMOVAL OF CALCIUM DEPOSITS AT	$282.18	$239.85
23020			RELEASE OF TENDON OF SHOULDER	$350.85	$298.22
23030			DRAINAGE OF DEEP ABSCESS OR BL	$224.25	$190.61
23035			INCISION OF SHOULDER BONE FOR	$344.35	$292.69
23040			INCISION OF SHOULDER JOINT FOR	$364.36	$309.70
23044			INCISION OF COLLAR BONE JOINT	$287.92	$244.73
23071			REMOVAL OF GROWTH UNDER SKIN O	$212.83	$180.90
23073			REMOVAL OF GROWTH OF MUSCLE OF	$351.58	$298.84
23075			REMOVAL OF GROWTH UNDER SKIN O	$263.12	$223.65
23076			REMOVAL OF GROWTH OF MUSCLE OF	$275.69	$234.34
23077			EXTENSIVE REMOVAL OF GROWTH OF	$565.73	$480.87
23078			EXTENSIVE REMOVAL OF GROWTH OF	$717.12	$609.55
23100			BIOPSY SHOULDER JOINT	$260.25	$221.21
23101			INCISION TO REPAIR JOINTS BETW	$235.31	$200.01
23105			ARTHROTOMY:GLENOHUMERAL JOINT	$327.22	$278.13
23106			ARTHROTOMY:STERNOCLAVICULAR JT	$258.26	$219.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23107			INCISION OF SHOULDER JOINT FOR	$338.82	$288.00
23120			CLAVICULECTOMY PARTIAL	$301.42	$256.20
23125			CLAVICULECTOMY TOTAL	$361.34	$307.13
23130			PARTIAL REMOVAL OR REPAIR OF S	$316.30	$268.86
23140			EXCISION CYST/TUMOR CLAVICLE/S	$284.50	$241.82
23145			REMOVAL OF CYST OR GROWTH OF C	$354.22	$301.08
23146			EXCISION TUMOR CLAVICLE/SCAPUL	$319.05	$271.19
23150			REMOVAL OF CYST OR GROWTH OF T	$340.15	$289.12
23155			REMOVAL OF CYST OR GROWTH OF T	$405.06	$344.30
23156			REMOVAL OF CYST OR GROWTH OF T	$345.95	$294.05
23170			REMOVAL OF DEAD BONE FRAGMENT	$289.39	$245.98
23172			REMOVAL OF DEAD BONE FRAGMENT	$292.20	$248.37
23174			REMOVAL OF DEAD BONE FRAGMENT	$389.62	$331.17
23180			PARTIAL REMOVAL OF INFECTED CO	$336.07	$285.66
23182			PARTIAL REMOVAL OF INFECTED SH	$343.23	$291.74
23184			PARTIAL REMOVAL OF INFECTED TO	$377.24	$320.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23190			PARTIAL REMOVAL OF SHOULDER BL	$294.27	$250.13
23195			RESECTION HUMERAL HEAD	$379.51	$322.58
23200			EXTENSIVE REMOVAL OF GROWTH OF	$753.11	$640.14
23210			EXTENSIVE REMOVAL OF GROWTH OF	$881.92	$749.63
23220			EXTENSIVE REMOVAL OF GROWTH OF	$964.47	$819.80
23333			REMOVAL OF FOREIGN BODY OF SHO	$242.58	$206.19
23334			REMOVAL OF BALL OR SOCKET PROS	$532.81	$452.89
23335			REMOVAL OF BALL AND SOCKET PRO	$635.53	$540.20
23350			INJECTION OF CONTRAST FOR IMAG	$82.38	$70.02
23395			RELOCATION OF ONE MUSCLE OF SH	$646.16	$549.24
23397			RELOCATION OF MULTIPLE MUSCLES	$573.94	$487.84
23400			FIXATION OF SHOULDERBLADE	$490.99	$417.34
23405			INCISION OF TENDON & MUSCLE	$312.46	$265.59
23406			INCISION OF SHOULDER MULTIPLE	$368.76	$313.44
23410			REPAIR OF ACUTE TORN SHOULDER	$415.00	$352.75
23412			REPAIR OF CHRONIC TORN SHOULDE	$431.25	$366.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23415			CORACOACROMIAL LIGAMENT RELEAS	$355.45	$302.13
23420			REPAIR OF COMPLETE TEAR OF SHO	$492.91	$418.97
23430			REPAIR BICEPS TENDON RUPTURE	$378.01	$321.30
23440			REMOVAL OR RELOCATION OF BICEP	$383.98	$326.38
23450			REATTACHMENT OF SHOULDER JOINT	$476.90	$405.37
23455			REATTACHMENT OF SHOULDER JOINT	$496.36	$421.91
23460			REPAIR OF SHOULDER JOINT CAPSU	$549.18	$466.80
23462			REATTACHMENT OF SHOULDER JOINT	$537.08	$456.52
23465			REPAIR OF SHOULDER JOINT CAPSU	$562.93	$478.49
23466			REPAIR AND TIGHTENING OF SHOUL	$566.79	$481.77
23470			PARTIAL REPLACEMENT OF SHOULDE	$601.15	$510.97
23472			PROSTHETIC REPAIR OF SHOULDER	$722.54	$614.16
23473			REVISION OF TOTAL SHOULDER ART	$802.98	$682.53
23474			REVISION OF TOTAL SHOULDER REP	$866.40	$736.44
23480			INCISION OR PARTIAL REMOVAL OF	$415.31	$353.01
23485			INCISION OR PARTIAL REMOVAL OF	$480.82	$408.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23490			STABILIZATION OF COLLAR BONE W	$435.44	$370.12
23491			STABILIZATION OF TOP OF UPPER	$512.43	$435.57
23500			CLOSED TREATMENT OF BROKEN COL	$118.31	$100.56
23505			CLOSED TREATMENT OF BROKEN COL	$189.10	$160.74
23515			TREATMENT OF BROKEN COLLAR BON	$366.49	$311.51
23520			CLOSED TREATMENT OF DISLOCATED	$127.50	$108.38
23525			CLOSED TREATMENT OF DISLOCATED	$209.26	$177.87
23530			TREATMENT OF DISLOCATED JOINT	$294.43	$250.26
23532			TREATMENT OF DISLOCATED JOINT	$320.12	$272.10
23540			CLOSED TREATMENT OF DISLOCATED	$126.23	$107.29
23545			CLOSED TREATMENT OF DISLOCATED	$190.55	$161.96
23550			TREATMENT OF DISLOCATED JOINT	$292.10	$248.28
23552			TREATMENT OF DISLOCATED JOINT	$330.67	$281.07
23570			CLOSED TREATMENT OF BROKEN SHO	$124.16	$105.54
23575			TREAT CLSD SCAPULAR W/MANIPULA	$215.64	$183.29
23585			TREATMENT OF BROKEN SHOULDER B	$491.69	$417.93

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23600			CLOSED TREATMENT OF BROKEN TOP	$176.44	$149.97
23605			CLOSED TREATMENT OF BROKEN TOP	$245.86	$208.98
23615			TREATMENT OF BROKEN TOP OF UPP	$447.18	$380.10
23616			TREATMENT OF BROKEN UPPER ARM	$621.03	$527.88
23620			CLOSED TREATMENT OF UPPER ARM	$143.57	$122.03
23625			CLOSED TREATMENT OF UPPER ARM	$202.72	$172.31
23630			TREATMENT OF UPPER ARM BONE, B	$396.98	$337.43
23655			CLOSED TREATMENT OF DISLOCATED	$211.45	$179.73
23660			TREATMENT OF DISLOCATED SHOULD	$299.07	$254.21
23665			CLOSED TREATMENT OF DISLOCATED	$228.24	$194.00
23670			TREATMENT OF DISLOCATED SHOULD	$441.69	$375.43
23675			CLOSED TREATMENT OF DISLOCATED	$288.38	$245.12
23680			TREATMENT OF DISLOCATED SHOULD	$465.38	$395.57
23700			FIXATION OF SHOULDER MANIPULAT	$99.68	$84.73
23800			ARTHRODESIS SHOULDER JOINT W/W	$518.06	$440.35
23802			FUSION OF SHOULDER JOINT BONE	$646.06	$549.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
23900			AMPUTATION OF ARM & GIRDLE	$694.07	$589.96
23920			REMOVAL OF ARM AND SHOULDER BL	$565.76	$480.89
23921			REVISION OF SCAR OR WOUND CLOS	$242.53	$206.15
23929			OTHER PROCEDURE ON SHOULDER	BY REPORT	BY REPORT
23930			DRAINAGE OF DEEP ABSCESS OR BL	$183.13	$155.66
23935			INCISION OF UPPER ARM OR ELBOW	$263.68	$224.13
24000			INCISION OF ELBOW JOINT FOR EX	$245.61	$208.76
24006			INCISION OF ELBOW WITH RELEASE	$363.19	$308.71
24071			REMOVAL OF GROWTH UNDER SKIN O	$205.52	$174.69
24073			REMOVAL OF GROWTH OF MUSCLE OF	$349.53	$297.10
24075			REMOVAL OF GROWTH UNDER SKIN O	$270.84	$230.21
24076			REMOVAL OF GROWTH OF MUSCLE OF	$277.98	$236.28
24077			EXTENSIVE REMOVAL OF GROWTH OF	$515.24	$437.95
24079			EXTENSIVE REMOVAL OF GROWTH OF	$662.99	$563.54
24100			ARTHROTOMY,ELBOW:FOR SYNOVIAL	$216.77	$184.25
24101			EXPLORE/TREAT ELBOW JOINT	$258.28	$219.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24102			REMOVE ELBOW JOINT LINING	$314.95	$267.70
24105			REMOVAL OF ELBOW BURSA	$187.10	$159.03
24110			REMOVAL OF CYST OR GROWTH OF U	$302.40	$257.04
24115			REMOVAL OF CYST OR GROWTH OF U	$374.92	$318.68
24116			REMOVAL OF CYST OR GROWTH OF U	$435.18	$369.90
24120			REMOVAL OF CYST OR GROWTH OF E	$273.00	$232.05
24125			REMOVAL OF CYST OR GROWTH OF E	$318.46	$270.69
24126			REMOVAL OF CYST OR GROWTH OF E	$332.04	$282.23
24130			REMOVAL OF HEAD OF RADIUS	$262.12	$222.80
24134			REMOVAL OF DEAD UPPER ARM BONE	$379.96	$322.97
24136			REMOVAL LESION/RADIAL HEAD OR	$322.83	$274.40
24138			REMOVE ELBOW BONE LESION/OLECR	$352.13	$299.31
24140			PARTIAL REMOVAL OF INFECTED UP	$357.54	$303.90
24145			PARTIAL REMOVAL OF INFECTED FO	$303.86	$258.28
24147			PARTIAL REMOVAL OF INFECTED EL	$321.43	$273.21
24149			EXTENSIVE REMOVAL OF BONY GROW	$597.51	$507.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24150			EXTENSIVE REMOVAL OF GROWTH OF	$772.56	$656.68
24152			EXTENSIVE REMOVAL OF GROWTH OF	$673.73	$572.67
24155			RESECTION OF ELBOW JOINT	$430.87	$366.24
24164			REMOVAL OF FOREARM BONE PROSTH	$368.17	$312.94
24200			REMOVAL OF FOREIGN BODY OF UPP	$112.41	$95.54
24201			REMOVAL OF FOREIGN BODY, UPPER	$315.93	$268.54
24220			INJECTION OF CONTRAST FOR IMAG	$96.16	$81.74
24300			ELBOW MANIPULATION UNDER ANEST	$229.33	$194.93
24301			MUSCLE/TENDON TRANSFER	$381.01	$323.86
24305			LENGTHEN TENDON,UPPER ARM/ELBO	$296.41	$251.94
24310			INCISION OF TENDON LOCATED FRO	$243.17	$206.69
24320			RELOCATION OF TENDON FROM ELBO	$395.77	$336.40
24330			FLEXOR-PLASTY ELBOW	$365.31	$310.51
24331			RELOCATION OF FOREARM TENDONS	$398.25	$338.51
24332			RELEASE OF UPPER ARM TENDON	$315.11	$267.84
24340			TENODESIS FOR RUPTURE OF BICEP	$304.71	$259.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24341			REPAIR TENDON/MUSCLE UPPER ARM	$383.08	$325.61
24342			REINSERTION OF TORN UPPER ARM	$392.40	$333.54
24343			REPAIR OF LIGAMENT OF THUMB SI	$365.04	$310.28
24344			REPAIR OF LIGAMENT OF THUMB SI	$559.15	$475.27
24345			REPAIR OF LIGAMENT OF SMALL FI	$363.31	$308.81
24346			REPAIR OF LIGAMENT OF SMALL FI	$559.15	$475.27
24357			INCISION OF ELBOW TENDON	$213.00	$181.05
24358			INCISION OF ELBOW TENDON WITH	$271.82	$231.05
24359			INCISION AND REPAIR OF ELBOW T	$338.23	$287.49
24360			REPAIR OF ELBOW JOINT WITH TIS	$456.88	$388.34
24361			REPAIR OF ELBOW JOINT WITH REP	$508.28	$432.03
24362			REPAIR OF ELBOW JOINT WITH IMP	$534.60	$454.41
24363			ARTHROPLASTY W/DISTAL HUMERUS/	$725.79	$616.92
24365			JOINT REPAIR (ARTHROPLASTY) FO	$326.71	$277.70
24366			JOINT REPAIR (ARTHROPLASTY) FO	$345.73	$293.87
24370			REVISION OF TOTAL ELBOW REPAIR	$768.49	$653.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24371			REVISION OF TOTAL ELBOW REPAIR	$882.41	$750.05
24400			INCISION OR PARTIAL REMOVAL OF	$419.69	$356.74
24410			INCISION OR PARTIAL REMOVAL OF	$533.81	$453.73
24420			OSTEOPLASTY HUMERUS/SHORTENING	$538.80	$457.98
24430			REPAIR OF NONHEALED BROKEN UPP	$531.98	$452.18
24435			REPAIR OF NONHEALED BROKEN UPP	$546.53	$464.55
24470			REPAIR OF GROWTH PLATE OF UPPE	$342.88	$291.44
24495			INCISION OF TISSUE OF FOREARM	$470.41	$399.84
24498			STABILIZATION OF UPPER ARM BON	$438.58	$372.79
24500			CLOSED TREATMENT OF BROKEN MID	$191.97	$163.17
24505			CLOSED TREATMENT OF BROKEN MID	$264.06	$224.45
24515			TREATMENT OF BROKEN MIDDLE PAR	$446.17	$379.24
24516			TREATMENT OF BROKEN MIDDLE PAR	$434.22	$369.08
24530			CLOSED TREATMENT OF UPPER ARM	$202.33	$171.98
24535			CLOSED TREATMENT OF UPPER ARM	$323.74	$275.18
24538			PLACEMENT OF STABILIZING DEVIC	$402.83	$342.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24545			TREATMENT OF UPPER ARM BONE BR	$469.45	$399.03
24546			TREATMENT OF BROKEN UPPER ARM	$523.08	$444.61
24560			CLOSED TREATMENT OF BROKEN OUT	$176.11	$149.69
24565			CLOSED TREATMENT OF BROKEN OUT	$282.89	$240.46
24566			PLACEMENT OF STABILIZING DEVIC	$368.71	$313.40
24575			TREATMENT OF BROKEN OUTER PART	$373.52	$317.49
24576			CLOSED TREATMENT OF BROKEN ELB	$186.86	$158.83
24577			CLOSED TREATMENT OF BROKEN ELB	$290.39	$246.83
24579			TREATMENT OF BROKEN ELBOW	$423.73	$360.17
24582			PLACEMENT OF STABILIZING DEVIC	$417.56	$354.92
24586			TREATMENT OF BROKEN OR DISLOCA	$547.22	$465.14
24587			TREATMENT OF BROKEN OR DISLOCA	$548.35	$466.10
24600			REPAIR OF DISLOCATED ELBOW	$197.77	$168.10
24605			REPAIR OF DISLOCATED ELBOW UND	$247.28	$210.19
24615			TREATMENT OF DISLOCATED ELBOW	$362.55	$308.16
24620			TREAT CLSD MONTEGGIA TYPE FRAC	$303.14	$257.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24635			TREATMENT OF BROKEN AND DISLOC	$344.78	$293.06
24650			CLOSED TREATMENT OF BROKEN FOR	$140.39	$119.33
24655			CLOSED TREATMENT OF BROKEN FOR	$236.72	$201.21
24665			TREATMENT OF BROKEN FOREARM BO	$336.16	$285.73
24666			TREATMENT OF BROKEN FOREARM BO	$372.50	$316.62
24670			CLOSED TREATMENT OF BROKEN FOR	$155.11	$131.84
24675			CLOSED TREATMENT OF BROKEN FOR	$241.05	$204.89
24685			TREATMENT OF BROKEN FOREARM BO	$334.24	$284.10
24800			FUSION OF ELBOW JOINT WITHOUT	$423.19	$359.71
24802			FUSION OF ELBOW JOINT WITH BON	$505.80	$429.93
24900			AMPUTATION OF ARM THROUGH UPPE	$375.17	$318.89
24920			AMPUTATION OF ARM THROUGH UPPE	$372.15	$316.33
24930			REAMPUTATION UPPER ARM	$392.02	$333.21
24931			AMPUTATION OF ARM THROUGH UPPE	$469.45	$399.03
24935			LENGTHENING OF REMAINING AMPUT	$616.95	$524.40
24940			CINEPLASTY UPPER EXTREMITY,COM	$431.00	$367.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
24999			OTHER PROCEDURE ON UPPER ARM O	BY REPORT	BY REPORT
25000			INCISION OR THE TENDON COVERIN	$179.79	$152.82
25001			INCISION OR THE TENDON COVERIN	$180.39	$153.33
25020			INCISION OF TISSUE OF FOREARM	$378.79	$321.97
25023			INCISION TO RELIEVE PRESSURE I	$665.14	$565.36
25024			INCISION OF TISSUE OF FOREARM	$395.53	$336.20
25025			INCISION TO RELIEVE PRESSURE I	$617.18	$524.60
25028			DRAINAGE OF DEEP ABSCESS OR BL	$355.26	$301.97
25035			INCISION OF FOREARM OR WRIST B	$301.63	$256.39
25040			INCISION OF WRIST JOINT FOR EX	$285.16	$242.39
25066			BIOPSY OF DEEP TISSUE OF FOREA	$189.32	$160.92
25071			REMOVAL OF GROWTH UNDER SKIN O	$215.47	$183.15
25073			REMOVAL OF GROWTH OF MUSCLE OF	$272.97	$232.02
25075			REMOVAL OF GROWTH UNDER SKIN O	$264.82	$225.09
25076			REMOVAL OF GROWTH OF MUSCLE OF	$265.02	$225.27
25077			EXTENSIVE REMOVAL OF GROWTH OF	$431.78	$367.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25078			EXTENSIVE REMOVAL OF GROWTH OF	$584.94	$497.19
25085			INCISION TO REPAIR OR RELEASE	$230.82	$196.19
25100			BIOPSY OF WRIST JOINT	$181.14	$153.96
25101			EXPLORE/TREAT WRIST JOINT W/WO	$209.68	$178.22
25105			INCISION INTO WRIST JOINT WITH	$250.51	$212.93
25107			ARTHROTOMY, COMPLEX	$316.97	$269.42
25109			EXCISION OF TENDON, FOREARM AN	$274.63	$233.44
25110			REMOVAL OF GROWTH OF TENDON CO	$178.91	$152.07
25111			REMOVAL OF FIRST CYST OF WRIST	$168.81	$143.48
25112			REMOVAL OF RECURRENT CYST OF W	$201.95	$171.65
25115			EXTENSIVE REMOVAL OF GROWTH OF	$385.55	$327.71
25116			EXTENSIVE REMOVAL OF GROWTH OF	$310.07	$263.56
25118			SYNOVECTOMY TENDON WRIST,SINGL	$198.01	$168.31
25119			REMOVAL OF TENDON LINING ON TO	$258.17	$219.44
25120			REMOVAL OF CYST OR GROWTH OF L	$257.80	$219.13
25125			REMOVAL OF CYST OR GROWTH OF L	$305.05	$259.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25126			REMOVAL OF CYST OR GROWTH OF L	$307.21	$261.12
25130			REMOVAL OF CYST OR GROWTH OF W	$232.61	$197.71
25135			REMOVAL OF CYST OR GROWTH OF W	$288.16	$244.93
25136			REMOVAL OF CYST OR GROWTH OF W	$256.01	$217.61
25145			REMOVAL OF FRAGMENT OF DEAD FO	$267.78	$227.61
25150			REMOVAL OF DISEASED PART OF FO	$289.93	$246.44
25151			REMOVAL OF DISEASED PART OF FO	$298.75	$253.93
25170			EXTENSIVE REMOVAL OF GROWTH OF	$734.56	$624.38
25210			REMOVAL OF WRIST BONE	$253.68	$215.62
25215			CARPECTOMY: ALL BONES OR PRIXI	$316.65	$269.15
25230			PARTIAL REMOVAL OF WRIST BONE	$223.03	$189.57
25240			REMOVAL OR PARTIAL REMOVAL OF	$221.71	$188.45
25246			INJECTION OF CONTRAST FOR IMAG	$98.94	$84.09
25248			REMOVAL OF DEEP FOREIGN BODY I	$218.03	$185.33
25250			REMOVAL OF WRIST PROSTHESIS	$273.89	$232.81
25251			REMOVAL OF WRIST PROSTHESIS, C	$366.13	$311.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25259			WRIST MANIPULATION UNDER ANEST	$225.38	$191.57
25260			PRIMARY REPAIR OF TENDON OR MU	$324.84	$276.11
25270			PRIMARY REPAIR OF TENDON OR MU	$253.96	$215.86
25272			REPAIR OF FOREARM AND/OR WRIST	$286.98	$243.93
25274			REPAIR OF TENDON OR MUSCLE ON	$338.84	$288.01
25275			REP TENDON SHEATH FOREARM/WRIS	$342.91	$291.47
25280			LENGTHEN/SHORTEN FLEX,SING..EA	$289.78	$246.31
25290			INCISION OF TENDON OF FOREARM	$224.51	$190.83
25295			REMOVAL OF SCAR TISSUE TO RELE	$270.23	$229.69
25300			ANCHORING OF FLEXING TENDON OF	$352.41	$299.54
25301			ANCHORING OF EXTENDING TENDON	$328.54	$279.25
25310			TENDON TRANSPLANT...SING:EACH	$317.75	$270.09
25312			TENDON TRANSPLANT,W/GRAFT..EAC	$364.85	$310.12
25315			REVISE PALSY HAND TENDON(S)	$390.80	$332.18
25316			RELEASE AND RELOCATION OF TEND	$463.67	$394.12
25320			RECONSTRUCTION OF WRIST JOINT	$504.22	$428.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25332			REPAIR OF WRIST JOINT	$428.62	$364.32
25335			CENTRALIZATION-WRIST ON ULNA	$477.24	$405.65
25337			RECONSTR ULNA/JOINT W/WO OPEN	$451.86	$384.08
25350			INCISION OR PARTIAL REMOVAL OF	$343.64	$292.09
25355			INCISION OR PARTIAL REMOVAL OF	$388.74	$330.42
25360			INCISION OR PARTIAL REMOVAL OF	$334.87	$284.64
25365			INCISION OR PARTIAL REMOVAL OF	$464.01	$394.40
25370			MULTIPLE INCISIONS OR REMOVAL	$511.90	$435.11
25375			MULTIPLE INCISIONS OR REMOVAL	$481.88	$409.60
25390			SHORTEN RADIUS/ULNA	$390.03	$331.52
25391			LENGTHENING RADIUS/ULNA W/AUTO	$502.58	$427.19
25392			SHORTEN RADIUS & ULNA	$511.19	$434.51
25393			LENGTHENING RADIUS & ULNA W/AU	$568.14	$482.92
25394			SHORTENING OF WRIST BONE	$398.36	$338.61
25400			REPAIR RADIUS OR ULNA	$406.39	$345.43
25405			REPAIR/GRAFT RADIUS OR ULNA	$522.51	$444.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25415			TREATMENT OF BOTH NONHEALED BR	$488.83	$415.51
25420			TREATMENT OF BOTH NONHEALED BR	$586.87	$498.84
25425			REPAIR OF DEFECT W/GRAFT:RADIU	$486.68	$413.68
25426			REPAIR OF DEFECT OF BOTH FOREA	$565.00	$480.25
25430			INSERTION OF VASC PED TO CARPA	$373.14	$317.16
25431			REPAIR OF NON-HEALED WRIST BON	$400.04	$340.03
25440			REPAIR OF NON-HEALED WRIST BON	$390.21	$331.68
25441			ARTHROPLASTY OR REPLACEMENT OF	$474.25	$403.11
25442			ARTHROPLASTY OR REPLACEMENT OF	$410.55	$348.96
25443			ARTHROPLASTY OR REPLACEMENT OF	$399.43	$339.52
25444			ARTHROPLASTY OR REPLACEMENT OF	$417.10	$354.53
25445			ARTHROPLASTY OR REPLACEMENT OF	$366.32	$311.37
25446			ARTHROPLASTY OR REPLACEMENT OF	$589.68	$501.22
25447			INTERPOS.ARTHROPLASTY,INTER-CA	$423.26	$359.77
25449			REVISION OF WRIST JOINT REPLAC	$520.75	$442.63
25450			STAPLING OR REMOVAL OF GROWTH	$315.97	$268.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25455			STAPLING OR REMOVAL OF GROWTH	$372.28	$316.43
25490			STABILIZATION OF FOREARM BONE	$366.06	$311.15
25491			STABILIZATION OF FOREARM BONE	$375.91	$319.52
25492			STABILIZATION OF BOTH FOREARM	$459.12	$390.25
25500			CLOSED TREATMENT OF BROKEN MID	$151.26	$128.57
25505			CLOSED TREATMENT OF BROKEN MID	$266.41	$226.45
25515			TREATMENT OF BROKEN MIDPART OF	$342.72	$291.31
25520			CLOSED TREATMENT OF BROKEN MID	$300.16	$255.14
25525			TREATMENT OF BROKEN MIDPART OF	$402.52	$342.14
25526			TREATMENT OF BROKEN MIDPART OF	$485.08	$412.31
25530			CLOSED TREATMENT OF BROKEN MID	$140.99	$119.84
25535			CLOSED TREATMENT OF BROKEN MID	$258.96	$220.12
25545			TREATMENT OF BROKEN MIDPART OF	$320.11	$272.09
25560			CLOSED TREATMENT OF BROKEN MID	$154.19	$131.06
25565			CLOSED TREATMENT OF BROKEN MID	$271.13	$230.46
25574			TREATMENT OF BROKEN MIDPART OF	$344.94	$293.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25575			TREATMENT OF BROKEN MIDPART OF	$459.07	$390.21
25600			CLOSED TREATMENT OF BROKEN FOR	$179.96	$152.96
25605			TREAT CLOSED DISTAL RADIAL FRA	$281.53	$239.30
25606			PLACEMENT OF STABILIZING DEVIC	$343.06	$291.60
25607			TREATMENT OF BROKEN FOREARM BO	$378.18	$321.45
25608			TREATMENT OF 2 BROKEN LOWER FO	$421.74	$358.48
25609			TREATMENT OF 3 OR MORE BROKEN	$533.53	$453.50
25622			CLOSED TREATMENT OF BROKEN WRI	$163.26	$138.77
25624			CLOSED TREATMENT OF BROKEN WRI	$258.22	$219.49
25628			TREATMENT OF BROKEN WRIST BONE	$366.23	$311.30
25630			CLOSED TREATMENT OF OTHER BROK	$161.62	$137.38
25635			CLOSED TREATMENT OF OTHER BROK	$244.98	$208.23
25645			TREATMENT OF OTHER BROKEN WRIS	$292.60	$248.71
25650			CLOSED TREATMENT OF BROKEN BAS	$174.29	$148.15
25651			PLACEMENT OF STABILIZING DEVIC	$253.48	$215.45
25652			TREATMENT OF BROKEN BASE OF FO	$318.94	$271.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25660			CLOSED TREATMENT OF DISLOCATED	$234.07	$198.96
25670			TREATMENT OF DISLOCATED WRIST	$310.31	$263.76
25671			PLACEMENT OF STABILIZING DEVIC	$275.95	$234.56
25675			CLOSED TREATMENT OF DISLOCATED	$239.67	$203.72
25676			TREATMENT OF DISLOCATED FOREAR	$322.50	$274.12
25680			CLOSED TREATMENT OF BROKEN AND	$274.66	$233.46
25685			TREATMENT OF BROKEN AND DISLOC	$373.92	$317.83
25690			CLOSED TREATMENT OF DISLOCATED	$255.43	$217.12
25695			TREATMENT OF BROKEN WRIST (LUN	$323.73	$275.17
25800			COMPLETE FUSION OF WRIST JOINT	$371.29	$315.60
25805			FUSION OF WRIST JOINT WITH BON	$429.90	$365.41
25810			FUSION WRIST JOINT: W/DISTANT	$439.91	$373.92
25820			INTERCARPAL FUSION:W/OUT BONE	$331.98	$282.18
25825			INTERCARPAL FUSION:W/ BONE GRA	$404.57	$343.88
25830			DIST RADIOULN KT ARTHRO W/WO B	$524.93	$446.19
25900			AMPUTATION OF ARM THROUGH FORE	$364.86	$310.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
25905			AMPUTATION OF ARM THROUGH FORE	$357.09	$303.53
25907			REVISION OF SCAR OR WOUND CLOS	$314.22	$267.08
25909			RE-AMPUTATION OF REMAINING ARM	$348.64	$296.34
25915			AMPUTATION,FOREARM, KRUKENBER	$585.83	$497.95
25920			REMOVAL OF TENDONS, LIGAMENTS,	$372.01	$316.20
25922			REVISION OF SCAR OR WOUND CLOS	$330.53	$280.95
25924			RE-AMPUTATION FOLLOWING REMOVA	$363.48	$308.95
25927			AMPUTATION OF FINGERS AND PART	$440.23	$374.20
25929			REVISION OF SCAR OR WOUND CLOS	$306.26	$260.32
25931			RE-AMPUTATION OF REMAINING HAN	$408.20	$346.97
25999			OTHER PROCEDURE ON FOREARM OR	BY REPORT	BY REPORT
26011			COMPLICATED DRAINAGE OF ABSCES	$244.04	$207.43
26025			DRAINAGE OF FLUID FILLED SAC I	$215.24	$182.95
26030			DRAINAGE OF MULTIPLE FLUID FIL	$251.80	$214.03
26034			INCISION OF HAND OR FINGER BON	$283.05	$240.59
26035			RELEASE OF PRESSURE ON TISSUES	$438.03	$372.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26037			INCISION OF TISSUE OF HAND TO	$286.29	$243.35
26040			RELEASE OF TISSUE OF PALM	$164.08	$139.47
26045			PARTIAL RELEASE OF CONNECTIVE	$243.25	$206.76
26055			INCISION OF TENDON COVERING OF	$302.94	$257.49
26070			INCISION OF WRIST JOINT AT FIN	$167.14	$142.07
26075			INCISION OF LOWER FINGER JOINT	$175.10	$148.84
26080			INCISION OF FINGER JOINT FOR E	$206.48	$175.51
26100			INCISION OF WRIST JOINT AT FIN	$176.23	$149.80
26105			INCISION OF JOINT AT BASE OF F	$177.23	$150.64
26110			INCISION OF FINGER JOINT WITH	$168.68	$143.37
26111			ARTHROTOMY WITH BIOPSY: 1.5 CM	$212.64	$180.74
26113			REMOVAL OF GROWTH OF MUSCLE OF	$279.58	$237.64
26116			REMOVAL OF GROWTH OF MUSCLE OF	$268.66	$228.36
26117			EXTENSIVE REMOVAL OF GROWTH OF	$377.75	$321.09
26118			EXTENSIVE REMOVAL OF GROWTH OF	$529.04	$449.68
26121			REMOVAL OF CONNECTIVE TISSUE O	$306.77	$260.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26123			REMOVAL OF CONNECTIVE TISSUE O	$427.34	$363.23
26125			REMOVAL OF CONNECTIVE TISSUE O	$132.54	$112.66
26130			REMOVAL OF WRIST JOINT LINING	$241.99	$205.69
26135			SYNOVECTOMY,REL/RECON, EACH DI	$283.54	$241.00
26140			REMOVAL OF JOINT LINING AND RE	$261.19	$222.01
26145			REPAIR OF TENDON, FINGER, AND/	$264.97	$225.22
26170			EXCISE TENDON,PALM...EACH	$210.65	$179.05
26180			EXCISION OF TENDON,FINGER,FLEX	$232.17	$197.34
26185			REMOVAL OF BONE AT BASE OF THU	$287.42	$244.30
26200			REMOVAL OF CYST OR GROWTH FROM	$231.84	$197.06
26205			REMOVAL OF CYST OR GROWTH FROM	$309.24	$262.85
26210			REMOVAL OF CYST OR GROWTH OF F	$231.17	$196.49
26215			REMOVAL OF CYST OR GROWTH OF F	$290.70	$247.09
26230			PARTIAL REMOVAL OF HAND BONE	$256.22	$217.78
26235			PARTIAL REMOVAL OF FINGER BONE	$252.94	$214.99
26236			PARTIAL REMOVAL OF FINGER BONE	$227.39	$193.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26250			EXTENSIVE REMOVAL OF GROWTH OF	$537.47	$456.85
26260			EXTENSIVE REMOVAL OF GROWTH OF	$403.52	$342.99
26262			EXTENSIVE REMOVAL OF GROWTH AT	$321.91	$273.62
26320			REMOVAL OF IMPLANT FROM FINGER	$180.24	$153.20
26340			MANIPULATE FINGER JOINT W/ANES	$187.00	$158.95
26341			MANIPULATION OF FINGER FOR CON	$60.24	$51.20
26341	26		MANIPULATION, PALMAR FASCIAL C	$39.94	$33.95
26350			REPAIR OF FINGER TENDON OF UND	$383.96	$326.37
26352			REPAIR OF FINGER TENDON ON UND	$425.84	$361.96
26356			PRIMARY REPAIR OF FINGER TENDO	$406.61	$345.61
26357			SECONDARY REPAIR OF FINGER TEN	$454.79	$386.57
26358			SECONDARY REPAIR OF FINGER TEN	$500.48	$425.41
26370			REPAIR OF TENDON DEEP IN UNDER	$401.21	$341.02
26372			SECONDARY REPAIR OF TENDON DEE	$467.67	$397.52
26373			SECONDARY REPAIR OF TENDON DEE	$450.45	$382.88
26390			REPAIR OF TENDON ON UNDERSIDE	$447.76	$380.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26392			REMOVAL OF SYNTHETIC ROD AND I	$510.56	$433.98
26410			REPAIR OF TENDON ON TOP OF HAN	$309.70	$263.24
26412			REPAIR OF TENDON ON TOP OF HAN	$367.16	$312.08
26415			REMOVAL OF TENDON FROM TOP OF	$434.86	$369.63
26416			REMOVAL OF ROD WITH TENDON GRA	$470.15	$399.62
26418			REPAIR OF TENDON ON TOP SIDE O	$322.59	$274.20
26420			REPAIR OF TENDON OF TOP SIDE O	$380.76	$323.64
26426			SECONDARY REPAIR OF TENDON OF	$258.79	$219.97
26428			SECONDARY REPAIR OF TENDON OF	$408.39	$347.13
26432			CLOSED TREATMENT OF TENDON OF	$280.45	$238.38
26433			REPAIR OF TENDON ON UPPER SIDE	$294.30	$250.16
26434			REPAIR OF TENDON ON UPPER SIDE	$357.37	$303.76
26437			REPAIR OF TENDON ON UPPER SIDE	$342.59	$291.20
26440			RELEASE OF TENDON OF PALM OR F	$334.57	$284.38
26442			RELEASE OF TENDON OF PALM AND	$506.51	$430.53
26445			RELEASE OF TENDON OF TOP OF HA	$311.27	$264.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26449			RELEASE OF TENDON EXTENDING FR	$358.65	$304.85
26450			INCISION OF TENDON OF PALM	$239.57	$203.63
26455			INCISION OF TENDON OF FINGER	$238.05	$202.34
26460			INCISION OF TENDON AT TOP OF H	$233.27	$198.28
26471			SUTURE OF TENDON TO FIRST JOIN	$339.24	$288.35
26474			SUTURE OF TENDON TO JOINT OF F	$335.69	$285.33
26476			LENGTHENING OF TENDON ON UPPER	$331.71	$281.95
26477			SHORTENING OF TENDON OF UPPER	$323.89	$275.31
26478			LENGTHENING OF TENDON OF PALM	$337.97	$287.27
26479			SHORTENING OF TENDON OF PALM S	$347.60	$295.46
26480			TRANSFER OF TENDON TO BACK OF	$403.01	$342.55
26483			TRANSFER OF TENDON TO BACK OF	$445.80	$378.93
26485			TRANSFER OF TENDON TO PALM	$428.22	$363.98
26489			TRANSFER OF TENDON TO PALM WIT	$492.18	$418.35
26490			TRANSFER OF TENDON FROM RING F	$428.91	$364.57
26492			TRANSFER OF TENDON TO THUMB WI	$473.80	$402.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26494			TRANSFER OF TENDON IN PALM TO	$430.73	$366.12
26496			TRANSFER OF TENDON TO THUMB, P	$462.85	$393.42
26497			TRANSFER OF TENDON TO RING AND	$462.19	$392.86
26498			TRANSFER OF TENDONS OF HAND, A	$598.29	$508.55
26499			CORRECTION CLAW FINGER,OTHER M	$445.13	$378.36
26500			REPAIR OF LIGAMENT SURROUNDING	$353.56	$300.52
26502			REPAIR OF LIGAMENT SURROUNDING	$387.50	$329.38
26508			RELEASE OF MUSCLES OF PALM NEA	$347.90	$295.71
26510			TRANSFER OF FINGER TENDON	$329.42	$280.00
26516			REPAIR OF JOINT CAPSULE OF HAN	$380.86	$323.73
26517			REPAIR OF JOINT CAPSULE OF HAN	$442.66	$376.26
26518			REPAIR OF JOINT CAPSULE OF HAN	$448.12	$380.90
26520			INCISION OR REMOVAL OF JOINT C	$350.56	$297.98
26525			REPAIR OF JOINT CAPSULE OF FIN	$352.58	$299.69
26530			REPAIR OF JOINT CONNECTING HAN	$278.14	$236.41
26531			REPAIR OF JOINT BETWEEN HAND A	$323.03	$274.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26535			REPLACEMENT OF FINGER JOINT	$225.59	$191.75
26536			REPLACEMENT OF FINGER JOINT WI	$384.80	$327.08
26540			REPAIR OF LIGAMENT OF FINGER O	$358.77	$304.95
26541			REPAIR OF LIGAMENT OF FINGER O	$427.04	$362.98
26542			REPAIR OF LIGAMENT OF HAND TO	$370.27	$314.73
26545			REPAIR OF LIGAMENT OF FINGER J	$376.80	$320.28
26546			REPAIR OF NONHEALED HAND OR FI	$530.25	$450.71
26548			REPAIR OF JOINT BETWEEN FINGER	$409.11	$347.74
26550			SURGICAL CREATION OF THUMB	$832.69	$707.78
26551			TOE/HAND TRANSFER W/MICROVASC	$1,646.05	$1,399.14
26553			TRANSFER OF TOE TO HAND	$1,635.04	$1,389.78
26554			TRANSFER OF 2 TOES TO HAND	$1,901.46	$1,616.24
26555			POSITIONAL CHANGE OF FINGER	$701.74	$596.47
26556			TRANSFER OF TOE AND JOINT TO F	$1,701.58	$1,446.34
26560			REPAIR OF WEBBED FINGER WITH S	$327.22	$278.14
26561			REPAIR OF WEBBED FINGER WITH S	$500.44	$425.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26562			COMPLEX REPAIR OF EACH WEBBED	$698.57	$593.78
26565			INCISION OR REMOVAL OF HAND BO	$364.28	$309.64
26567			PARTIAL REMOVAL OF FINGER BONE	$368.67	$313.37
26568			OSTEOPLASTY,LENGTHEN METACARP/	$475.13	$403.86
26580			REPAIR HAND DEFORMITY	$779.44	$662.52
26590			REPAIR OF ENLARGED FINGER	$723.37	$614.86
26591			REPAIR, INTRINSIC MUSCLES OF H	$252.76	$214.85
26593			RELEASE, INTRINSIC MUSCLES OF	$331.61	$281.86
26596			REMOVAL OF CONSTRICTING RING O	$417.64	$354.99
26605			CLOSED TREATMENT OF BROKEN HAN	$174.52	$148.34
26607			CLOSED TREATMENT OF BROKEN HAN	$261.89	$222.61
26608			TREATMENT OF BROKEN FINGER BON	$249.13	$211.76
26615			TREATMENT OF BROKEN MIDHAND BO	$295.46	$251.14
26645			CLOSED TREATMENT OF BROKEN THU	$227.30	$193.20
26650			PLACEMENT OF STABILIZING DEVIC	$249.19	$211.81
26665			TREATMENT OF BROKEN THUMB AT W	$320.91	$272.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26675			CLOSED TREATMENT OF DISLOCATED	$242.32	$205.97
26676			PLACEMENT OF STABILIZING DEVIC	$263.90	$224.31
26685			TREATMENT OF BROKEN HAND BONE	$295.88	$251.50
26686			COMPLICATED TREATMENT OF DISLO	$318.09	$270.37
26705			CLOSED TREATMENT OF DISLOCATED	$229.93	$195.44
26706			PLACEMENT OF STABILIZING DEVIC	$231.23	$196.55
26715			TREATMENT OF DISLOCATED HAND J	$294.47	$250.30
26720			CLOSED TREATMENT OF BROKEN FIN	$107.28	$91.19
26725			CLOSED TREATMENT OF BROKEN FIN	$180.37	$153.31
26727			PLACEMENT OF STABILIZING DEVIC	$245.67	$208.82
26735			TREATMENT OF BROKEN FINGER AT	$305.22	$259.43
26740			CLOSED TREATMENT OF BROKEN FIN	$123.98	$105.38
26742			CLOSED TREATMENT OF BROKEN FIN	$195.99	$166.59
26746			TREATMENT OF BROKEN FINGER OR	$377.78	$321.11
26750			CLOSED TREATMENT OF BROKEN END	$100.02	$85.01
26755			CLOSED TREATMENT OF BROKEN END	$168.61	$143.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26756			PLACEMENT OF STABILIZING DEVIC	$220.28	$187.24
26765			TREATMENT OF BROKEN END OF FIN	$259.81	$220.83
26775			CLOSED RX INTERPHAL JT DISLOC	$208.31	$177.06
26776			PLACEMENT OF STABILIZING DEVIC	$233.08	$198.11
26785			TREATMENT OF DISLOCATED FINGER	$281.53	$239.30
26820			THUMB FUSION WITH GRAFT	$424.61	$360.91
26841			ARTHRODESIS, THUMB W/ OR W/O I	$397.66	$338.01
26842			ARTHRODESIS OF THUMB W/ GRAFT	$425.76	$361.90
26843			ARTHRODESIS DIGITS OTHER THAN	$400.75	$340.64
26844			FUSION OF FINGER AT HAND JOINT	$439.84	$373.86
26850			FUSION OF JOINT BETWEEN FINGER	$376.42	$319.96
26852			FUSION OF FINGER JOINT AT HAND	$426.46	$362.49
26860			FUSION OF FINGER JOINT, INITIA	$315.77	$268.40
26861			FUSION OF FINGER JOINT, EACH A	$50.21	$42.67
26862			FUSION OF FINGER JOINT WITH SE	$392.98	$334.03
26863			FUSION OF FINGER JOINT WITH SE	$111.99	$95.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
26910			AMPUTATION OF FINGER OR THUMB	$389.60	$331.16
26989			OTHER PROCEDURE ON HANDS OR FI	BY REPORT	BY REPORT
26990			DRAINAGE OF DEEP ABSCESS OR BL	$346.86	$294.83
26992			DRAINAGE OF BONE LESION	$511.20	$434.52
27000			INCISION OF HIP TENDON THROUGH	$198.14	$168.41
27001			INCISION OF HIP TENDON	$275.37	$234.06
27001	50		TENOTOMY,SUBCUTANEOUS OPEN,BIL	$182.00	$158.00
27003			INCISION OF HIP TENDON WITH RE	$306.27	$260.33
27003	50		OPEN BILATERAL TENOTOMY W/NEUR	$273.00	$237.00
27005			INCISION OF TENDON OF HIP	$365.21	$310.43
27006			INCISION OF TENDON OF HIP (ABD	$362.15	$307.83
27025			INCISION OF CONNECTIVE TISSUE	$469.38	$398.97
27025	50		OBER-YOUNT FASCIOTOMY,BILATERA	$328.00	$285.00
27027			INCISION OF CONNECTIVE TISSUE	$446.14	$379.21
27027	50		DECOMPRESSION FASCIOTOMY(IES)	$705.98	$600.09
27030			INCISION AND DRAINAGE OF HIP J	$471.63	$400.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27033			INCISION OF HIP JOINT FOR EXPL	$489.36	$415.96
27035			DENERVATION OF HIP JOINT	$565.16	$480.38
27036			CAPSULECTOMY OF HIP W/WO EXCIS	$514.17	$437.04
27043			REMOVAL OF GROWTH UNDER SKIN O	$236.99	$201.44
27045			REMOVAL OF GROWTH OF MUSCLE OF	$368.75	$313.44
27047			REMOVAL OF GROWTH UNDER SKIN O	$252.47	$214.60
27048			REMOVAL OF GROWTH OF SOFT TISS	$309.48	$263.06
27049			EXTENSIVE REMOVAL OF GROWTH OF	$713.62	$606.58
27050			BIOPSY OF JOINT BETWEEN LOWER	$209.40	$177.99
27052			BIOPSY OF HIP JOINT	$296.39	$251.93
27054			REMOVAL OF HIP JOINT LINING	$350.31	$297.76
27057			INCISION OF TISSUE ON SIDE OF	$506.69	$430.68
27057	50		DECOMPRESSION FASCIOTOMY(IES)	$799.25	$679.36
27059			EXTENSIVE REMOVAL OF GROWTH OF	$902.24	$766.90
27060			REMOVAL OF ISCHIAL BURSA	$239.27	$203.38
27062			EXCISION TROCHANTERIC BURSA	$232.72	$197.81

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27065			REMOVAL OF CYST OR GROWTH OF H	$267.79	$227.62
27066			REMOVAL OF DEEP CYST OR GROWTH	$413.48	$351.46
27067			REMOVAL OF CYST OR GROWTH OF H	$522.72	$444.31
27070			PARTIAL REMOVAL OF SUPERFICIAL	$447.69	$380.54
27071			PARTIAL REMOVAL OF DEEP CYST O	$492.28	$418.44
27075			EXTENSIVE REMOVAL OF GROWTH OF	$1,036.62	$881.13
27076			EXTENSIVE REMOVAL OF GROWTH OF	$1,250.52	$1,062.94
27077			EXTENSIVE REMOVAL OF GROWTH OF	$1,393.56	$1,184.52
27078			EXTENSIVE REMOVAL OF GROWTH OF	$1,022.38	$869.02
27080			COCCYGECTOMY	$258.47	$219.70
27090			REMOVAL OF HIP PROSTHESIS	$419.29	$356.40
27091			REMOVAL OF HIP PROSTHESIS, COM	$795.83	$676.46
27096			INJECTION OF ANESTHETIC OR STE	$83.26	$70.77
27097			HAMSTRING RECESSION, PROXIMAL	$347.49	$295.36
27098			ADDUCTOR TRANSFER TO ISCHIUM	$353.97	$300.87
27100			TRANSFER OF ABDOMINAL MUSCLE T	$421.20	$358.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27105			TRANSFER PARASPINAL MUSCLE TO	$441.07	$374.91
27110			TRANSFER OF MUSCLE TO THIGH BO	$490.24	$416.70
27111			TRANSFER ILIOPSOAS TO FEMORAL	$457.13	$388.56
27120			ACETABULOPLASTY	$651.68	$553.92
27122			RESECTION FEMORAL HEAD	$555.08	$471.81
27125			PARTIAL HIP REPLACEMENT,PROSTH	$568.59	$483.30
27130			REPLACEMENT OF THIGH BONE AND	$642.69	$546.29
27132			TOTAL HIP REPLACEMENT AFTER PR	$834.25	$709.11
27134			REVISE TOT.HIP ARTHROPLASTY:BO	$947.48	$805.36
27137			REVISION OF HIP SOCKET PART OF	$731.44	$621.72
27138			REVISE HIP ARTHROPLASTY:FEMORA	$759.40	$645.49
27140			REPOSITIONING OF PART OF HEAD	$452.97	$385.02
27146			INCISION OR PARTIAL REMOVAL OF	$642.07	$545.76
27147			INCISION OR PARTIAL REMOVAL OF	$732.31	$622.46
27151			RESHAPING OF PART OF HIP BONE	$790.41	$671.84
27156			INCISION AND RESHAPING OF PART	$850.84	$723.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27158			INCISION OR PARTIAL REMOVAL OF	$700.77	$595.65
27161			INCISION OR PARTIAL REMOVAL OF	$613.10	$521.14
27165			INCISION OR PARTIAL REMOVAL OF	$688.22	$584.99
27170			BONE GRAFT TO UPPER THIGH BONE	$586.40	$498.44
27175			TREAT SLIPPED EPIPHYSIS	$337.90	$287.21
27176			TREATMENT OF GROWTH PLATE AT T	$466.23	$396.30
27177			TREATMENT OF SLIPPED GROWTH PL	$561.96	$477.66
27178			TREATMENT OF SLIPPED GROWTH PL	$466.23	$396.30
27179			REPAIR OF GROWTH PLATE IN HEAD	$493.63	$419.58
27181			REPAIR OF GROWTH PLATE IN HEAD	$564.26	$479.62
27185			EPIPHYSEAL ARREST, GREATER TRO	$365.31	$310.51
27187			STABILIZATION OF UPPER THIGH B	$502.47	$427.10
27197			CLOSED TREATMENT OF BROKEN AND	$67.80	$57.63
27198			CLOSED TREATMENT OF BROKEN AND	$158.19	$134.46
27200			TRMT OF CLOSED COCCYGEAL FX	$99.54	$84.60
27202			TREATMENT OF BROKEN TAILBONE	$268.29	$228.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27215			TREATMENT OF BROKEN BONES ON S	$428.00	$364.00
27216			PLACEMENT OF STABILIZING DEVIC	$81.00	$58.00
27217			TREATMENT OF BROKEN AND/OR DIS	$428.00	$364.00
27218			TREATMENT OF BROKEN AND/OR DIS	$428.00	$364.00
27222			CLOSED TREATMENT OF BROKEN HIP	$494.18	$420.05
27226			TREATMENT OF BROKEN HIP SOCKET	$532.09	$452.28
27227			TREATMENT OF BROKEN BONES OF F	$824.59	$700.90
27228			TREATMENT OF BROKEN BONES OF F	$935.97	$795.57
27230			CLOSED TREATMENT OF BROKEN UPP	$251.73	$213.97
27232			CLOSED TREATMENT OF BROKEN UPP	$364.72	$310.01
27235			PLACEMENT OF STABILIZING DEVIC	$457.40	$388.79
27236			TREATMENT OF UPPER END OF BROK	$599.51	$509.58
27238			CLOSED TREATMENT OF BROKEN BEL	$241.13	$204.96
27240			CLOSED TREATMENT OF BROKEN BEL	$480.40	$408.34
27244			TREATMENT OF BROKEN NECK OF TH	$616.24	$523.80
27245			TREATMENT OF BROKEN NECK OF TH	$615.40	$523.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27246			CLOSED TREATMENT OF BROKEN BEL	$201.74	$171.47
27248			TREATMENT OF BROKEN HEAD OF TH	$375.74	$319.37
27250			CLOSED TREATMENT OF DISLOCATED	$88.12	$74.90
27252			CLOSED TREATMENT OF DISLOCATED	$378.21	$321.48
27253			TREATMENT OF DISLOCATED HIP	$473.42	$402.41
27254			TREATMENT OF TRAUMATIC BROKEN	$637.91	$542.22
27256			CLOSED TREATMENT OF SPONTANEOU	$160.70	$136.59
27257			TREATMENT OF SPONTANEOUS DISLO	$181.85	$154.57
27258			TREATMENT OF SPONTANEOUS DISLO	$559.44	$475.52
27259			TREATMENT OF SPONTANEOUS DISLO	$772.44	$656.57
27265			TX ATRAUMATIC HIP DISLOCATION	$216.06	$183.65
27266			TX ATRAUMATIC HIP DISLOC:W ANE	$297.37	$252.76
27267			CLOSED TREATMENT OF BROKEN HEA	$227.83	$193.65
27268			CLOSED TREATMENT OF BROKEN HEA	$278.65	$236.85
27269			TREATMENT OF BROKEN HEAD OF TH	$620.60	$527.51
27275			MANIPULATION,HIP JOINT REQ.GEN	$93.94	$79.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27279			FUSION OF PELVIC JOINT USING I	$402.13	$341.81
27280			FUSION OF SACROILIAC JOINT BET	$684.35	$581.69
27282			FUSION OF JOINT BETWEEN PUBIC	$435.61	$370.26
27284			FUSION OF HIP JOINT	$799.67	$679.72
27286			FUSION OF HIP JOINT WITH INCIS	$820.54	$697.45
27290			AMPUTATION OF LEG AT HIP	$812.46	$690.59
27295			REMOVAL OF HIP BONE AND LEG AT	$630.71	$536.10
27299			OTHER PROCEDURE ON PELVIS OR H	BY REPORT	BY REPORT
27301			DRAINAGE OF DEEP ABSCESS OR BL	$343.69	$292.13
27303			INCISION, DEEP W/ OPENING OF B	$326.35	$277.40
27305			INCISION OF CONNECTIVE TISSUE	$247.39	$210.28
27306			INCISION OF TENDON OF THIGH OR	$175.28	$148.99
27307			INCISION OF MULTIPLE TENDONS O	$207.43	$176.31
27310			INCISION OF KNEE JOINT FOR EXP	$372.31	$316.46
27325			NEURECTOMY, HAMSTRING MUSCLE	$289.06	$245.70
27326			NEURECTOMY, POPLITEAL (GASTROC	$268.20	$227.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27329			EXTENSIVE REMOVAL OF GROWTH OF	$522.09	$443.78
27330			ARTHROTOMY,KNEE:SYNOVIAL BIOPS	$217.93	$185.24
27331			INCISION OF KNEE JOINT FOR EXP	$244.63	$207.93
27332			INCISION OF KNEE JOINT WITH RE	$329.64	$280.19
27333			INCISION OF KNEE JOINT WITH RE	$301.75	$256.48
27334			INCISION OF KNEE JOINT WITH RE	$349.47	$297.05
27335			INCISION OF KNEE JOINT WITH RE	$389.06	$330.70
27337			REMOVAL OF GROWTH UNDER SKIN O	$212.48	$180.60
27339			REMOVAL OF GROWTH OF MUSCLE OF	$380.89	$323.76
27340			REMOVAL OF FLUID-FILLED SAC FR	$193.88	$164.79
27345			REMOVAL OF CYST OF BACK OF KNE	$249.55	$212.11
27347			EXCISION LESION MENISCUS/CAPSU	$270.17	$229.64
27350			REMOVAL OF KNEECAP	$333.74	$283.67
27355			REMOVAL OF CYST OR GROWTH OF T	$310.20	$263.67
27356			REMOVAL OF CYST OR GROWTH OF T	$376.33	$319.88
27357			REMOVAL OF CYST OR GROWTH OF T	$415.22	$352.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27358			REMOVAL OF CYST OR GROWTH OF T	$134.93	$114.69
27360			PARTIAL REMOVAL OF THIGH AND/O	$458.25	$389.51
27364			EXTENSIVE REMOVAL OF GROWTH OF	$780.48	$663.41
27365			EXTENSIVE REMOVAL OF GROWTH OF	$1,022.02	$868.72
27369			INJECTION OF CONTRAST FOR IMAG	$93.63	$79.58
27380			PRIMARY SUTURE OF TENDON BELOW	$318.39	$270.63
27381			SECONDARY SUTURE OF TENDON BEL	$416.55	$354.06
27385			PRIMARY SUTURE OF RUPTURED MUS	$311.07	$264.41
27386			SECONDARY SUTURE OF RUPTURED M	$434.90	$369.66
27390			REPAIR OF HAMSTRING TENDON	$231.91	$197.12
27391			REPAIR OF MULTIPLE HAMSTRING T	$296.15	$251.72
27392			REPAIR OF MULTIPLE HAMSTRING T	$363.24	$308.75
27393			LENGTHENING OF THIGH TENDON	$256.42	$217.95
27394			LENGTHENING OF MULTIPLE HAMSTR	$333.92	$283.83
27395			LENGTHENING OF THIGH TENDONS	$447.03	$379.98
27396			TRANSFER OF THIGH TENDON	$315.70	$268.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27397			TRANSFER OF THIGH TENDONS	$463.77	$394.20
27400			TRANSFER OF TENDON OR MUSCLE I	$354.30	$301.15
27403			ARTHROTOMY WITH OPEN MENISCUS	$328.95	$279.60
27405			PRIMARY REPAIR OF TORN LIGAMEN	$344.45	$292.78
27407			REPAIR OF TORN LIGAMENT AND/OR	$404.73	$344.02
27409			REPAIR OF TORN LIGAMENTS OR JO	$488.42	$415.15
27412			IMPLANTATION OF SELF CARTILAGE	$825.14	$701.37
27415			IMPLANTATION OF DONOR CARTILAG	$689.89	$586.40
27416			IMPLANTATION OF SELF CARTILAGE	$494.28	$420.13
27418			PLASTY FOR CHONDROMALACIA PAAT	$416.05	$353.64
27420			REPAIR OF DISLOCATING KNEECAP	$381.12	$323.95
27422			REPAIR OF DISLOCATING KNEECAP	$376.73	$320.22
27424			RECONSTRUCTION OF DISLOCATING	$380.46	$323.39
27425			RELEASE OF LIGAMENTS OF KNEE J	$234.14	$199.01
27427			RECONSTRUCTION OF LIGAMENTS OU	$359.86	$305.88
27428			RECONSTRUCTION LIGAMENTS INSID	$564.77	$480.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27429			RECONSTRUCTION OF LIGAMENTS IN	$636.55	$541.07
27430			REVISION OF THIGH MUSCLES	$377.29	$320.70
27435			INCISION OF KNEE JOINT	$410.04	$348.53
27437			REPAIR OF KNEECAP	$336.86	$286.33
27438			REPAIR OF KNEECAP WITH PROSTHE	$425.44	$361.62
27440			REPAIR OF LOWER PART OF KNEE J	$404.46	$343.79
27441			REPAIR OF LOWER PART OF KNEE J	$417.20	$354.62
27442			REPAIR OF END OF THIGH OR LOWE	$439.01	$373.16
27443			KNEE REPLACEMENT WITH REPAIR O	$413.73	$351.67
27445			KNEE JOINT REPLACEMENT USING H	$629.29	$534.89
27446			REPLACEMENT OF KNEE JOINT ON S	$575.95	$489.56
27447			REPLACEMENT OF KNEE JOINT, BOT	$641.67	$545.42
27448			INCISION OR PARTIAL REMOVAL OF	$419.20	$356.32
27448	50		INCISION OF FEMUR, BILATERAL	$590.00	$501.00
27450			INCISION OR PARTIAL REMOVAL OF	$508.62	$432.33
27450	50		INCISION OF FEMUR WITH FIXATIO	$885.00	$752.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27454			MULTIPLE INCISIONS OR REMOVALS	$649.36	$551.95
27455			INCISION OR PARTIAL REMOVAL OF	$485.36	$412.56
27455	50		REALIGNMENT OF KNEE, BILATERAL	$408.00	$347.00
27457			INCISION OR PARTIAL REMOVAL OF	$475.22	$403.94
27457	50		REALIGNMENT OF KNEE	$408.00	$347.00
27465			SHORTENING OF FEMUR	$625.91	$532.02
27466			LENGTHENING OF FEMUR	$595.89	$506.51
27468			LENGTHENING AND SHORTENING OF	$672.37	$571.51
27470			REPAIR OF NONHEALED BROKEN THI	$594.34	$505.18
27472			REPAIR OF NONHEALED BROKEN THI	$635.07	$539.81
27475			REMOVAL OF GROWTH PLATE AT LOW	$337.89	$287.20
27477			REMOVAL OF GROWTH PLATE OF BOT	$372.49	$316.61
27479			REPAIR OF LEG EPIPHYSES	$463.74	$394.17
27485			REPAIR OF LEG EPIPHYSIS	$341.79	$290.52
27486			REVISION OF COMPONENT OF TOTAL	$703.11	$597.64
27487			REVISION OF THIGH AND LOWER LE	$874.81	$743.59

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27488			REMOVAL OF KNEE PROSTHESIS	$603.30	$512.80
27495			STABILIZATION OF THIGH BONE WI	$568.17	$482.94
27496			INCISION OF CONNECTIVE TISSUE	$281.79	$239.52
27497			INCISION OF TISSUE OF THIGH AN	$296.15	$251.72
27498			MULTIPLE INCISIONS OF CONNECTI	$335.26	$284.97
27499			MULTIPLE INCISIONS OF CONNECTI	$357.45	$303.83
27500			CLOSED TREATMENT OF BROKEN THI	$269.43	$229.01
27501			CLOSED TREATMENT OF BROKEN THI	$259.12	$220.25
27502			CLOSED TREATMENT OF BROKEN THI	$380.42	$323.35
27503			CLOSED TREATMENT OF BROKEN THI	$404.96	$344.22
27506			TREATMENT OF BROKEN SHAFT OF T	$672.07	$571.26
27507			TREATMENT OF BROKEN MIDDLE OF	$485.50	$412.68
27508			CLOSED TREATMENT OF BROKEN INS	$271.79	$231.02
27509			TREATMENT OF BROKEN THIGH BONE	$344.81	$293.08
27510			CLOSED TREATMENT OF BROKEN THI	$346.20	$294.27
27511			TREATMENT OF BROKEN THIGH BONE	$499.07	$424.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27513			TREATMENT OF BROKEN THIGH BONE	$616.60	$524.11
27514			TREATMENT OF BROKEN SIDE OF LO	$484.00	$411.40
27516			CLOSED TREATMENT OF THIGH BONE	$270.03	$229.53
27517			CLOSED TREATMENT OF GROWTH PLA	$352.12	$299.30
27519			TREATMENT OF BROKEN GROWTH PLA	$447.12	$380.05
27520			CLOSED TREATMENT OF BROKEN KNE	$172.27	$146.43
27524			TREATMENT OF BROKEN KNEECAP WI	$382.23	$324.89
27530			CLOSED TREATMENT OF BROKEN SHI	$163.07	$138.61
27532			CLOSED TREATMENT OF BROKEN SHI	$319.81	$271.84
27535			TREATMENT OF BROKEN SIDE OF UP	$450.22	$382.69
27536			TREATMENT OF BROKEN SHIN BONE	$597.16	$507.59
27538			CLOSED TREATMENT OF BROKEN TOP	$252.20	$214.37
27540			TREATMENT OF BROKEN SHIN BONE	$412.15	$350.33
27550			CLOSED TREATMENT OF DISLOCATED	$265.48	$225.66
27552			CLOSED TREATMENT OF DISLOCATED	$324.79	$276.07
27556			TREATMENT OF DISLOCATED KNEE	$440.17	$374.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27557			TREATMENT OF DISLOCATED KNEE W	$522.94	$444.50
27558			TREATMENT OF DISLOCATED KNEE W	$593.80	$504.73
27560			CLOSED TREATMENT OF DISLOCATED	$196.31	$166.86
27562			CLOSED TREATMENT OF DISLOCATED	$253.10	$215.13
27566			TREATMENT OF DISLOCATED KNEECA	$451.33	$383.63
27570			MANIPULATION OF KNEE JOINT UND	$78.86	$67.03
27580			FUSION OF KNEE JOINT	$741.99	$630.69
27590			AMPUTATE LEG AT THIGH	$387.93	$329.74
27591			AMPUTATION OF THIGH THROUGH TH	$485.75	$412.89
27592			AMPUTATION OF THIGH THROUGH TH	$332.81	$282.89
27596			AMPUTATION FOLLOW-UP SURGERY	$354.16	$301.04
27598			REMOVAL OF LEG AT KNEE JOINT	$344.94	$293.20
27599			OTHER PROCEDURE ON THIGH OR KN	BY REPORT	BY REPORT
27600			INCISION OF CONNECTIVE TISSUE	$200.74	$170.63
27601			INCISION OF CONNECTIVE TISSUE	$223.97	$190.37
27602			INCISION OF CONNECTIVE TISSUE	$236.79	$201.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27603			DRAINAGE OF DEEP ABSCESS OR BL	$266.73	$226.72
27606			INCISION OF ACHILLES TENDON UN	$135.51	$115.18
27607			INCISION OF LEG OR ANKLE BONE	$302.93	$257.49
27610			INCISION OF ANKLE JOINT FOR EX	$326.79	$277.77
27612			INCISION OF ANKLE JOINT WITH R	$289.97	$246.47
27615			EXTENSIVE REMOVAL OF GROWTH OF	$507.76	$431.60
27616			EXTENSIVE REMOVAL OF GROWTH OF	$629.79	$535.32
27619			REMOVAL OF GROWTH OF MUSCLE OF	$238.26	$202.52
27620			INCISION AND EXPLORATION OF AN	$227.98	$193.78
27625			REMOVE ANKLE JOINT LINING	$289.80	$246.33
27626			REMOVE ANKLE JOINT LINING	$313.33	$266.33
27630			REMOVAL OF TENDON LESION	$274.38	$233.22
27632			REMOVAL OF GROWTH UNDER SKIN O	$206.55	$175.56
27634			REMOVAL OF GROWTH OF MUSCLE OF	$338.67	$287.87
27635			REMOVAL OF CYST OR GROWTH OF L	$294.12	$250.00
27637			REMOVAL OF CYST OR GROWTH OF L	$378.76	$321.95

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27638			REMOVAL OF CYST OR GROWTH OF L	$374.84	$318.61
27640			PARTIAL REMOVAL OF TIBIA	$419.35	$356.44
27641			PARTIAL REMOVAL OF OUTER LOWER	$329.21	$279.82
27645			EXTENSIVE REMOVAL OF GROWTH OF	$881.92	$749.63
27646			EXTENSIVE REMOVAL OF GROWTH OF	$767.51	$652.38
27647			EXTENSIVE REMOVAL OF GROWTH OF	$491.20	$417.52
27648			INJECTION FOR ANKLE X-RAY	$107.86	$91.68
27650			REPAIR OF RUPTURED ACHILLES TE	$333.03	$283.07
27652			REPAIR OF RUPTURED ACHILLES TE	$338.02	$287.32
27654			SECONDARY REPAIR OF RUPTURED A	$361.73	$307.47
27656			REPAIR OF CONNECTIVE TISSUE DE	$268.64	$228.34
27658			PRIMARY REPAIR OF TENDON ON BA	$187.84	$159.66
27659			SECONDARY REPAIR OF TENDON ON	$239.23	$203.35
27664			PRIMARY REPAIR OF TENDON ON FR	$184.78	$157.06
27665			SECONDARY REPAIR OF TENDON ON	$216.19	$183.76
27675			REPAIR OF DISLOCATING LOWER LE	$250.98	$213.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27676			REPAIR OF DISLOCATED LOWER LEG	$308.71	$262.40
27680			RELEASE OF LOWER LEG TENDON	$213.83	$181.75
27681			RELEASE OF MULTIPLE LEG AND/OR	$257.92	$219.23
27685			REVISION OF LOWER LEG TENDON	$333.93	$283.84
27686			LENGTHEN/SHORTEN TEND:MULTIPLE	$269.58	$229.14
27687			REVISION OF CALF TENDON	$230.64	$196.04
27690			TRANSFER OF TENDON AND MUSCLE	$322.80	$274.38
27691			TRANSFER OF DEEP TENDON OF FOO	$375.95	$319.55
27692			TRANSFER OF TENDON WITH MUSCLE	$50.07	$42.56
27695			PRIMARY REPAIR OF DISRUPTED AN	$247.15	$210.07
27696			PRIMARY REPAIR OF DISRUPTION O	$276.55	$235.07
27698			SECONDARY REPAIR OF DISRUPTED	$321.75	$273.49
27700			RECONSTRUCTION OF ANKLE JOINT	$361.66	$307.41
27702			RECONSTRUCTION OF ANKLE JOINT	$483.68	$411.13
27703			ARTHROPLASTY,SRCONDARY RECON,T	$557.11	$473.54
27704			REMOVAL OF ANKLE IMPLANT	$287.67	$244.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27705			INCISION OR PARTIAL REMOVAL OF	$378.54	$321.76
27707			INCISION OR PARTIAL REMOVAL OF	$208.04	$176.83
27709			INCISION OR PARTIAL REMOVAL OF	$574.67	$488.47
27712			REALIGNMENT OF LOWER LEG	$555.50	$472.17
27715			REVISION OF LOWER LEG	$540.08	$459.06
27720			REPAIR OF NONHEALED BROKEN SHI	$440.80	$374.68
27722			REPAIR OF NONHEALED BROKEN SHI	$453.00	$385.05
27724			REPAIR OF NONHEALED BROKEN SHI	$627.72	$533.56
27725			FUSION OF NONHEALED BROKEN SHI	$612.78	$520.86
27726			REPAIR OF NONHEALED BROKEN OUT	$480.43	$408.37
27727			REPAIR OF CONGENITAL NONHEALED	$523.96	$445.37
27730			SCRAPING OR STAPLING OF SHIN B	$300.72	$255.61
27732			FUSION OF LOWER OUTER LEG BONE	$233.71	$198.65
27734			FUSION OF LOWER END OF GROWTH	$335.25	$284.96
27740			FUSION OF LOWER AND UPPER ENDS	$360.34	$306.29
27742			FUSION OF LOWER AND UPPER ENDS	$394.81	$335.59

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27745			PLACEMENT OF STABILIZING DEVIC	$377.34	$320.73
27750			CLOSED TREATMENT OF BROKEN MID	$183.42	$155.91
27752			CLOSED TREATMENT OF MIDDLE PAR	$277.72	$236.06
27756			PLACEMENT OF STABILIZING DEVIC	$295.38	$251.07
27758			TREATMENT BROKEN MIDDLE PART O	$453.43	$385.41
27759			TREATMENT OF BROKEN PART OF SH	$502.23	$426.89
27760			CLOSED TREATMENT OF INSIDE POR	$175.90	$149.51
27762			CLOSED TREATMENT OF INSIDE POR	$254.86	$216.63
27766			TREATMENT OF INSIDE PORTION OF	$308.15	$261.93
27767			CLOSED TREATMENT OF BACK PORTI	$153.12	$130.15
27768			CLOSED TREATMENT OF BACK PORTI	$233.03	$198.08
27769			TREATMENT OF BROKEN BACK PORTI	$368.08	$312.86
27780			CLOSED TREATMENT OF BROKEN MID	$163.56	$139.03
27781			CLOSED TREATMENT OF BROKEN MID	$229.54	$195.11
27784			TREATMENT OF BROKEN UPPER OR M	$363.61	$309.07
27786			CLOSED TREATMENT OF BROKEN OUT	$165.26	$140.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27788			CLOSED TREATMENT OF BROKEN OUT	$222.45	$189.08
27792			TREATMENT OF BROKEN OUTER LOWE	$327.87	$278.69
27808			CLOSED TREATMENT OF 2 BROKEN L	$177.62	$150.98
27810			CLOSED TREATMENT OF 2 BROKEN L	$247.98	$210.78
27814			TREATMENT OF BOTH BROKEN LOWER	$387.18	$329.10
27816			CLOSED TREATMENT OF 3 BROKEN L	$175.16	$148.89
27818			CLOSED TREATMENT OF 3 BROKEN L	$257.03	$218.47
27822			TREATMENT OF 3 BROKEN LOWER LE	$443.13	$376.66
27823			TREATMENT OF 3 BROKEN LOWER LE	$498.24	$423.50
27824			CLOSED TREATMENT OF BROKEN SHI	$165.80	$140.93
27825			CLOSED TREATMENT OF BROKEN SHI	$281.92	$239.63
27826			TREATMENT OF BROKEN OUTER LOWE	$432.99	$368.04
27827			TREATMENT OF BROKEN SHIN BONE	$566.59	$481.60
27828			TREATMENT OF BROKEN LOWER WEIG	$668.52	$568.24
27829			TREATMENT OF LIGAMENT TEAR AT	$359.80	$305.83
27830			CLOSED TREATMENT OF DISLOCATED	$204.60	$173.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27831			CLOSED TREATMENT OF DISLOCATED	$212.34	$180.48
27832			TREATMENT OF DISLOCATED KNEE J	$385.70	$327.84
27840			CLOSED TREATMENT OF DISLOCATED	$201.12	$170.95
27842			CLOSED TREATMENT OF DISLOCATED	$252.78	$214.86
27846			TREATMENT OF DISLOCATED ANKLE	$368.45	$313.18
27848			TREATMENT OF DISLOCATED ANKLE	$398.31	$338.56
27860			FIXATION OF ANKLE JOINT	$82.59	$70.20
27870			FUSION OF ANKLE JOINT, OPEN PR	$506.58	$430.59
27871			FUSION OF LOWER LEG BONE AT KN	$350.35	$297.80
27880			AMPUTATION OF LOWER LEG	$444.30	$377.66
27881			AMPUTATION OF BOTH LOWER LEG B	$418.47	$355.70
27882			AMPUTATION OF BOTH LOWER LEG B	$293.20	$249.22
27886			RE-AMPUTATION OF LOWER LEG	$323.62	$275.07
27888			AMPUTATION OF FOOT AT ANKLE WI	$282.69	$240.29
27889			REMOVAL OF FOOT AT ANKLE JOINT	$317.80	$270.13
27892			INCISION OF CONNECTIVE TISSUE	$270.03	$229.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
27893			INCISION OF CONNECTIVE TISSUE	$313.74	$266.68
27894			INCISION OF CONNECTIVE TISSUE	$407.44	$346.32
27899			OTHER PROCEDURE ON LEG OR ANKL	BY REPORT	BY REPORT
28003			DRAINAGE OF FLUID FILLED SACS	$188.98	$160.63
28005			TREAT FOOT BONE LESION	$286.48	$243.50
28008			INCISION OF CONNECTIVE TISSUE	$215.90	$183.51
28011			REPAIR OF MULTIPLE TOE TENDONS	$159.80	$135.83
28020			INCISION OF FOOT AT ANKLE JOIN	$274.71	$233.50
28022			INCISION OF MIDFOOT JOINT FOR	$246.57	$209.58
28035			RELEASE OF NERVE BETWEEN TISSU	$267.43	$227.31
28039			EXCIS,TUMOR,SOFT TISSUE,FOOT 1	$240.76	$204.65
28039	26		EXCIS TUMOR,SOFT TISS FOOT 1.5	$170.23	$144.70
28041			REMOVAL OF GROWTH OF MUSCLE OF	$226.88	$192.85
28045			REMOVAL OF GROWTH OF MUSCLE OF	$242.33	$205.98
28046			EXTENSIVE REMOVAL OF GROWTH OF	$348.86	$296.53
28047			EXTENSIVE REMOVAL OF GROWTH OF	$516.42	$438.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28050			BIOPSY THROUGH A JOINT OPENING	$210.11	$178.59
28052			INCISION OF MIDFOOT JOINT WITH	$196.87	$167.34
28054			INCISION OF TOE JOINT WITH BIO	$185.35	$157.54
28055			NEURECTOMY, INTRINSIC MUSCULAT	$195.83	$166.46
28060			PARTIAL REMOVAL OF CONNECTIVE	$262.13	$222.81
28062			REMOVAL OF CONNECTIVE TISSUE A	$291.11	$247.44
28070			REMOVAL OF FOOT BONE JOINT LIN	$256.46	$217.99
28072			REMOVAL OF JOINT LINING OF TOE	$248.73	$211.42
28080			EXCISE MORTON NEUROMA,SINGLE,	$270.80	$230.18
28086			REMOVAL OF LINING OF TENDON ON	$265.67	$225.82
28088			REMOVAL OF LINING OF TENDON ON	$235.74	$200.37
28090			REMOVAL OF FOOT LESION	$236.03	$200.63
28092			REMOVAL OF TOE LESIONS	$214.48	$182.31
28100			REMOVAL OF CYST OR GROWTH OF H	$310.25	$263.71
28102			REMOVAL OF CYST OR GROWTH OF H	$312.00	$265.20
28103			REMOVAL OF CYST OR GROWTH OF H	$194.16	$165.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28104			REMOVAL OF CYST OR GROWTH OF F	$265.86	$225.98
28106			REMOVAL OF CYST OR GROWTH OF F	$213.40	$181.39
28107			REMOVAL OF CYST OR GROWTH OF F	$255.69	$217.33
28108			REMOVAL OF CYST OR GROWTH OF T	$219.64	$186.69
28110			PART REMOVAL OF METATARSAL	$234.66	$199.46
28111			REMOVAL OF FOOT BONE AT GREAT	$239.71	$203.75
28112			REMOVAL OF TOE BONE AT SECOND,	$244.02	$207.41
28113			COMPLETE REMOVAL OF FOOT BONE	$295.65	$251.30
28114			COMPLETE REMOVAL OF SECOND TO	$538.62	$457.82
28116			REVISION OF FOOT	$387.96	$329.76
28118			PARTIAL REMOVAL OF HEEL	$306.51	$260.53
28119			REMOVAL OF HEEL SPUR	$266.11	$226.19
28120			PARTIAL REMOVAL OF INFECTED FO	$338.80	$287.98
28122			PARTIAL REMOVAL OF FOOT OR HEE	$299.05	$254.19
28124			PARTIAL REMOVAL OF TOE	$241.45	$205.23
28126			REMOVAL OF TOE BONE AT FOOT	$198.44	$168.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28130			REMOVAL OF ANKLE BONE	$311.71	$264.95
28140			REMOVAL OF METATARSAL	$285.83	$242.95
28150			PHALANGECTOMY,TOE, SINGLE, EAC	$211.61	$179.87
28153			REMOVAL OF END OF TOE AT JOINT	$205.03	$174.27
28160			PARTIAL REMOVAL OF TOE AT JOIN	$206.83	$175.80
28171			EXTENSIVE REMOVAL OF GROWTH OF	$555.92	$472.53
28173			EXTENSIVE REMOVAL OF GROWTH OF	$359.40	$305.49
28175			EXTENSIVE REMOVAL OF GROWTH OF	$234.61	$199.41
28200			REPAIR OF TENDON ON SOLE OF FO	$250.25	$212.71
28202			SECONDARY REPAIR OF TENDON ON	$300.83	$255.70
28208			REPAIR OF TENDON OF TOP SIDE O	$245.84	$208.96
28210			REPAIR OF TENDON ON TOP SIDE O	$299.79	$254.82
28220			REMOVAL OF SCAR TISSUE OF TEND	$228.01	$193.81
28222			REMOVAL OF SCAR TISSUE OF MULT	$271.89	$231.10
28225			REMOVAL OF SCAR TISSUE OF TEND	$209.49	$178.06
28226			REMOVAL OF SCAR TISSUE OF MULT	$315.10	$267.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28232			INCISION TO LENGTHEN TOE TENDO	$191.05	$162.39
28234			INCISION TO RELEASE FOOT TENDO	$208.20	$176.97
28238			RECONSTRUCTION OF ANKLE TENDON	$338.52	$287.74
28240			RELEASE OR LENGTHENING OF TEND	$224.08	$190.46
28250			INCISION OF CONNECTIVE TISSUE	$297.97	$253.27
28260			RELEASE OF MIDFOOT JOINT	$368.76	$313.45
28261			INCISION OF ANKLE JOINT CAPSUL	$541.24	$460.05
28262			EXTENSIVE REPAIR OF FOOT DEFEC	$691.94	$588.14
28264			RELEASE OF CAPSULE OF MIDFOOT	$438.91	$373.07
28270			CAPSULOTOMY...EACH JOINT	$246.14	$209.21
28280			CREATION OF WEBBING BETWEEN TO	$255.16	$216.89
28285			REVISION OF HAMMERTOE	$273.26	$232.27
28286			REVISION OF HAMMERTOE	$223.88	$190.30
28288			OSTECTOMY,PARTIAL..EACH METAR	$305.85	$259.97
28289			CORRECTION OF RIGID DEFORMITY	$348.42	$296.15
28291			CORRECTION OF RIGID DEFORMITY	$347.17	$295.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28291	26		CORRJ HALUX RIGDUS IMPLT	$241.38	$205.17
28292			CORRECTION OF BUNION	$353.76	$300.69
28295			CORRECTION OF BUNION WITH ALIG	$531.60	$451.86
28295	26		CORRECTION OF BUNION	$304.36	$258.70
28296			CORRECTION OF BUNION WITH ALIG	$447.55	$380.41
28297			CORRECTION OF BUNION WITH FORE	$517.70	$440.04
28298			CORRECTION OF BUNION WITH ALIG	$423.18	$359.70
28299			CORRECTION OF BUNION WITH 2 AR	$512.57	$435.68
28300			INCISION OR PARTIAL REMOVAL OF	$328.30	$279.06
28302			INCISION OR PARTIAL REMOVAL OF	$363.81	$309.24
28304			INCISION OR PARTIAL REMOVAL OF	$418.35	$355.59
28305			INCISION OR PARTIAL REMOVAL OF	$339.35	$288.45
28306			INCISION OR PARTIAL REMOVAL OF	$309.39	$262.98
28307			INCISION OR PARTIAL REMOVAL OF	$399.76	$339.80
28308			INCISION OR PARTIAL REMOVAL OF	$289.87	$246.39
28309			INCISION OR PARTIAL REMOVAL OF	$454.94	$386.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28310			INCISION OR PARTIAL REMOVAL OF	$276.73	$235.22
28313			RECONSTRUCTION,TOE DEFORMITY..	$267.82	$227.64
28315			REMOVAL OF SMALL BONE UNDERLYI	$241.58	$205.34
28320			REPAIR OF NONHEALED BROKEN MID	$311.19	$264.51
28322			REPAIR OF NONHEALED BROKEN FOR	$398.28	$338.53
28340			RECONSTRUCTION OF ABNORMAL TOE	$285.34	$242.54
28341			RECONSTRUCTION OF ABNORMAL TOE	$330.67	$281.07
28345			RECONST TOES:SYNDACTYLY..EACH	$258.41	$219.64
28400			TREAT CLSD CALC FX:W/O MANIP	$129.95	$110.46
28405			TREAT CLSD CALC FX W.MANIP...R	$235.55	$200.22
28406			PLACEMENT OF STABILIZING DEVIC	$303.54	$258.00
28415			TREATMENT OF BROKEN HEEL BONE	$564.98	$480.23
28420			TREATMENT OF BROKEN HEEL BONE	$654.81	$556.58
28430			TREAT CLSD TALUS FX,W/O MANIP	$125.92	$107.03
28435			TREAT CLSD TALUS FX,W/ MANIP	$194.05	$164.94
28436			PLACEMENT OF STABILIZING DEVIC	$256.69	$218.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28445			TREATMENT OF BROKEN BONE BETWE	$528.06	$448.85
28446			IMPLANTATION OF SELF CARTILAGE	$616.41	$523.94
28450			TREATMENT OF BROKEN FOOT BONE	$110.67	$94.07
28455			TREATMENT OF BROKEN FOOT BONE	$131.50	$111.77
28456			PLACEMENT OF STABILIZING DEVIC	$192.93	$163.99
28465			TREATMENT OF BROKEN HIND PORTI	$325.59	$276.75
28475			CLOSED TREATMENT OF BROKEN FOO	$135.10	$114.83
28476			PLACEMENT OF STABILIZING DEVIC	$199.95	$169.95
28485			TREATMENT OF BROKEN MIDPORTION	$286.88	$243.84
28490			TREAT BIG TOE FRACTURE	$74.44	$63.27
28495			TREAT BIG TOE FRACTURE	$93.87	$79.79
28496			PLACEMENT OF STABILIZING DEVIC	$259.92	$220.93
28505			TREATMENT OF BROKEN GREAT TOE	$329.75	$280.28
28510			TREAT CLSD FX...W/O MANIP, EAC	$63.44	$53.92
28515			TREAT CLSD FX...W/ MANIP., EAC	$86.08	$73.17
28525			TREATMENT OF BROKEN TOE	$289.37	$245.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28530			CLOSED TREATMENT OF BROKEN SMA	$61.10	$51.94
28531			TREATMENT OF BROKEN SMALL BONE	$167.98	$142.78
28540			CLOSED TREATMENT OF DISLOCATED	$101.80	$86.53
28545			CLOSED TREATMENT OF DISLOCATED	$162.77	$138.35
28546			PLACEMENT OF STABILIZING DEVIC	$302.24	$256.90
28555			TREATMENT OF DISLOCATED MIDFOO	$437.28	$371.68
28570			CLOSED TREATMENT OF DISLOCATED	$124.65	$105.95
28575			CLOSED TREATMENT OF DISLOCATED	$198.41	$168.65
28576			PLACEMENT OF STABILIZING DEVIC	$200.61	$170.52
28585			TREATMENT OF DISLOCATED ANKLE	$453.97	$385.87
28600			CLOSED TREATMENT OF DISLOCATED	$97.15	$82.58
28605			CLOSED TREATMENT OF DISLOCATED	$179.99	$152.99
28606			PLACEMENT OF STABILIZING DEVIC	$200.85	$170.72
28615			TREATMENT OF DISLOCATED MIDFOO	$420.80	$357.68
28630			CLOSED TREATMENT OF DISLOCATED	$79.47	$67.55
28635			CLOSED TREATMENT OF DISLOCATED	$87.55	$74.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28636			PLACEMENT OF STABILIZING DEVIC	$181.50	$154.28
28645			TREATMENT OF DISLOCATED JOINT	$329.95	$280.46
28660			CLOSED TREATMENT OF DISLOCATED	$64.99	$55.24
28665			CLOSED TREATMENT OF DISLOCATED	$77.23	$65.65
28666			PLACEMENT OF STABILIZING DEVIC	$88.40	$75.14
28705			FUSION OF ALL BONES OF ANKLE A	$609.65	$518.20
28715			FUSION OF 3 BONES OF ANKLE	$473.69	$402.64
28725			FUSION OF FOOT BELOW ANKLE	$393.06	$334.10
28730			FUSION OF MULTIPLE FOOT JOINTS	$365.68	$310.82
28735			FUSION OF MULTIPLE FOOT JOINTS	$389.87	$331.39
28737			FUSION OF UPPER PART OF FOOT A	$347.51	$295.38
28740			FUSION OF FOOT IN MIDFOOT REGI	$417.33	$354.73
28750			FUSION OF BIG TOE AT JOINT WIT	$394.02	$334.92
28755			FUSION OF BIG TOE BETWEEN TOE	$255.60	$217.26
28760			FUSION OF BIG TOE BETWEEN TOE	$389.22	$330.83
28800			AMPUTATION OF MIDFOOT BONE	$263.86	$224.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
28805			AMPUTATION OF FOOT ACROSS INST	$350.60	$298.01
28810			AMPUTATION OF TOE AND MIDFOOT	$211.98	$180.18
28820	50		AMPUTATION OF TOE BILATERAL	$94.96	$80.71
28825	50		PARTIAL AMPUTATION OF TOE BILA	$90.89	$77.25
28890			SHOCK WAVE THERAPY TO ARCH OF	$158.27	$134.53
28890	26		EXTRACORPOREAL SHOCK WAVE, HIG	$112.68	$95.78
28899			OTHER PROCEDURE ON FOOT OR TOE	BY REPORT	BY REPORT
29000			APPLICATION OF BODY CAST	$187.82	$159.65
29010			APPLICATION OF BODY CAST	$144.27	$122.63
29015			APPLICATION OF BODY CAST	$154.21	$131.07
29035			APPLICATION OF SHOULDER TO HIP	$136.16	$115.74
29040			APPLICATION OF SHOULDER TO HIP	$154.59	$131.40
29044			APPLICATION OF SHOULDER TO HIP	$151.77	$129.00
29046			APPLICATION OF SHOULDER TO HIP	$165.73	$140.87
29049			APPLICATION OF SHOULDER CAST	$51.83	$44.05
29055			APPLICATION OF SHOULDER CAST	$117.40	$99.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29058			APPLICATION OF PLASTER VELPEAU	$63.74	$54.18
29065			APPLICATION OF SHOULDER TO HAN	$50.30	$42.76
29075			APPLICATION OF ELBOW TO FINGER	$45.42	$38.61
29085			APPLICATION OF HAND AND LOWER	$49.79	$42.32
29086			APPLICATION OF FINGER CAST	$39.94	$33.95
29105			APPLICATION OF LOWER AND UPPER	$42.81	$36.38
29105	SA		APPLY LONG ARM SPLINT	NA	$20.00
29125			APPLICATION OF NONMOVEABLE FOR	$34.72	$29.51
29125	SA		APPLY FOREARM SPLINT	NA	$20.00
29126			APPLICATION OF MOVEABLE OR HIN	$40.55	$34.47
29130			APPLICATION OF NONMOVEABLE FIN	$21.47	$18.25
29130	SA		APPLICATION OF FINGER SPLINT	NA	$15.20
29131			APPLICATION OF HINGED FINGER S	$27.79	$23.62
29200			PLACEMENT OF STRAPPING TO CHES	$16.11	$13.69
29200	SA		STRAPPING OF CHEST	NA	$15.20
29240			PLACEMENT OF STRAPPING TO SHOU	$14.91	$12.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29240	SA		STRAPPING OF SHOULDER	NA	$20.00
29260			PLACEMENT OF STRAPPING TO ELBO	$14.56	$12.38
29260	SA		STRAPPING OF ELBOW OR WRIST	NA	$15.20
29280			PLACEMENT OF STRAPPING TO HAND	$15.07	$12.81
29280	SA		STRAPPING OF HAND OR FINGER	NA	$15.20
29305			APPLICATION OF HIP SPICA CAST	$129.69	$110.23
29325			APPLICATION OF HIP SPICA CAST	$143.12	$121.65
29345			APPLICATION OF LONG LEG CAST F	$69.50	$59.08
29355			APPLICATION OF WALKING CAST CO	$72.79	$61.87
29358			APPLICATION OF LONG LEG BRACE-	$84.07	$71.46
29365			APPLICATION OF THIGH TO LOWER	$64.40	$54.74
29405			APPLICATION OF SHORT LEG CAST	$41.45	$35.23
29425			APPLICATION OF WALKING CAST CO	$38.72	$32.91
29435			APPLICATION OF KNEECAP TENDON	$64.06	$54.45
29440			ADDITION OF WALKER TO PREVIOUS	$21.94	$18.65
29445			APPLICATION OF WALKING CAST CO	$64.86	$55.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29450			APPLICATION OF LEG CAST AND MA	$73.66	$62.61
29450	50		APPLIC CLUBFOOT CAST /MOLD/MAN	$37.00	$32.00
29505			APPLICATION OF LONG LEG SPLINT	$46.55	$39.57
29505	SA		APPLICATION LONG LEG SPLINT	NA	$39.90
29515			APPLICATION OF SHORT LEG SPLIN	$37.23	$31.64
29515	SA		APPLICATION LOWER LEG SPLINT	NA	$35.20
29520			PLACEMENT OF STRAPPING TO HIP	$17.49	$14.87
29520	SA		STRAPPING OF HIP	NA	$20.00
29530			PLACEMENT OF STRAPPING TO KNEE	$14.74	$12.53
29530	SA		STRAPPING OF KNEE	NA	$15.20
29540			PLACEMENT OF STRAPPING TO ANKL	$14.05	$11.94
29540	SA		STRAPPING OF ANKLE	NA	$15.20
29550			PLACEMENT OF STRAPPING TO TOES	$9.72	$8.26
29550	SA		STRAPPING OF TOES	NA	$13.30
29580			STRAPPING, UNNA BOOT	$32.45	$27.58
29580	SA		APPLICATION OF PASTE BOOT	NA	$15.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29581			APPLICATION OF VEIN WOUND COMP	$44.81	$38.09
29581	26		APPLICATION MULTI-LAYER VEN WO	$12.99	$11.04
29584			APPLICATION OF VEIN WOUND COMP	$40.93	$34.79
29584	26		APPICATION OF MULTI LAYER COMP	$7.56	$6.42
29590	SA		DENIS-BROWNE SPLINT STRAPPING	NA	$9.50
29700			REMOVAL OR CUTTING OF GAUNTLET	$32.92	$27.98
29700	SA		REMOVAL/REVISION OF CAST	NA	$11.40
29705			REMOVAL OR CUTTING OF FULL ARM	$32.20	$27.37
29705	SA		REMOVAL/REVISION OF CAST	NA	$11.40
29710			REMOVAL OR CUTTING OF SHOULDER	$62.85	$53.42
29710	SA		REMOVAL/REVISION OF CAST	NA	$15.20
29720			REPAIR OF SPICA, BODY CAST, OR	$44.83	$38.11
29720	SA		REPAIR OF BODY CAST	NA	$20.00
29730			EXAM OF SKIN SURFACE BY CREATI	$33.24	$28.25
29730	SA		WINDOWING OF CAST	NA	$7.60
29740	SA		WEDGING OF CAST	NA	$8.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29750	50		WEDGING OF CLUBFOOT CAST,BILAT	$15.00	$13.00
29799			OTHER CASTING OR WRAPPING PROC	BY REPORT	BY REPORT
29800			DIAGNOSTIC EXAM OF JAW JOINT U	$271.22	$230.54
29804			EXAM OF JAW JOINT USING AN END	$298.05	$253.34
29805			DIAGNOSTIC EXAM OF SHOULDER US	$238.62	$202.83
29806			REPAIR OF SHOULDER JOINT CAPSU	$534.01	$453.90
29807			REPAIR OF SHOULDER SOCKET USIN	$521.62	$443.38
29819			REMOVAL OF LOOSE OR FOREIGN BO	$298.76	$253.95
29820			ARTHROSCOPY-SYNOVECTOMY-PARTIA	$271.22	$230.53
29821			ARTHROSCOPY-SYNOVECTOMY-COMPLE	$301.40	$256.19
29822			LIMITED REMOVAL OF ABNORMAL SH	$276.03	$234.63
29823			REMOVAL OF EXTENSIVE SHOULDER	$301.48	$256.26
29824			ARTHROSCOPY SHOULDER SURG DIST	$344.24	$292.60
29825			REMOVAL OF SHOULDER SCAR TISSU	$298.09	$253.37
29826			SHAVING OF PART OF SHOULDER BO	$84.41	$71.75
29827			ARTHROSCOPY SHOULDER W/ROT CUF	$537.66	$457.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29828			RELEASE OF TENDON CONNECTING B	$462.08	$392.77
29830			DIAGNOSTIC EXAM OF ELBOW JOINT	$233.16	$198.18
29834			REMOVAL OF LOOSE OR FOREIGN BO	$250.76	$213.14
29835			ARTHROSCOPY SYNOVECTOMY-PARTIA	$260.30	$221.25
29836			ARTHROSCOPY SYNOVECTOMY COMPLE	$297.62	$252.98
29837			REMOVAL OF ELBOW JOINT TISSUE	$267.47	$227.35
29838			REMOVAL OF EXTENSIVE DAMAGED T	$303.14	$257.67
29840			DIAGNOSTIC EXAM OF WRIST USING	$230.62	$196.02
29843			DIAGNOSTIC EXAM, WASHING, AND	$249.29	$211.90
29844			ARTHROSCOPY,WRIST:PARTIAL SYNO	$254.80	$216.58
29845			REMOVAL OF ENTIRE WRIST JOINT	$299.06	$254.20
29846			REMOVAL OR REPAIR OF WRIST CAR	$266.60	$226.61
29847			PLACEMENT OF INTERNAL STABILIZ	$277.68	$236.02
29848			ARTHROSCOPY,WRIST,SURG:W REL.T	$262.66	$223.26
29850			TREATMENT OF BROKEN KNEE JOINT	$318.14	$270.42
29851			TREATMENT OF BROKEN KNEE JOINT	$469.30	$398.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29855			TREATMENT OF BROKEN UPPER PORT	$395.06	$335.80
29856			TREATMENT OF BROKEN UPPER PORT	$500.34	$425.28
29860			DIAGNOSTIC EXAM OF HIP USING A	$332.70	$282.80
29861			REMOVAL OF LOOSE OR FOREIGN BO	$361.40	$307.19
29862			ARTHROSCOPY, HIP, SURG W/DEBRI	$413.02	$351.06
29863			ARTHROSCOPY, HIP, SURG W/SYNOV	$412.68	$350.77
29866			REPAIR OF KNEE CARTILAGE AND B	$531.89	$452.11
29867			REPAIR OF KNEE CARTILAGE AND B	$643.87	$547.29
29868			REPAIR OF KNEE CARTILAGE WITH	$835.58	$710.24
29870			DIAGNOSTIC EXAM OF KNEE USING	$283.24	$240.75
29871			EXAM, WASHING, AND DRAINAGE OF	$262.99	$223.54
29873			RELEASE OF LIGAMENTS AT OUTER	$275.87	$234.49
29874			REMOVAL OF LOOSE OR FOREIGN BO	$274.13	$233.01
29875			ARTHROSCOPY,KNEE,SYNOVECTOMY,L	$253.45	$215.43
29876			REMOVAL OF JOINT LINING FROM M	$331.62	$281.87
29877			ARTHROSCOPY-DEBRIDEMENT	$315.74	$268.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29879			REPAIR OF KNEE JOINT WITH DRIL	$336.12	$285.70
29880			ARTHROSCOPY,KNEE:W/MENISCECTOM	$286.29	$243.35
29881			REMOVAL OF KNEE CARTILAGE USIN	$276.03	$234.63
29882			REPAIR OF INSIDE OR OUTSIDE KN	$348.90	$296.56
29883			REPAIR OF INSIDE AND OUTSIDE K	$426.59	$362.60
29884			REMOVAL OF SCAR TISSUE FROM KN	$315.24	$267.95
29885			REPAIR OF KNEE JOINT WITH BONE	$384.27	$326.63
29886			REPAIR OF KNEE JOINT BY DRILLI	$324.27	$275.63
29887			REPAIR OF KNEE JOINT WITH BONE	$382.95	$325.51
29888			REPAIR OF ANTERIOR CRUCIATE LI	$490.26	$416.72
29889			REPAIR OF POSTERIOR CRUCIATE L	$617.77	$525.10
29891			REMOVAL OF SHIN AND/OR ANKLE B	$341.08	$289.92
29892			REMOVAL OF LARGE SHIN OR ANKLE	$322.96	$274.51
29893			REPAIR OF FIBROUS TISSUE OF AR	$337.79	$287.12
29894			REMOVAL OF LOOSE OR FOREIGN BO	$255.19	$216.91
29895			PARTIAL REMOVAL OF ANKLE JOINT	$233.66	$198.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
29897			REMOVAL OF LIMITED DEAD OR INF	$250.42	$212.85
29898			REMOVAL OF EXTENSIVE DEAD OR I	$282.58	$240.19
29899			ARTHROSCOPY ANKLE SURG W/ARTHR	$504.65	$428.95
29900			ARTHROSCOPY METACARP JT DIAGNO	$259.57	$220.63
29901			ARTHROSCOPY METACARP JT SURGIC	$277.53	$235.90
29902			TREATMENT OF DISPLACED FINGER	$293.91	$249.82
29904			REMOVAL OF LOOSE OR FOREIGN BO	$325.30	$276.51
29905			REMOVAL OF LINING OF ANKLE JOI	$257.42	$218.81
29906			REMOVAL OF DEAD OR INFECTED AN	$329.97	$280.47
29907			ARTHROSCOPY, SUBTALAR JOINT, S	$444.18	$377.55
29914			RESHAPING OF THIGH BONE AT HIP	$499.50	$424.57
29915			RESHAPING OF HIP SOCKET USING	$512.01	$435.20
29916			REPAIR OF HIP JOINT SOCKET CAR	$509.79	$433.32
29999			OTHER PROCEDURE ON JOINT USING	BY REPORT	BY REPORT
30020			DRAINAGE OF ABSCESS OR BLOOD A	$138.43	$117.66
30110			SIMPLE REMOVAL OF NASAL POLYP	$127.55	$108.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
30110	50		REMOVAL OF NOSE POLYP(S)	$55.00	$48.00
30115			EXTENSIVE REMOVAL OF NASAL POL	$237.93	$202.24
30115	50		EXCISION,NASAL POLYPS(EXTENSIV	$157.00	$133.00
30117			REMOVAL OR DESTRUCTION OF GROW	$507.21	$431.12
30118			REMOVAL OR DESTRUCTION OF GROW	$360.44	$306.37
30120			REVISION OF NOSE	$259.44	$220.52
30124			SIMPLE REMOVAL OF CYST AND SKI	$155.67	$132.32
30125			EXCISE DERMOID CYST:COMPLEX...	$332.89	$282.95
30130			EXCISION TURBINATE,PARTIAL/COM	$213.01	$181.06
30130	50		EXCISION TURBINATE,PARTIAL/COM	$64.50	$55.00
30150			PARTIAL REMOVAL OF NOSE	$405.23	$344.44
30160			REMOVAL OF NOSE	$413.08	$351.12
30200			INJECTION OF MEDICATION INTO N	$56.45	$47.98
30210			NASAL SINUS THERAPY	$77.40	$65.79
30300	SA		REMOVE NASAL FOREIGN BODY	NA	$16.06
30310			REMOVE NASAL FOREIGN BODY	$106.21	$90.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
30400			RECONSTRUCTION OF NOSE	$625.20	$531.42
30410			RESHAPING OF BONE, CARTILAGE,	$717.39	$609.78
30420			RECONSTRUCTION OF NOSE	$735.20	$624.92
30450			REVISION OF NOSE	$883.52	$750.99
30460			REVISION OF CONGENITAL NASAL D	$417.83	$355.16
30462			REVISION OF CONGENITAL NASAL D	$801.81	$681.54
30465			REPAIR OF NASAL PASSAGE	$519.92	$441.93
30468			REPAIR OF COLLAPSED NOSTRIL US	$1,286.80	$1,093.78
30468	26		REPAIR OF COLLAPSED NOSTRIL US	$84.03	$71.43
30469			REPAIR OF COLLAPSED NASAL VALV	$1,258.11	$1,069.39
30469	26		REPAIR OF COLLAPSED NASAL VALV	$74.95	$63.70
30520			REPAIR OF NASAL SEPTUM	$343.86	$292.28
30545			REPAIR OF NASAL PASSAGES THROU	$508.17	$431.94
30580			REPAIR OF ABNORMAL DRAINAGE TR	$307.53	$261.40
30600			REPAIR MOUTH/NOSE FISTULA	$261.02	$221.87
30620			RECONSTRUCTION OF LINING OF NA	$344.62	$292.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
30630			REPAIR OF OPENINGS OF NASAL CA	$340.29	$289.25
3085F	HH		SUICIDE RISK ASSESSED (MDD, MD	$0.00	$0.00
30901			CONTROL NASAL HEMORRHAGE UNILA	$79.65	$67.70
30901	SA		CONTROL NASAL HEMORRHAGE UNILA	NA	$20.00
30901	SA	50	CONTROL NASAL HEMORRHAGE-BILAT	NA	$29.45
30901	50		CONTROL NASAL HEMORRHAGE-BILAT	$36.00	$31.00
30903			CAUTER NASAL W LOCAL ANESTHESI	$124.24	$105.60
30903	50		CAUTER NASAL W LOCAL ANES-BILA	$36.00	$31.00
30905			INITIAL CONTROL OF NOSE BLEED	$178.64	$151.84
30915			TYING OF ETHMOIDAL ARTERY ETHM	$306.07	$260.16
30920			TYING OF INTERNAL NASAL ARTERY	$441.09	$374.92
30930			FRACTURE NASAL TURBINATES THE	$60.35	$51.29
30999			OTHER PROCEDURE ON NOSE	BY REPORT	BY REPORT
31000	50		IRRIG MAXILLARY SINUS BILATERA	$24.00	$21.00
31002			IRRIGATION OF SPHENOID NASAL S	$96.16	$81.73
31020			INCISION OF NASAL SINUS THROUG	$214.35	$182.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31020	50		EXPLOR MAXILLARY SINUS,BILATER	$108.00	$92.00
31030			CREATION OF WINDOW INTO NASAL	$326.13	$277.21
31030	50		EXPLOR MAXILL SINUS W/O REM PO	$363.00	$309.00
31032			REMOVAL OF NASAL SINUS POLYP	$301.77	$256.50
31032	50		SINUSOT,MAXIL:RAD BIL W/REM AN	$399.00	$339.00
31040			INCISION THROUGH SINUS AT CHEE	$408.30	$347.06
31050			INCISION OF SPHENOID NASAL SIN	$263.25	$223.76
31051			SINUSOTOMY,SPHENOID..:W/STRIP,	$353.07	$300.11
31070			SIMPLE INCISION OF FRONTAL NAS	$242.97	$206.52
31075			INCISION OF NASAL SINUS OF SID	$419.97	$356.97
31080			INSERTION OF MATERIAL TO STOP	$552.21	$469.37
31081			INSERTION OF MATERIAL TO STOP	$591.06	$502.40
31084			INSERTION OF MATERIAL TO STOP	$611.40	$519.69
31085			INSERTION OF MATERIAL TO STOP	$629.59	$535.15
31086			INCISION OF EYEBROW AND PLACEM	$595.52	$506.19
31087			INCISION OF FOREHEAD AND PLACE	$566.05	$481.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31090			REMOVAL OF TISSUE OR GROWTHS I	$563.53	$479.00
31200			REMOVAL OF ETHMOID SINUS	$319.75	$271.78
31201			REMOVAL OF NASAL SINUS FROM WI	$395.83	$336.46
31205			REMOVAL OF NASAL SINUS FROM OU	$476.25	$404.81
31225			REMOVAL OF UPPER JAW	$901.32	$766.12
31230			REMOVAL OF UPPER JAW	$1,004.38	$853.72
31233			EXAM OF NASAL PASSAGE AND SINU	$139.57	$118.63
31235			EXAM OF NASAL PASSAGE AND SPHE	$158.52	$134.74
31237			SURG W BX PLOYPECTOMY OF DEBRI	$130.34	$110.79
31238			CONTROL OF BLEEDING OF NOSE US	$126.58	$107.59
31239			ENDOSCOPY W DACRYOCYSTORHINOST	$303.16	$257.68
31240			ENDOSC W CONCHA BULLOSA RESECT	$79.07	$67.21
31241			TYING OF SPHENOPALATINE ARTERY	$219.62	$186.68
31253			COMPLETE EXAM OF NOSE AND SINU	$246.26	$209.32
31254			NASAL ENDOSCOPY:PARTIAL ETHMOI	$221.27	$188.08
31255			REMOVAL OF NASAL SINUS USING A	$159.46	$135.54

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31256			INCISION OF NASAL SINUS USING	$89.03	$75.67
31257			EXAM OF NOSE AND SINUS WITH RE	$219.80	$186.83
31259			REMOVAL OF TISSUE FROM SPHENOI	$232.20	$197.37
31267			REMOVAL OF NASAL SINUS TISSUE	$131.19	$111.51
31276			NAS/SINUS ENDOS/EXPLOR W/WO TI	$186.58	$158.59
31287			INCISION OF SPHENOID NASAL SIN	$99.44	$84.52
31288			REMOVAL OF SPHENOID NASAL SINU	$115.65	$98.30
31290			REPAIR OF LEAK OF BRAIN AND SP	$568.84	$483.51
31291			REPAIR OF LEAK OF BRAIN AND SP	$610.26	$518.72
31292			DECOMPRESSION OF MEDIAL OR INF	$493.25	$419.26
31293			DECOMPRESSION OF MEDIAL AND IN	$535.40	$455.09
31294			DECOMPRESSION OF OPTIC NERVE U	$610.78	$519.16
31295			DILATION OF NASAL SINUS USING	$844.98	$718.23
31295	26		NASAL/SINUS ENDOSCOPY, SURGICA	$78.11	$66.39
31296			DILATION OF FRONTAL NASAL SINU	$857.46	$728.84
31296	26		NASAL/SINUS ENDOSCOPY, SURGICA	$88.69	$75.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31297			DILATION OF SPHENOID NASAL SIN	$837.86	$712.18
31297	26		NASAL/SINUS ENDOSCOPY, SURGICA	$71.34	$60.63
31298			DILATION OF SPHENOID AND FRONT	$1,589.44	$1,351.02
31298	26		DILATION OF NASAL SINUS USING	$126.40	$107.44
31299			OTHER PROCEDURE ON ACCESSORY S	BY REPORT	BY REPORT
31300			REMOVAL OF LARYNX LESION	$629.98	$535.48
31360			COMPLETE REMOVAL OF VOICE BOX	$1,028.36	$874.11
31365			COMPLETE REMOVAL OF VOICE BOX	$1,265.46	$1,075.64
31367			PARTIAL REMOVAL OF LARYNX	$1,088.08	$924.86
31368			REMOVAL OF VOICE BOX WITH EXTE	$1,202.18	$1,021.85
31370			PARTIAL REMOVAL OF VOICE BOX	$1,022.50	$869.13
31375			PARTIAL REMOVAL OF VOICE BOX T	$972.34	$826.49
31380			PARTIAL REMOVAL OF VOICE BOX A	$959.12	$815.25
31382			PARTIAL REMOVAL OF VOICE BOX A	$1,049.29	$891.89
31390			REMOVAL OF VOICE BOX, THROAT,	$1,396.17	$1,186.74
31395			REMOVAL OF VOICE BOX AND THROA	$1,465.48	$1,245.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31400			REMOVAL OR REPAIR OF VOICE BOX	$511.98	$435.18
31420			REMOVAL OF CARTILAGE ATTACHING	$419.27	$356.38
31500			EMERGENT INSERTION OF BREATHIN	$68.50	$58.23
31502			CHANGE OF BREATHING TUBE IN WI	$17.19	$14.61
31505			DIAGNOSTIC EXAM OF VOICE BOX U	$45.80	$38.93
31510			BIOPSY OF VOICE BOX USING AN E	$109.75	$93.29
31511			REMOVAL OF FOREIGN BODY IN VOI	$106.90	$90.87
31512			REMOVAL OF GROWTH OF VOICE BOX	$110.27	$93.73
31513			INJECTION OF VOCAL CORD USING	$65.34	$55.53
31515			LARYNGOSCOPY FOR ASPIRATION	$108.16	$91.94
31525			DIAGNOSTIC EXAM OF VOICE BOX U	$126.87	$107.84
31526			DIAGNOSTIC EXAM OF VOICE BOX U	$77.90	$66.22
31527			INSERTION OF DEVICE TO CLOSE O	$96.42	$81.96
31528			INITIAL DILATION OF VOICE BOX	$71.59	$60.85
31529			SUBSEQUENT DILATION OF VOICE B	$79.85	$67.87
31530			REMOVAL OF FOREIGN BODY IN VOI	$98.35	$83.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31531			REMOVAL OF FOREIGN BODY IN VOI	$104.35	$88.69
31535			BIOPSY OF VOICE BOX USING AN E	$93.61	$79.57
31536			OPERATIVE LARYNGOSCOPY	$103.86	$88.28
31540			REMOVAL OF GROWTH OF THROAT AN	$119.07	$101.21
31541			REMOVAL OF GROWTH OF TONGUE AN	$129.82	$110.34
31545			REMOVAL OF VOCAL CORD GROWTHS	$178.30	$151.55
31546			REMOVAL OF VOCAL CORD GROWTHS	$269.89	$229.40
31551			REPAIR OF NARROWED VOICE BOX W	$775.32	$659.02
31552			REPAIR OF NARROWED VOICE BOX W	$748.72	$636.41
31553			REPAIR OF NARROWED VOICE BOX W	$845.83	$718.95
31554			REPAIR OF NARROWED VOICE BOX W	$846.17	$719.24
31560			REMOVAL OF VOICE BOX CARTILAGE	$153.76	$130.70
31561			REMOVAL OF VOICE BOX CARTILAGE	$168.14	$142.92
31570			INJECTION INTO VOCAL CORDS USI	$173.68	$147.63
31571			INJECTION INTO VOCAL CORDS USI	$122.88	$104.44
31572			REMOVAL OR DESTRUCTION OF GROW	$267.00	$226.95

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31572	26		DESTRUCTION OF ABNORMALITY OF	$89.48	$76.05
31573			INJECTION OF DRUG INTO SIDE OF	$146.18	$124.25
31573	26		INJECTION OF DRUG INTO ONE SID	$73.93	$62.84
31574			INJECTION OF SUBSTANCE TO AUGM	$479.38	$407.47
31574	26		INJECTION OF SUBSTANCE TO AUGM	$74.27	$63.13
31575			DIAGNOSTIC EXAM OF VOICE BOX U	$65.73	$55.87
31576			LARYNGSCOPY, FIBERS COPIC: BIO	$137.99	$117.29
31577			REMOVAL OF FOREIGN BODY IN VOI	$139.21	$118.32
31578			REMOVAL OF GROWTH OF VOICE BOX	$155.98	$132.58
31579			EXAM TO ASSESS MOVEMENT OF VOC	$100.34	$85.29
31580			REPAIR OF CONGENITAL VOCAL COR	$648.76	$551.45
31584			INCISION OF VOICE BOX TO REPAI	$711.26	$604.57
31587			REPAIR OF SPLIT OF VOICE BOX	$609.34	$517.93
31590			LARYNGEAL REINNERVATION REPAIR	$471.63	$400.89
31591			REPAIR OF SIDE OF VOICE BOX BY	$556.29	$472.85
31592			PARTIAL REMOVAL OF WINDPIPE AN	$868.91	$738.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31599			OTHER PROCEDURE ON VOICE BOX	BY REPORT	BY REPORT
31600			INCISION OF WINDPIPE FOR INSER	$149.87	$127.39
31603			EMERGENT INCISION OF WINDPIPE	$156.98	$133.43
31605			EMERGENT INCISION OF WINDPIPE	$161.27	$137.08
31610			TRACHEOSTOMY,FENESTRATION PROC	$482.59	$410.20
31612			PUNCTURE OF WINDPIPE FOR ASPIR	$47.18	$40.10
31613			SIMPLE REVISION OF PERMANENT O	$215.06	$182.80
31614			REVISION OF PERMANENT OPENING	$360.16	$306.13
31615			EXAM OF WINDPIPE AND LUNG AIRW	$87.14	$74.06
31622			DIAGNOSTIC EXAM OF LUNG AIRWAY	$125.98	$107.08
31623			EXAM OF LUNG AIRWAYS USING AN	$138.48	$117.71
31624			BRONCHOSCOPY W/BRONCH ALVEOLAR	$128.67	$109.37
31625			BIOPSY OF LUNG AIRWAY USING AN	$176.15	$149.73
31626			PLACEMENT OF RADIATION THERAPY	$399.06	$339.20
31626	26		BRONCHOSCOPY,RIGID/FLEXIBLE W/	$95.27	$80.98
31627			BRONCHOSCOPY, RIGID OR FLEXIBL	$545.09	$463.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31627	26		BRONCHOSCOPY,RIGID OR FLEXIBLE	$46.40	$39.44
31628			BIOPSY OF LOBE OF LUNG USING A	$187.40	$159.29
31629			NEEDLE BIOPSY OF WINDPIPE CART	$228.63	$194.34
31630			DILATION OF WINDPIPE CARTILAGE	$96.06	$81.65
31631			PLACEMENT OF STENT INTO WINDPI	$109.41	$93.00
31632			BIOPSY OF LOBE OF LUNG USING A	$32.13	$27.31
31633			NEEDLE BIOPSY OF LOBE OF LUNG	$39.90	$33.91
31634			EXAM OF LUNG AIRWAYS WITH REPA	$749.86	$637.38
31634	26		BRONCHOSCOPY, RIGID OR FLEXIBL	$90.84	$77.21
31635			REMOVE FOREIGN BODY, AIRWAY	$147.24	$125.15
31636			PLACEMENT OF STENT IN LUNG AIR	$104.52	$88.84
31637			PLACEMENT OF STENT IN LUNG AIR	$36.53	$31.05
31638			REVISION OF PREVIOUSLY INSERTE	$118.71	$100.90
31640			REMOVAL OF GROWTH OF LUNG AIRW	$119.35	$101.45
31641			BRONCHOSCOPY-TUMOR/STENOSIS-NO	$122.69	$104.28
31643			PLACEMENT OF TUBE FOR RADIATIO	$81.70	$69.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31645			ASPIRATION OF INITIAL SECRETIO	$138.20	$117.47
31646			ASPIRATION OF SUBSEQUENT SECRE	$68.81	$58.49
31647			ASSESSMENT OF INITIAL LOBE OF	$99.04	$84.18
31648			REMOVAL OF BRONCHIAL VALVES OF	$95.62	$81.28
31649			REMOVAL OF BRONCHIAL VALVES OF	$32.05	$27.24
31651			ASSESSMENT OF AIR LEAK AND AIR	$36.53	$31.05
31652			EXAM OF LUNG AIRWAYS AND SAMPL	$633.52	$538.49
31652	26		EXAMINATION OF LUNG AIRWAYS US	$106.27	$90.33
31653			EXAM OF LUNG AIRWAYS AND SAMPL	$657.25	$558.66
31653	26		EXAMINATION OF LUNG AIRWAYS US	$117.78	$100.11
31654			EXAM OF LUNG AIRWAYS WITH DIAG	$60.46	$51.39
31654	26		EXAMINATION OF LUNG AIRWAYS US	$32.25	$27.41
31660			THERMAL REPAIR OF AIRWAYS OF L	$91.31	$77.61
31661			THERMAL REPAIR OF AIRWAYS OF M	$96.38	$81.92
31720			INSERTION OF TUBE INTO AIRWAY	$23.50	$19.98
31720	SA		CLEARANCE OF AIRWAYS	NA	$19.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31725			INSERTION OF TUBE INTO WINDPIP	$38.13	$32.41
31750			REPAIR OF WINDPIPE CARTILAGE T	$681.46	$579.24
31755			REPAIR OF WINDPIPE	$876.10	$744.68
31760			REPAIR OF WINDPIPE CARTILAGE T	$674.63	$573.43
31766			RECONSTRUCTION OF UPPER BREAST	$865.88	$736.00
31770			REPAIR OF LUNG AIRWAY WITH GRA	$648.24	$551.00
31775			REPAIR OF NARROWED AREA OF LUN	$683.34	$580.83
31780			REMOVAL OF NARROWED AREA OF WI	$597.53	$507.90
31781			REMOVAL OF NARROWED AREA OF WI	$714.25	$607.11
31785			REMOVAL OF GROWTH OF WINDPIPE	$534.45	$454.28
31786			REMOVAL OF GROWTH OF WINDPIPE	$704.07	$598.46
31800			SUTURE OF INJURY OF WINDPIPE I	$357.40	$303.79
31805			SUTURE OF INJURY OF WINDPIPE I	$403.61	$343.06
31820			CLOSURE OF TRACHEOSTOMY WO PLA	$226.34	$192.39
31825			CLOSURE OF PERMANENT WINDPIPE	$312.14	$265.32
31830			REVISE WINDPIPE SCAR	$253.04	$215.08

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
31899			OTHER PROCEDURE ON WINDPIPE OR	BY REPORT	BY REPORT
32035			EXPLORATION OF CHEST	$364.24	$309.60
32036			CREATION OF OPEN FLAP TRACT FO	$392.20	$333.37
32096			BIOPSY OF FLUID COLLECTION OF	$392.43	$333.57
32097			BIOPSY OF GROWTH OF LUNG	$393.12	$334.15
32098			BIOPSY OF LUNG LINING	$371.90	$316.12
32100			EXPLORATION/BIOPSY OF CHEST	$398.49	$338.71
32110			REPAIR OF TEAR OF LUNG AND/OR	$724.99	$616.24
32120			INCISION OF CHEST CAVITY FOR C	$429.89	$365.41
32124			RELEASE OF LUNG LINING THROUGH	$453.70	$385.65
32140			REMOVAL OF CYSTS OF LUNG THROU	$486.97	$413.92
32141			REMOVAL OF AIR SAC OF LUNG THR	$741.91	$630.62
32150			REMOVAL OF FOREIGN BODY OR CLO	$500.77	$425.65
32151			THORACOTOMY MAJOR:W REMOVE FOR	$494.05	$419.94
32160			MASSAGE OF HEART MUSCLE THROUG	$393.42	$334.41
32200			DRAINAGE OF ABSCESS OR CYST OF	$561.74	$477.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32215			PLEURAL SCARIFICATION/REP.PNEU	$396.12	$336.70
32220			REMOVAL OF LINING OF LUNG FOR	$785.47	$667.65
32225			PARTIAL REMOVAL OF LINING OF L	$488.81	$415.49
32310			REMOVAL OF LINING OF CHEST CAV	$452.07	$384.26
32320			REMOVAL OF LINING OF CHEST CAV	$787.21	$669.13
32400			NEEDLE BIOPSY OF LINING OF LUN	$84.85	$72.12
32408			CORE NEEDLE BIOPSY OF LUNG OR	$429.80	$365.33
32408	26		CORE NEEDLE BIOPSY OF LUNG OR	$73.38	$62.37
32440			REMOVAL OF LUNG	$767.17	$652.09
32442			REMOVAL OF LUNG WITH PORTION O	$1,481.01	$1,258.85
32445			REMOVAL OF LUNG AND LINING OF	$1,716.72	$1,459.21
32480			REMOVAL OF LOBE OF LUNG	$723.11	$614.64
32482			REMOVAL OF 2 LOBES OF LUNG	$773.04	$657.08
32484			REMOVAL OF SEGMENT OF LUNG TIS	$699.52	$594.59
32486			REMOVAL OF PORTION OF LUNG AND	$1,137.11	$966.54
32488			REMOVAL OF REMAINING LUNG AFTE	$1,164.18	$989.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32491			REMOVAL OF LUNG SEGMENT TO RED	$721.82	$613.55
32501			REPAIR OF LUNG AIRWAY AND REMO	$117.49	$99.87
32503			REMOVAL OF GROWTH OF LUNG	$875.61	$744.27
32504			REMOVAL OF GROWTH OF LUNG AND	$996.57	$847.08
32505			INITIAL REMOVAL OF WEDGE OF LU	$457.07	$388.51
32506			REMOVAL OF LUNG TISSUE WEDGE T	$75.38	$64.07
32507			REMOVAL OF LUNG TISSUE WEDGE F	$75.21	$63.92
32540			REMOVAL OF LUNG LESION	$844.15	$717.52
32550			INSERTION OF INDWELLING TUBE F	$392.13	$333.31
32551			REMOVAL OF FLUID FROM BETWEEN	$75.63	$64.28
32552			REMOVAL OF INDWELLING TUBE IN	$91.19	$77.51
32552	26		REMOVE INDWELLING TUNNELED PLE	$77.43	$65.82
32553			INSERTION OF DEVICE IN CHEST C	$254.98	$216.73
32553	26		PLACEMENT INTERSTITIAL DEVICE	$84.51	$71.83
32554			ASPIRATION OF FLUID FROM CHEST	$118.66	$100.86
32554	26		THORACENTESIS, NEEDLE OR CATHE	$42.97	$36.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32555			ASPIRATION OF FLUID FROM CHEST	$158.46	$134.69
32555	26		THORACENTESIS, NEEDLE OR CATHE	$52.66	$44.76
32556			DRAINAGE OF FLUID FROM CHEST C	$377.47	$320.85
32556	26		PLEURAL DRAINAGE PERCUTANEOUS,	$60.26	$51.22
32557			DRAINAGE OF FLUID FROM CHEST C	$333.88	$283.80
32557	26		PLEURAL DRAINAGE PERCUTANEOUS,	$71.89	$61.11
32560			INSTILLATION OF AGENT ONTO LUN	$128.38	$109.12
32561			INITIAL INSTILLATION OF AGENT	$47.38	$40.27
32561	26		INSTILLATION(S),VIA CHEST TUBE	$32.59	$27.70
32562			SUBSEQUENT INSTILLATION OF AGE	$42.38	$36.02
32562	26		INSTILLATION(S),VIA CHEST TUBE	$29.13	$24.76
32601			DIAGNOSTIC EXAM OF LUNGS, HEAR	$150.14	$127.61
32604			BIOPSY OF HEART SAC USING AN E	$232.75	$197.83
32606			BIOPSY OF TISSUE OF CHEST USIN	$224.24	$190.60
32607			BIOPSY OF FLUID COLLECTION OF	$149.79	$127.32
32608			BIOPSY OF GROWTH OF LUNG USING	$184.03	$156.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32609			THORACOSCOPY: WITH BIOPSY(IES)	$124.75	$106.04
32650			ADHESION OF LININGS OF LUNG US	$329.89	$280.41
32651			PARTIAL REMOVAL OF CHEST CAVIT	$536.54	$456.06
32652			REMOVAL OF CHEST CAVITY LINING	$812.04	$690.23
32653			REMOVAL OF FOREIGN BODY IN LIN	$518.59	$440.80
32654			CONTROL OF TRAUMATIC BLEEDING	$579.10	$492.24
32655			W EXCISION/PLICATION OF BULLAE	$469.66	$399.21
32656			W PARIETAL PLEURECTOMY	$395.39	$336.08
32658			REMOVAL OF BLOOD CLOT OR FOREI	$352.23	$299.40
32659			CREATION OF OPENING OR PARTIAL	$362.14	$307.82
32661			REMOVAL OF CYST OR GROWTH OF H	$392.87	$333.94
32662			REMOVAL OF CYST OR GROWTH OF C	$439.33	$373.43
32663			EXAM OF LUNG WITH REMOVAL OF L	$682.27	$579.93
32664			W THORACIC SYMPATHECTOMY	$416.73	$354.22
32665			W ESOPHAOMYOTOMY,HELLER TYPE	$601.68	$511.42
32666			INITIAL REMOVAL OF WEDGE OF LU	$427.68	$363.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32667			REMOVAL OF WEDGE OF TISSUE OF	$75.55	$64.21
32668			BIOPSY OF WEDGE OF LUNG TISSUE	$75.55	$64.21
32669			REMOVAL OF SEGMENT OF LUNG TIS	$655.31	$557.01
32670			REMOVAL OF 2 LOBES OF LUNG USI	$779.74	$662.78
32671			THORACOSCOPY, SURGICAL: WITH R	$862.50	$733.13
32672			PARTIAL REMOVAL OF LUNG TO RED	$739.96	$628.96
32673			THORACOSCOPY, SURGICAL: WITH R	$594.23	$505.09
32674			REMOVAL OF LYMPH NODES OF CHES	$103.86	$88.28
32701			DELINEATION OF THORACIC TARGET	$101.35	$86.15
32800			REPAIR OF LUNG HERNIA THROUGH	$463.27	$393.78
32810			CLOSURE OF CHEST WALL AFTER DR	$444.01	$377.40
32815			CLOSURE OF ABNORMAL DRAINAGE T	$1,364.55	$1,159.86
32820			RECONSTRUCTION OF CHEST WALL A	$654.22	$556.09
32850			DONOR PNEUMOECTOMY/IES CADAVER	BY REPORT	BY REPORT
32851			TRANSPLANTATION OF LUNG	$1,590.50	$1,351.92
32852			TRANSPLANTATION OF LUNG ON HEA	$1,710.45	$1,453.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
32853			TRANSPLANTATION OF 2 LUNGS	$2,220.42	$1,887.36
32854			TRANSPLANTATION OF 2 LUNGS ON	$2,350.10	$1,997.58
32855			PREPARATION OF DONOR LUNG	$213.59	$181.55
32856			PREPARATION OF 2 DONOR LUNGS	$238.45	$202.68
32900			REMOVAL OF RIB(S)	$665.81	$565.94
32905			REVISE & REPAIR CHEST WALL	$652.65	$554.75
32906			REMOVAL OF INFECTED AREA OF CH	$803.55	$683.01
32940			REVISION OF LUNG	$603.61	$513.07
32960			THERAPEUTIC PNEUMOTHORAX	$63.28	$53.79
32994			DESTRUCTION OF GROWTH OF LUNG	$2,439.36	$2,073.45
32994	26		DESTRUCTION OF GROWTHS IN ONE	$210.13	$178.61
32997			IRRIGATION AND DRAINAGE OF LUN	$162.36	$138.00
32998			DESTRUCTION OF GROWTH OF LUNG	$1,554.13	$1,321.01
32998	26		ABLATION THERAPY FOR REDUCTION	$210.47	$178.90
32999			OTHER PROCEDURE ON LUNG AND LU	BY REPORT	BY REPORT
33016			DRAINAGE OF HEART SAC USING IM	$113.24	$96.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33017			DRAINAGE OF HEART SAC USING TU	$119.52	$101.59
33018			DRAINAGE OF HEART SAC USING TU	$139.61	$118.67
33019			DRAINAGE OF HEART SAC USING TU	$101.23	$86.04
33020			REMOVAL OF BLOOD CLOT OR FOREI	$403.04	$342.58
33025			SURGICAL REMOVAL OF PIECE OF S	$377.42	$320.80
33030			REMOVAL OF HEART SAC	$972.72	$826.81
33031			REMOVAL OF HEART SAC ON HEART-	$1,200.42	$1,020.35
33050			REMOVAL OF GROWTH OR CYST OF F	$494.53	$420.35
33120			REMOVAL OF GROWTH OF HEART ON	$1,013.67	$861.62
33130			REMOVAL OF HEART LESION	$663.91	$564.32
33140			TRANSMYOCARD LASER REVASC/BY T	$753.12	$640.15
33141			LASER TREATMENT OF HEART MUSCL	$63.52	$53.99
33202			INSERTION OF ELECTRODE TO OUTE	$377.42	$320.80
33203			INSERTION OF ELECTRODE TO OUTE	$396.44	$336.97
33206			INSERTION OF PACEMAKER AND UPP	$222.65	$189.25
33207			INSERTION OF PACEMAKER AND LOW	$233.60	$198.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33208			INSERTION OF PACEMAKER AND UPP	$252.75	$214.83
33210			INSERTION OF TEMPORARY PACEMAK	$77.80	$66.13
33211			INSERTION OF TEMPORARY PACEMAK	$81.47	$69.25
33212			INSERTION OF PULSE GENERATOR	$158.63	$134.84
33213			DUAL CHAMBER PERM PACEMAKER IN	$166.07	$141.16
33214			INSERTION OF 2 CHAMBER PACEMAK	$234.53	$199.35
33215			REPOSITIONING OF PACEMAKER OR	$152.20	$129.37
33216			INSERTION OF 1 ELECTRODE FOR P	$182.56	$155.17
33217			INSERTION OF 2 ELECTRODES FOR	$181.21	$154.03
33218			REPAIR OF ELECTRODE FOR PERMAN	$191.62	$162.87
33220			REPAIR OF 2 ELECTRODES FOR PER	$187.04	$158.98
33221			INSERTION OF PACEMAKER PULSE G	$175.42	$149.10
33222			RELOCATION OF PACEMAKER SKIN P	$169.65	$144.20
33223			RELOCATION OF DEFIBRILLATOR SK	$200.87	$170.74
33224			INSERTION OF LEFT LOWER HEART	$247.69	$210.53
33225			INSERTION OF LEFT LOWER HEART	$223.02	$189.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33226			REPOSITIONING OF LEFT LOWER HE	$237.06	$201.50
33227			REMOVAL AND REPLACEMENT OF SIN	$166.62	$141.62
33228			REMOVAL AND REPLACEMENT OF DUA	$173.89	$147.81
33229			REMOVAL AND REPLACEMENT OF MUL	$182.88	$155.44
33230			INSERTION OF DEFIBRILLATOR WIT	$183.24	$155.75
33231			INSERTION OF DEFIBRILLATOR WIT	$196.54	$167.06
33233			REMOVAL OF PULSE GENERATOR/PAC	$115.50	$98.18
33234			REMOVAL OF SINGLE ELECTRODE FR	$237.03	$201.47
33235			REMOVAL OF DUAL ELECTRODES FRO	$311.73	$264.97
33236			REMOVAL OF PERMANENT PACEMAKER	$384.74	$327.02
33237			REMOVAL OF PERMANENT PACEMAKER	$412.54	$350.66
33238			REMOVE TRANSVENOUS ELECTRODES	$467.01	$396.95
33240			INSERTION OF DEFIBRILLATOR WIT	$180.62	$153.53
33241			REMOVAL OF DEFIBRILLATOR	$106.15	$90.23
33243			REMOVAL OF DEFIBRILLATOR ELECT	$672.55	$571.66
33244			REMOVAL OF DEFIBRILLATOR ELECT	$422.13	$358.81

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33249			INSERTION OF IMPLANTABLE DEFIB	$445.07	$378.31
33250			DESTRUCTION OF ABNORMAL HEART	$706.68	$600.67
33251			DESTRUCTION OF ABNORMAL HEART	$794.00	$674.90
33254			OPERATIVE TISSUE ABLATION AND	$664.81	$565.08
33255			EXTENSIVE DESTRUCTION AND RECO	$788.29	$670.05
33256			EXTENSIVE DESTRUCTION AND RECO	$932.71	$792.80
33257			PARTIAL DESTRUCTION AND RECONS	$285.83	$242.95
33258			EXTENSIVE DESTRUCTION AND RECO	$317.18	$269.60
33259			EXTENSIVE DESTRUCTION AND RECO	$415.08	$352.82
33261			DESTRUCTION OF TISSUE AND RECO	$780.86	$663.73
33262			REMOVAL AND REPLACEMENT OF SIN	$182.51	$155.13
33263			REMOVAL AND REPLACEMENT OF DUA	$189.60	$161.16
33264			REMOVAL AND REPLACEMENT OF MUL	$197.72	$168.06
33265			LIMITED RECONSTRUCTION OF UPPE	$664.30	$564.66
33266			EXTENSIVE RECONSTRUCTION OF UP	$894.89	$760.65
33267			EXCLUSION OF APPENDAGE OF LEFT	$508.90	$432.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33268			EXCLUSION OF APPENDAGE OF LEFT	$62.37	$53.01
33269			EXCLUSION OF APPENDAGE OF LEFT	$405.23	$344.44
33270			INSERTION OR REPLACEMENT OF DE	$273.59	$232.55
33271			INSERTION OF DEFIBRILLATOR ELE	$222.57	$189.18
33272			REMOVAL OF DEFIBRILLATOR ELECT	$170.39	$144.83
33273			REPOSITIONING OF DEFIBRILLATOR	$197.20	$167.62
33274			INSERTION OF PERMANENT LEADLES	$233.43	$198.41
33275			REMOVAL OF PERMANENT LEADLESS	$246.28	$209.33
33285			INSERTION OF HEART RHYTHM MONI	$2,137.19	$1,816.61
33286			REMOVAL OF HEART RHYTHM MONITO	$64.89	$55.15
33289			INSERTION OF WIRELESS PRESSURE	$161.66	$137.41
33300			REPAIR OF HEART WOUND	$1,184.10	$1,006.48
33305			REPAIR OF HEART WOUND	$1,980.11	$1,683.09
33310			INCISION AND EXPLORATION OF HE	$569.16	$483.79
33315			INCISION OR EXPLORATION OF HEA	$930.52	$790.94
33320			REPAIR OF AORTA OR GREAT VESSE	$523.02	$444.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33321			REPAIR OF AORTA OR GREAT VESSE	$577.74	$491.08
33322			REPAIR OF AORTA OR GREAT VESSE	$682.01	$579.71
33330			REPAIR OF AORTA OR GREAT VESSE	$691.55	$587.81
33335			REPAIR OF AORTA OR GREAT VESSE	$903.90	$768.31
33340			REPAIR OF LEFT UPPER HEART CHA	$377.13	$320.56
33361			REPLACEMENT OF AORTIC VALVE TH	$583.92	$496.33
33362			REPLACEMENT OF AORTIC VALVE BY	$636.27	$540.83
33363			REPLACEMENT OF AORTIC VALVE TH	$660.32	$561.27
33364			REPLACEMENT OF AORTIC VALVE TH	$656.71	$558.20
33365			REPLACEMENT OF AORTIC VALVE BY	$687.83	$584.66
33366			TRANSCATHETER AORTIC VALVE REP	$756.81	$643.29
33367			INSERTION OF TUBE IN PERIPHERA	$292.63	$248.73
33368			INSERTION OF TUBE IN PERIPHERA	$354.64	$301.44
33369			INSERTION OF TUBE IN CENTRAL B	$468.14	$397.91
33370			PLACEMENT AND SUBSEQUENT REMOV	$64.27	$54.63
33390			SIMPLE REPAIR OF AORTIC VALVE	$932.00	$792.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33391			COMPLEX REPAIR OF AORTIC VALVE	$1,104.54	$938.86
33404			CONSTRUCT APICAL-ADRTIC CONDUI	$847.58	$720.44
33405			REPLACEMENT OF AORTIC VALVE ON	$1,101.58	$936.34
33406			REPLACEMENT OF AORTIC VALVE US	$1,398.97	$1,189.12
33410			REPLACEMENT OF AORTIC VALVE US	$1,232.00	$1,047.20
33411			REPLACEMENT OF AORTIC VALVE WI	$1,622.37	$1,379.01
33412			REPLACEMENT OF AORTIC VALVE WI	$1,514.97	$1,287.72
33413			REPAIR AND ENLARGEMENT OF BLOO	$1,553.55	$1,320.52
33414			REPAIR LV OUTFLOW TRACT OBSTIO	$1,042.55	$886.16
33415			INCISION OR REMOVAL OF TISSUE	$983.41	$835.90
33416			VENTRICULOMYOTOMY/MYECTOMY	$982.96	$835.52
33417			REPAIR OF AORTIC VALVE	$815.21	$692.92
33418			REPAIR OF MITRAL VALVE THROUGH	$872.59	$741.70
33418	26		REPLACEMENT OF AORTIC VALVE WI	$990.45	$841.88
33419			REPAIR OF MITRAL VALVE THROUGH	$204.03	$173.42
33420			REMOVAL OF MITRAL VALVE SCAR T	$704.22	$598.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33422			REMOVAL OF MITRAL VALVE SCAR T	$806.79	$685.77
33425			REPAIR OF MITRAL VALVE ON HEAR	$1,323.50	$1,124.97
33426			REPAIR OF MITRAL VALVE WITH AR	$1,156.46	$982.99
33427			RADICAL RECONSTRUCTION OF MITR	$1,182.06	$1,004.75
33430			REPLACEMENT OF MITRAL VALVE ON	$1,359.23	$1,155.34
33440			REPLACEMENT OF AORTIC AND PULM	$1,637.84	$1,392.16
33460			REMOVAL OF TRICUSPID VALVE ON	$1,156.61	$983.12
33463			REPAIR OF TRICUSPID VALVE	$1,488.80	$1,265.48
33464			REPAIR OF TRICUSPID VALVE WITH	$1,181.78	$1,004.51
33465			REPLACEMENT OF TRICUSPID VALVE	$1,334.04	$1,133.93
33468			REPOSITIONING OF TRICUSPID VAL	$1,188.40	$1,010.14
33471			INCISION OF PULMONARY VALVE TH	$648.55	$551.26
33474			INCISION OF PULMONARY VALVE ON	$1,059.89	$900.90
33475			REPLACEMENT OF PULMONARY VALVE	$1,125.49	$956.66
33476			RELEASE OF RESTRICTIVE RIGHT V	$745.42	$633.61
33477			INSERTION OF PULMONARY VALVE	$632.67	$537.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33478			REVISION OF HEART CHAMBER	$769.44	$654.02
33496			REP NON-STRUCT PROSTH VALVE DY	$807.00	$685.95
33500			REPAIR OF HEART ABNORMAL ARTER	$756.84	$643.31
33501			REPAIR OF HEART ABNORMAL ARTER	$542.91	$461.47
33502			CORONARY ARTERY CORRECTION	$627.11	$533.04
33503			REPAIR OF ABNORMAL HEART ARTER	$652.16	$554.34
33504			REPAIR OF ABNORMAL HEART ARTER	$717.96	$610.26
33505			COR ART REPAIR W INTRAPUL ART	$997.20	$847.62
33506			COR ART REPAIR/TRANSLOCATE PUL	$995.08	$845.82
33507			REPAIR OF ANOMALOUS (EG, INTRA	$835.74	$710.38
33508			HARVEST OF VEIN USING AN ENDOS	$7.74	$6.58
33509			HARVEST OF ARTERY FROM ARM FOR	$83.09	$70.63
33510			CORONARY ARTERY BYPASS USING V	$938.84	$798.01
33511			CORONARY ARTERY BYPASS USING V	$1,030.89	$876.25
33512			CORONARY ARTERY BYPASS USING V	$1,174.07	$997.96
33513			CORONARY ARTERY BYPASS USING V	$1,198.33	$1,018.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33514			CORONARY ARTERY BYPASS USING V	$1,259.63	$1,070.68
33516			CORONARY ARTERY BYPASS USING V	$1,303.66	$1,108.11
33517			CORONARY ARTERY BYPASS USING V	$90.18	$76.65
33518			CORONARY ARTERY BYPASS USING V	$197.45	$167.83
33519			CORONARY ARTERY BYPASS USING V	$261.29	$222.09
33521			CORONARY ARTERY BYPASS USING V	$313.10	$266.13
33522			CORONARY ARTERY BYPASS USING V	$351.93	$299.14
33523			CORONARY ARTERY BYPASS USING V	$395.92	$336.53
33530			CORONARY ARTERY BYPASS OR VALV	$252.07	$214.26
33533			CORONARY ARTERY BYPASS USING A	$909.41	$773.00
33534			CORONARY ARTERY BYPASS USING A	$1,067.61	$907.46
33535			CORONARY ARTERY BYPASS USING A	$1,185.65	$1,007.80
33536			CORONARY ARTERY BYPASS USING A	$1,277.32	$1,085.72
33542			REMOVAL OF HEART LESION	$1,270.61	$1,080.01
33545			REPAIR OF LOWER HEART CHAMBER	$1,478.29	$1,256.54
33548			SURGICAL VENTRICULAR RESTORATI	$1,424.47	$1,210.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33572			REMOVAL OF PLAQUE FROM HEART A	$111.08	$94.41
33600			CLOSURE OF MITRAL OR TRICUSPID	$839.72	$713.76
33602			CLOSURE OF AORTIC OR PULMONARY	$815.37	$693.06
33606			CONNECTION OF PULMONARY ARTERY	$867.59	$737.45
33608			COMPLEX CARDIAC ANOMALY REPAIR	$878.71	$746.90
33610			REPAIR OF CONGENITAL DEFECT IN	$866.71	$736.70
33611			RIGHT VENTRLE CARDIAC TUNNEL R	$946.93	$804.89
33612			REPAIR OF DOUBLE OUTLET DEFECT	$972.28	$826.44
33615			REPAIR OF CONGENITAL DEFECT IN	$972.55	$826.66
33617			REPAIR OF COMPLEX CONGENITAL D	$1,052.84	$894.91
33619			REPAIR TO IMPROVE CONGENITAL B	$1,338.23	$1,137.50
33620			APPLICATION OF RIGHT AND LEFT	$800.86	$680.73
33621			TRANSTHORACIC INSERTION OF CAT	$454.32	$386.17
33622			RECONSTRUCTION OF COMPLEX CARD	$1,659.43	$1,410.52
33641			REPAIR OF CONGENITAL DEFECT BE	$797.20	$677.62
33645			REPAIR OF TISSUE BETWEEN UPPER	$841.70	$715.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33647			REPAIR ATRIAL/VENTRICULAR SEPT	$882.43	$750.06
33660			REPAIR OF PARTIAL CONGENITAL D	$853.31	$725.31
33665			REPAIR OF INTERMEDIATE CONGENI	$929.00	$789.65
33670			REPAIR OF COMPLETE CONGENITAL	$954.66	$811.46
33675			CLOSURE OF MULTIPLE CONGENITAL	$956.82	$813.29
33676			CLOSURE OF MULTIPLE CONGENITAL	$982.17	$834.84
33677			CLOSURE OF MULTIPLE CONGENITAL	$1,019.68	$866.73
33681			CLOSURE OF CONGENITAL DEFECT B	$900.73	$765.62
33684			CLOSURE OF CONGENITAL DEFECT B	$916.82	$779.30
33688			CLOSURE OF CONGENITAL DEFECT B	$912.26	$775.42
33690			BANDING OF PULMONARY ARTERY	$590.27	$501.73
33692			REPAIR AND CORRECTION OF 4 CON	$947.30	$805.21
33694			REPAIR AND CORRECTION OF 4 CON	$946.93	$804.89
33697			REPAIR AND CORRECTION OF 4 CON	$997.29	$847.69
33702			REPAIR OF HEART DEFECTS	$755.67	$642.32
33710			REPAIR OF HEART DEFECTS	$995.15	$845.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33720			REPAIR OF ANEURYSM ABOVE HEART	$756.16	$642.74
33724			REPAIR OF ABNORMAL PULMONARY V	$748.01	$635.80
33726			REPAIR OF PULMONARY VEIN NARRO	$986.11	$838.19
33730			COMPLETE REPAIR OF ABNORMAL PU	$976.38	$829.92
33732			REMOVAL OF MEMBRANE OF LEFT UP	$805.83	$684.95
33735			ENLARGEMENT OF HOLE IN WALL BE	$636.34	$540.89
33736			ENLARGEMENT OF HOLE IN WALL BE	$689.49	$586.07
33737			ENLARGEMENT OF HOLE IN WALL BE	$636.21	$540.77
33741			INCISION OF PARTITION BETWEEN	$362.48	$308.11
33745			CREATION OF SHUNT FOR BLOOD FL	$517.93	$440.24
33746			CREATION OF ADDITIONAL SHUNT F	$207.04	$175.98
33750			INSERTION OF SHUNT FROM CHEST	$616.37	$523.91
33755			INSERTION OF SHUNT FROM ASCEND	$646.38	$549.42
33762			INSERTION OF SHUNT FROM DESCEN	$626.08	$532.17
33764			INSERTION OF SHUNT WITH ARTIFI	$646.38	$549.42
33766			INSERTION OF SHUNT FROM VENA C	$650.10	$552.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33767			INSERTION OF SHUNT FROM VENA C	$693.54	$589.51
33768			ANASTOMOSIS, CAVOPULMONARY, SE	$200.42	$170.36
33770			REPAIR OF GROUP OF CONGENITAL	$1,025.35	$871.54
33771			REPAIR OF GROUP OF CONGENITAL	$1,053.15	$895.17
33774			REPAIR OF GROUP OF CONGENITAL	$879.06	$747.20
33775			REPAIR OF GROUP OF CONGENITAL	$903.95	$768.36
33776			REPAIR OF GROUP OF CONGENITAL	$956.64	$813.14
33777			REPAIR OF GROUP OF CONGENITAL	$919.97	$781.97
33778			REPAIR OF GROUP OF CONGENITAL	$1,142.42	$971.06
33779			REPAIR OF GROUP OF CONGENITAL	$1,124.69	$955.98
33780			REPAIR OF A GROUP OF CONGENITA	$1,146.46	$974.49
33781			REPAIR OF A GROUP OF CONGENITA	$1,117.65	$950.00
33782			RELOCATION OF AORTA AND REPAIR	$1,560.87	$1,326.74
33783			RELOCATION OF AORTA AND REPAIR	$1,686.59	$1,433.60
33786			TOTAL REPAIR OF GROUP OF CONGE	$1,104.21	$938.57
33788			REIMPLANTATION OF ABNORMAL PUL	$746.69	$634.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33800			AORTIC SUSP:TRACHEAL DECOMPRES	$481.96	$409.67
33802			REPAIR VESSEL DEFECT	$533.70	$453.65
33803			REPAIR VESSEL DEFECT	$561.95	$477.65
33813			REPAIR OF DEFECT OF WALL BETWE	$608.23	$517.00
33814			REPAIR OF DEFECT OF WALL BETWE	$745.93	$634.04
33820			TYING OF CONGENITAL HEART DEFE	$474.03	$402.93
33824			REPAIR OF CONGENITAL HEART DEF	$579.58	$492.64
33840			REPAIR OF CONGENITAL NARROWED	$607.57	$516.43
33845			REPAIR OF CONGENITAL NARROWED	$654.60	$556.41
33851			REPAIR OF CONGENITAL NARROWED	$623.86	$530.28
33852			EXC COARCTATION AORTA:W RPR AO	$684.91	$582.17
33853			REPAIR AORIC ARCH WITH GRAFT/B	$894.68	$760.48
33858			REPAIR OF ASCENDING AORTA WITH	$1,638.90	$1,393.06
33859			REPAIR OF ASCENDING AORTA WITH	$1,178.65	$1,001.85
33863			REPAIR OF ASCENDING AORTA WITH	$1,519.08	$1,291.22
33864			REPAIR OF ASCENDING AORTA WITH	$1,551.28	$1,318.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33866			REPAIR OF AORTIC ARCH WITH GRA	$442.28	$375.94
33871			REPAIR OF AORTIC ARCH WITH GRA	$1,572.42	$1,336.55
33875			REPAIR OF DESCENDING AORTA WIT	$1,327.93	$1,128.74
33877			REPAIR OF AORTIC ANEURYSM WITH	$1,738.68	$1,477.87
33880			REPAIR OF DESCENDING AORTA AND	$859.77	$730.80
33881			REPAIR OF DESCENDING AORTA WIT	$738.65	$627.85
33883			REPAIR OF DESCENDING AORTA, IN	$536.55	$456.06
33884			REPAIR OF DESCENDING AORTA, EA	$188.83	$160.51
33886			INSERTION OF EXTENSION AFTER P	$463.37	$393.86
33889			TRANSFER OF CHEST ARTERY TO NE	$381.33	$324.13
33891			BYPASS GRAFT OF NECK ARTERY AN	$460.27	$391.23
33894			REPAIR OF AORTA BY INSERTION O	$473.26	$402.27
33895			REPAIR OF AORTA BY INSERTION O	$376.66	$320.16
33897			BALLOON DILATION OF NATIVE OR	$279.90	$237.92
33900			PLACEMENT OF STENT IN PULMONAR	$279.59	$237.65
33901			PLACEMENT OF STENT IN PULMONAR	$367.44	$312.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33902			PLACEMENT OF STENT IN PULMONAR	$354.76	$301.54
33903			PLACEMENT OF STENT IN PULMONAR	$418.06	$355.35
33904			PLACEMENT OF ADDITIONAL STENT	$140.46	$119.39
33910			REMOVAL OF BLOOD CLOT IN PULMO	$1,262.06	$1,072.75
33915			REMOVAL OF BLOOD CLOT IN PULMO	$665.79	$565.92
33916			REMOVAL OF PLAQUE FROM PULMONA	$2,012.82	$1,710.89
33917			REPAIR OF PULMONARY ARTERY NAR	$714.01	$606.91
33920			REPAIR OF RIGHT LOWER HEART CH	$879.80	$747.83
33922			INCISION OF PULMONARY ARTERY O	$680.31	$578.26
33924			DISCONNECTION OF PULMONARY ART	$137.23	$116.64
33925			REPAIR OF DEFECT OF PULMONARY	$833.27	$708.28
33926			REPAIR OF DEFECT OF PULMONARY	$1,170.10	$994.58
33927			IMPLANTATION OF ARTIFICIAL HEA	$1,227.52	$1,043.39
33928			REPLACEMENT OF ARTIFICIAL HEAR	BY REPORT	BY REPORT
33929			REMOVAL OF ARTIFICIAL HEART	BY REPORT	BY REPORT
33930			DONOR HEART-LUNG,PREP,MAINTAIN	$264.47	$224.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33933			BACKBENCH STANDARD PREPARATION	$261.66	$222.41
33935			HEART-LUNG TRANSPLANT,W/ ORG R	$2,375.08	$2,018.81
33940			REMOVAL OF DONOR HEART FOR TRA	$400.00	$340.00
33944			BACKBENCH STANDARD PREPARATION	$242.06	$205.75
33945			HEART TRANSPLANT,W/WO RECI CAR	$2,353.79	$2,000.72
33946			INITIATION OF ECMO EXTERNAL VE	$149.31	$126.91
33947			INITIATION OF ECMO EXTERNAL VE	$165.28	$140.49
33948			DAILY MANAGEMENT OF ECMO EXTER	$114.73	$97.52
33949			DAILY MANAGEMENT OF ECMO EXTER	$112.10	$95.29
33951			INSERTION OF TUBE THROUGH THE	$202.57	$172.18
33951	26		INSERTION OF TUBE ACCESSED THR	$211.14	$179.46
33952			INSERTION OF TUBE THROUGH THE	$205.86	$174.98
33953			INSERTION OF TUBE FOR ECMO EXT	$226.25	$192.31
33953	26		INSERTION OF TUBE OPEN PROCEDU	$235.20	$199.92
33954			INSERTION OF TUBE FOR ECMO EXT	$229.14	$194.76
33954	26		INSERTION OF TUBE OPEN PROCEDU	$228.15	$193.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33955			INSERTION OF TUBE THROUGH THE	$396.18	$336.75
33955	26		INSERTION OF TUBE ACCESSED THR	$488.62	$415.33
33956			INSERTION OF TUBE THROUGH THE	$402.61	$342.22
33956	26		INSERTION OF TUBE ACCESSED THR	$460.03	$391.02
33957			REPOSITIONING OF TUBE FOR ECMO	$88.25	$75.01
33957	26		REPOSITIONING OF TUBE ACCESSED	$163.19	$138.71
33958			REPOSITIONING OF TUBE FOR ECMO	$88.25	$75.01
33958	26		REPOSITIONING OF TUBE ACCESSED	$159.77	$135.80
33959			REPOSITIONING OF TUBE OPEN PRO	$112.44	$95.57
33959	26		REPOSITIONING OF TUBE OPEN PRO	$188.26	$160.02
33962			REPOSITIONING OF TUBE OPEN PRO	$112.44	$95.57
33962	26		REPOSITIONING OF TUBE OPEN PRO	$178.99	$152.14
33963			REPOSITIONING OF TUBE THROUGH	$223.62	$190.08
33963	26		REPOSITIONING OF TUBE ACCESSED	$306.21	$260.28
33964			REPOSITIONING OF TUBE THROUGH	$236.13	$200.71
33964	26		REPOSITIONING OF TUBE ACCESSED	$309.75	$263.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33965			REMOVAL OF TUBE THROUGH SKIN F	$88.25	$75.01
33965	26		REMOVAL OF TUBE ACCESSED THROU	$163.19	$138.71
33966			REMOVAL OF TUBE THROUGH SKIN F	$114.31	$97.16
33966	26		REMOVAL OF TUBE ACCESSED THROU	$179.75	$152.78
33967			INSERTION OF BLOOD FLOW ASSIST	$124.77	$106.05
33968			REMOVAL OF BLOOD FLOW ASSIST D	$16.31	$13.86
33969			REMOVAL OF TUBE FOR ECMO EXTER	$130.52	$110.94
33969	26		REMOVAL OF TUBE OPEN PROCEDURE	$187.37	$159.26
33970			INSERTION OF BLOOD FLOW ASSIST	$169.94	$144.44
33971			REMOVAL OF BLOOD FLOW ASSIST D	$346.68	$294.67
33973			INSERTION OF BLOOD FLOW ASSIST	$239.99	$203.99
33974			REMOVAL OF BLOOD FLOW ASSIST D	$435.63	$370.28
33975			INSERTION OF EXTERNAL BLOOD FL	$628.09	$533.87
33976			INSERTION OF EXTERNAL BLOOD FL	$757.80	$644.13
33977			REMOVAL OF EXTERNAL BLOOD FLOW	$542.72	$461.31
33978			REMOVAL OF EXTERNAL BLOOD FLOW	$639.24	$543.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33979			INSERTION OF IMPLANTED BLOOD F	$935.61	$795.27
33980			REMOVAL OF IMPLANTED BLOOD FLO	$860.65	$731.55
33981			REPLACEMENT OF EXTERNAL BLOOD	$396.74	$337.23
33982			REPLACEMENT OF IMPLANTED BLOOD	$932.97	$793.02
33983			REPLACEMENT OF IMPLANTED BLOOD	$1,097.97	$933.27
33984			REMOVAL OF TUBE FOR ECMO EXTER	$136.59	$116.10
33984	26		REMOVAL OF TUBE OPEN PROCEDURE	$182.31	$154.96
33985			REMOVAL OF TUBE THROUGH THE CH	$245.50	$208.68
33985	26		REMOVAL OF TUBE ACCESSED THROU	$347.54	$295.40
33986			REMOVAL OF TUBE THROUGH THE CH	$252.20	$214.37
33986	26		REMOVAL OF TUBE ACCESSED THROU	$329.82	$280.35
33987			INCISION OF ARTERY FOR CREATIO	$99.69	$84.73
33988			INSERTION OF LEFT HEART VENT T	$371.50	$315.78
33988	26		INSERTION OF LIFE HEART VENT T	$402.53	$342.15
33989			REMOVAL OF LEFT HEART VENT THR	$236.13	$200.71
33989	26		INSERTION OF LIFE HEART VENT T	$268.85	$228.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
33990			INSERTION OF BLOOD FLOW ASSIST	$173.88	$147.80
33991			INSERTION OF BLOOD FLOW ASSIST	$217.79	$185.12
33992			REMOVAL OF BLOOD FLOW ASSIST D	$90.61	$77.02
33993			REPOSITIONING OF BLOOD FLOW AS	$80.14	$68.11
33995			INSERTION OF RIGHT LOWER HEART	$171.00	$145.35
33997			REMOVAL OF RIGHT LOWER HEART C	$77.81	$66.13
33999			OTHER HEART SURGERY PROCEDURE	BY REPORT	BY REPORT
34001			REMOVAL OF BLOOD CLOT IN NECK	$441.18	$375.00
34051			REMOVAL OF BLOOD CLOT IN CHEST	$484.86	$412.13
34101			REMOVAL OF BLOOD CLOT IN ARTER	$288.60	$245.31
34111			REMOVAL OF BLOOD CLOT IN ARTER	$288.26	$245.02
34151			REMOVAL OF BLOOD CLOT IN ARTER	$671.17	$570.49
34201			REMOVAL OF BLOOD CLOT IN ARTER	$492.69	$418.79
34201	50		REMOVAL OF ARTERY CLOT, BILATE	$412.50	$351.00
34203			REMOVAL OF BLOOD CLOT IN ARTER	$458.07	$389.36
34401			REMOVAL OF VEIN CLOT	$727.81	$618.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
34421			REMOVAL OF BLOOD CLOT IN VENA	$336.05	$285.64
34451			REMOVAL OF BLOOD CLOT IN VENA	$691.39	$587.68
34471			REMOVAL OF BLOOD CLOT IN UPPER	$520.59	$442.50
34490			REMOVAL OF VEIN CLOT	$278.64	$236.84
34501			VALVULOPLASTY,FEMORAL VEIN	$433.75	$368.69
34502			RECONSTRUCTION OF VENA CAVA AN	$752.39	$639.53
34510			TRANSFER OF VEIN VALVE TO ANOT	$492.89	$418.95
34520			REMOVAL OF VEIN SEGMENT	$477.55	$405.92
34530			CONNECTION OF LEG VEINS AT BAC	$455.40	$387.09
34701			REPAIR OF AORTA WITH GRAFT FOR	$594.28	$505.13
34702			REPAIR OF RUPTURED AORTA WITH	$886.78	$753.76
34703			REPAIR OF INFRARENAL AORTA AND	$659.88	$560.90
34704			REPAIR OF INFRARENAL AORTA AND	$1,099.08	$934.21
34705			REPAIR OF INFRARENAL AORTA AND	$733.65	$623.60
34706			REPAIR OF INFRARENAL AORTA AND	$1,092.33	$928.48
34707			REPAIR OF GROIN ARTERY WITH GR	$558.21	$474.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
34708			REPAIR OF GROIN ARTERY WITH GR	$873.07	$742.11
34709			REPAIR OF ABDOMINAL OR GROIN A	$154.16	$131.03
34710			DELAYED INSERTION OF PROSTHESI	$383.79	$326.22
34711			DELAYED INSERTION OF PROSTHESI	$140.78	$119.66
34712			DELIVERY OF FIXATION DEVICE TO	$316.69	$269.19
34713			EXPOSURE OF GROIN ARTERY FOR D	$58.93	$50.09
34714			EXPOSURE OF MAJOR GROIN ARTERY	$129.43	$110.01
34715			EXPOSURE OF UNDERARM OR UPPER	$143.00	$121.55
34716			EXPOSURE OF UNDERARM OR UPPER	$178.84	$152.01
34717			REPAIR OF GROIN ARTERY WITH GR	$211.86	$180.08
34718			REPAIR OF GROIN ARTERY WITH GR	$595.11	$505.84
34808			ENDOVASC PLACEMENT ILIAC ART O	$96.97	$82.42
34812			EXPOSURE OF THIGH ARTERY FOR I	$98.68	$83.88
34813			INSERTION OF GRAFT IN UPPER TH	$112.38	$95.52
34820			EXPOSURE OF GROIN ARTERY FOR I	$160.97	$136.82
34830			REPAIR OF ANEURYSM OF AORTA WI	$847.51	$720.38

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
34831			REPAIR OF ANEURYSM OF AORTA OR	$927.46	$788.34
34832			REPAIR OF ANEURYSM OF AORTA OR	$910.94	$774.30
34833			EXPOSURE OF GROIN ARTERY WITH	$187.85	$159.67
34834			EXPOSURE OF ARM ARTERY FOR INS	$61.84	$52.56
34841			REPAIR OF AORTA IN ABDOMEN WIT	$1,059.41	$900.49
34842			REPAIR OF AORTA IN ABDOMEN BEL	$1,166.76	$991.74
34843			REPAIR OF AORTA IN ABDOMEN BEL	$1,274.11	$1,082.99
34844			REPAIR OF AORTA IN ABDOMEN BEL	$1,381.46	$1,174.24
34845			REPAIR OF AORTA IN ABDOMEN BET	$1,059.41	$900.49
34846			REPAIR OF AORTA IN ABDOMEN BET	$1,166.76	$991.74
34847			REPAIR OF AORTA IN ABDOMEN BET	$1,274.11	$1,082.99
34848			REPAIR OF AORTA IN ABDOMEN BET	$1,381.46	$1,174.24
35001			REPAIR OF ANEURYSM OR NECK OR	$542.74	$461.32
35002			REPAIR OF RUPTURED ANEURYSM OF	$549.06	$466.70
35005			REPAIR OF ANEURYSM OR HEAD ART	$481.04	$408.88
35011			REPAIR OF ANEURYSM OR ARM ARTE	$489.39	$415.98

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35013			REPAIR OF RUPTURED ANEURYSM OF	$614.31	$522.16
35021			REPAIR OF ANEURYSM OR UPPER CH	$612.50	$520.62
35022			REPAIR OF RUPTURED ANEURYSM OF	$699.84	$594.86
35045			REPAIR OF ANEURYSM OR FOREARM	$469.65	$399.20
35081			REPAIR OF ANEURYSM OR ABDOMINA	$833.47	$708.45
35082			REPAIR OF RUPTURED ANEURYSM OF	$1,040.13	$884.11
35091			REPAIR OF ANEURYSM OR ABDOMINA	$854.97	$726.72
35092			REPAIR OF RUPTURED ANEURYSM OF	$1,248.13	$1,060.91
35102			REPAIR OF ANEURYSM OR ABDOMINA	$906.08	$770.16
35103			REPAIR OF RUPTURED ANEURYSM OF	$1,065.87	$905.99
35111			REPAIR OF ANEURYSM OR SPLEEN A	$639.93	$543.94
35112			REPAIR OF RUPTURED ANEURYSM OF	$786.04	$668.13
35121			REPAIR OF ANEURYSM OR LIVER, K	$760.23	$646.19
35122			REPAIR OF RUPTURED ANEURYSM OF	$908.98	$772.63
35131			REPAIR OF ANEURYSM OR GROIN AR	$666.29	$566.34
35132			REPAIR OF RUPTURED ANEURYSM OF	$786.04	$668.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35141			REPAIR OF ANEURYSM OR UPPER TH	$526.67	$447.67
35142			REPAIR OF RUPTURED ANEURYSM OF	$636.22	$540.78
35151			REPAIR OF ANEURYSM OR LOWER LE	$598.80	$508.98
35152			REPAIR OF RUPTURED ANEURYSM OF	$672.77	$571.85
35180			REPAIR OF CONGENITAL ABNORMAL	$379.49	$322.57
35182			REP.CONGENITAL FIST-THORAX/ABD	$874.09	$742.98
35184			REP.CONGENITAL FISTULA,EXTREMI	$465.40	$395.59
35188			REPAIR OF ABNORMAL ARTERY-VEIN	$650.72	$553.11
35189			REP.ACQUIRED/TRAUMA FIST.THORA	$726.71	$617.70
35190			REPAIR OF ABNORMAL ARTERY-VEIN	$368.17	$312.94
35201			REPAIR BLOOD VESSEL LESION	$454.25	$386.11
35206			REPAIR BLOOD VESSEL LESION	$386.56	$328.57
35207			REPAIR BLOOD VESSEL,DIRECT-HAN	$379.27	$322.38
35211			REPAIR BLOOD VESSEL LESION	$678.97	$577.12
35216			REPAIR BLOOD VESSEL LESION	$1,027.70	$873.54
35221			REPAIR BLOOD VESSEL LESION	$718.22	$610.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35226			REPAIR BLOOD VESSEL LESION	$401.51	$341.28
35231			REPAIR BLOOD VESSEL LESION	$613.87	$521.79
35236			REPAIR BLOOD VESSEL LESION	$486.05	$413.14
35241			REPAIR BLOOD VESSEL LESION	$696.88	$592.35
35246			REPAIR BLOOD VESSEL LESION	$757.21	$643.62
35251			REPAIR BLOOD VESSEL LESION	$845.33	$718.53
35256			REPAIR BLOOD VESSEL LESION	$489.11	$415.74
35261			REPAIR BLOOD VESSEL LESION	$473.67	$402.62
35266			REPAIR BLOOD VESSEL LESION	$420.00	$357.00
35271			REPAIR BLOOD VESSEL LESION	$675.22	$573.93
35276			REPAIR BLOOD VESSEL LESION	$708.30	$602.05
35281			REPAIR BLOOD VESSEL LESION	$784.74	$667.02
35286			REPAIR BLOOD VESSEL LESION	$448.35	$381.09
35301			REMOVAL OF BLOOD CLOT AND PORT	$545.25	$463.46
35302			REMOVAL OF BLOOD CLOT AND PORT	$538.74	$457.92
35303			REMOVAL OF BLOOD CLOT AND PORT	$590.35	$501.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35304			REMOVAL OF BLOOD CLOT AND PORT	$614.49	$522.31
35305			REMOVAL OF BLOOD CLOT AND PORT	$591.20	$502.52
35306			REMOVAL OF BLOOD CLOT AND PORT	$212.59	$180.70
35311			REMOVAL OF BLOOD CLOT AND PORT	$751.11	$638.44
35321			RECHANNELING OF ARTERY	$434.91	$369.67
35331			REMOVAL OF BLOOD CLOT AND PORT	$701.25	$596.06
35341			RECHANNELING OF ARTERY	$669.10	$568.74
35351			RECHANNELING OF ARTERY	$619.47	$526.55
35355			REMOVAL OF BLOOD CLOT AND PORT	$495.37	$421.06
35361			REMOVAL OF BLOOD CLOT AND PORT	$732.77	$622.85
35363			REMOVAL OF BLOOD CLOT AND PORT	$780.95	$663.81
35371			REMOVAL OF BLOOD CLOT AND PORT	$393.20	$334.22
35372			REMOVAL OF BLOOD CLOT AND PORT	$470.84	$400.21
35390			REMOVAL OF BLOOD CLOT AND PORT	$76.03	$64.62
35400			EXAM OF BLOOD VESSEL OR GRAFT	$70.73	$60.12
35500			HARVEST OF UPPER ARM VEIN SEGM	$152.32	$129.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35501			BYPASS OF DISEASED OR BLOCKED	$701.74	$596.48
35506			BYPASS OF DISEASED OR BLOCKED	$612.80	$520.88
35508			BYPASS OF DISEASED OR BLOCKED	$640.32	$544.27
35509			BYPASS OF DISEASED OR BLOCKED	$678.64	$576.84
35510			BYPASS OF DISEASED OR BLOCKED	$591.85	$503.07
35511			BYPASS OF DISEASED OR BLOCKED	$539.30	$458.40
35512			BYPASS OF DISEASED OR BLOCKED	$580.37	$493.31
35515			BYPASS OF DISEASED OR BLOCKED	$640.32	$544.27
35516			BYPASS OF DISEASED OR BLOCKED	$587.24	$499.15
35518			BYPASS OF DISEASED OR BLOCKED	$549.63	$467.18
35521			BYPASS OF DISEASED OR BLOCKED	$591.80	$503.03
35522			BYPASS OF DISEASED OR BLOCKED	$562.99	$478.54
35523			BYPASS OF DISEASED OR BLOCKED	$592.66	$503.76
35525			BYPASS OF DISEASED OR BLOCKED	$546.09	$464.18
35526			BYPASS OF DISEASED OR BLOCKED	$836.89	$711.35
35531			BYPASS OF DISEASED OR BLOCKED	$937.18	$796.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35533			BYPASS OF DISEASED OR BLOCKED	$725.39	$616.58
35535			BYPASS OF DISEASED OR BLOCKED	$914.73	$777.52
35536			BYPASS OF DISEASED OR BLOCKED	$812.59	$690.70
35537			BYPASS OF DISEASED OR BLOCKED	$1,001.62	$851.38
35538			BYPASS OF DISEASED OR BLOCKED	$1,121.52	$953.29
35539			BYPASS OF DISEASED OR BLOCKED	$1,052.76	$894.84
35540			BYPASS OF DISEASED OR BLOCKED	$1,172.73	$996.82
35556			BYPASS OF DISEASED OR BLOCKED	$670.72	$570.11
35558			BYPASS OF DISEASED OR BLOCKED	$598.12	$508.40
35560			BYPASS OF DISEASED OR BLOCKED	$819.81	$696.83
35563			BYPASS OF DISEASED OR BLOCKED	$637.70	$542.04
35565			BYPASS OF DISEASED OR BLOCKED	$632.33	$537.48
35566			BYPASS OF DISEASED OR BLOCKED	$799.20	$679.32
35570			BYPASS OF DISEASED OR BLOCKED	$709.59	$603.15
35571			BYPASS OF DISEASED OR BLOCKED	$637.19	$541.61
35572			HARVEST OF UPPER LEG TO THIGH	$164.46	$139.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35583			BYPASS OF DISEASED OR BLOCKED	$693.99	$589.89
35585			BYPASS OF DISEASED OR BLOCKED	$803.32	$682.82
35587			BYPASS OF DISEASED OR BLOCKED	$641.90	$545.61
35600			HARVEST OF ARM ARTERY SEGMENT	$89.51	$76.08
35601			BYPASS OF DISEASED OR BLOCKED	$674.44	$573.27
35606			BYPASS OF DISEASED OR BLOCKED	$567.05	$481.99
35612			BYPASS OF DISEASED OR BLOCKED	$504.59	$428.90
35616			BYPASS OF DISEASED OR BLOCKED	$530.44	$450.87
35621			BYPASS OF DISEASED OR BLOCKED	$528.26	$449.02
35623			BYPASS OF DISEASED OR BLOCKED	$632.94	$538.00
35626			BYPASS OF DISEASED OR BLOCKED	$767.33	$652.23
35631			BYPASS OF DISEASED OR BLOCKED	$891.73	$757.97
35632			BYPASS OF DISEASED OR BLOCKED	$868.50	$738.23
35633			BYPASS OF DISEASED OR BLOCKED	$953.19	$810.21
35634			BYPASS OF DISEASED OR BLOCKED	$849.98	$722.48
35636			BYPASS OF DISEASED OR BLOCKED	$767.19	$652.11

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35637			BYPASS OF DISEASED OR BLOCKED	$797.53	$677.90
35638			BYPASS OF DISEASED OR BLOCKED	$834.77	$709.55
35642			BYPASS OF DISEASED OR BLOCKED	$477.66	$406.01
35645			BYPASS OF DISEASED OR BLOCKED	$457.24	$388.65
35646			BYPASS OF DISEASED OR BLOCKED	$820.52	$697.44
35647			BYPASS OF DISEASED OR BLOCKED	$746.62	$634.62
35650			BYPASS OF DISEASED OR BLOCKED	$492.08	$418.27
35654			BYPASS OF DISEASED OR BLOCKED	$656.63	$558.13
35656			BYPASS OF DISEASED OR BLOCKED	$516.85	$439.32
35661			BYPASS OF DISEASED OR BLOCKED	$522.33	$443.98
35663			BYPASS OF DISEASED OR BLOCKED	$587.38	$499.27
35665			BYPASS OF DISEASED OR BLOCKED	$566.01	$481.11
35666			BYPASS OF DISEASED OR BLOCKED	$621.76	$528.49
35671			BYPASS OF DISEASED OR BLOCKED	$547.48	$465.35
35681			BYPASS OF DISEASED OR BLOCKED	$38.26	$32.52
35682			BYPASS OF DISEASED OR BLOCKED	$168.83	$143.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35683			BYPASS OF DISEASED OR BLOCKED	$195.39	$166.08
35685			PLACEMENT OF VEIN PATCH @ DIST	$94.65	$80.45
35686			CREATION OF ARTERY-VEIN CONNEC	$76.71	$65.20
35691			RELOCATION AND/OR REIMPLANTATI	$456.58	$388.09
35693			RELOCATION AND/OR REIMPLANTATI	$405.61	$344.76
35694			RELOCATION AND/OR REIMPLANTATI	$476.75	$405.23
35695			RELOCATION AND/OR REIMPLANTATI	$494.61	$420.42
35697			REIMPLANTATION OF ORGAN ARTERY	$70.04	$59.53
35700			BYPASS OF UPPER OR LOWER LEG A	$72.54	$61.65
35701			EXPLORATION OF NECK ARTERY	$215.60	$183.26
35702			EXPLORATION OF ARM ARTERY	$200.10	$170.09
35703			EXPLORATION OF LEG ARTERY	$202.06	$171.75
35800			EXPLORATION OF NECK FOR BLEEDI	$362.75	$308.34
35820			EXPLORATION OF CHEST FOR BLEED	$976.75	$830.23
35840			EXPLORATION OF ABDOMEN FOR BLE	$599.17	$509.29
35860			EXPLORATION OF ARM OR LEG FOR	$409.30	$347.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
35870			REPAIR OF GRAFT-ENTERIC FISTUL	$601.36	$511.15
35875			REMOVAL OF BLOOD CLOT OF ARTER	$286.61	$243.61
35876			REMOVAL OF BLOOD CLOT AND REVI	$454.70	$386.49
35879			REVISION OF LEG ARTERY BYPASS	$444.46	$377.79
35881			REVISION OF LEG ARTERY BYPASS	$496.98	$422.43
35883			REVISION OF GROIN ARTERY BYPAS	$575.73	$489.37
35884			REVISION OF GROIN ARTERY BYPAS	$596.20	$506.77
35901			EXCISION OF INFECTED GRAFT OF	$232.50	$197.62
35903			EXCISION INFECTED GRAFT EXTREM	$275.40	$234.09
35905			EXCISION INFECTED GRAFT THORAX	$808.01	$686.80
35907			EXCISION INFECTED GRAFT ABDOME	$918.81	$780.99
36000			INSERTION OF NEEDLE OR TUBE IN	$22.56	$19.18
36000	SA		ESTABLISH ACCESS TO VEIN	NA	$29.00
36000	50		INTRO OF NEEDLE OR INTRACATH V	$45.00	$45.00
36002			INJECTION TO CAUSE BLOOD CLOT	$76.83	$65.30
36005			INJECTION FOR X-RAY IMAGING PR	$127.64	$108.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36010			INSERTION OF TUBE INTO VENA CA	$271.12	$230.45
36011			INSERTION OF TUBE INTO VEIN, F	$401.17	$340.99
36012			INSERTION OF TUBE INTO VEIN, S	$418.67	$355.87
36013			INSERTION OF TUBE INTO RIGHT H	$392.77	$333.85
36014			INSERTION OF TUBE INTO LEFT OR	$394.09	$334.98
36015			INSERTION OF TUBE INTO ARTERY	$423.04	$359.58
36100			INSERTION OF NEEDLE OR TUBE IN	$268.54	$228.26
36100	50		INTRO NEEDLE INTRACATH,CAR/VER	$154.00	$131.00
36140			INSERTION OF NEEDLE OR TUBE IN	$257.62	$218.98
36140	50		INTRO NEEDLE/INTRACATH: EXTREM	$93.00	$79.00
36160			INSERTION OF NEEDLE OR TUBE IN	$277.35	$235.74
36200			INSERTION OF TUBE INTO AORTA	$297.41	$252.80
36215			INSERTION OF TUBE INTO CHEST O	$520.52	$442.44
36216			INSERTION OF TUBE INTO CHEST O	$535.31	$455.01
36217			INSERTION OF TUBE INTO CHEST O	$912.70	$775.80
36218			INSERTION OF TUBE INTO CHEST O	$105.88	$89.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36221			INSERTION OF TUBE INTO CHEST A	$496.52	$422.04
36221	26		NON-SELECTIVE CATHETER PLACEME	$96.23	$81.79
36222			INSERTION OF TUBE INTO EXTRACR	$622.05	$528.74
36222	26		SELECTIVE CATHETER PLACEMENT,	$138.84	$118.01
36223			INSERTION OF TUBE INTO INTRACR	$847.08	$720.01
36223	26		SELECTIVE CATHETER PLACEMENT,C	$160.71	$136.60
36224			INSERTION OF TUBE INTO INTERNA	$1,046.83	$889.81
36224	26		SELECTIVE CATHETER PLACEMENT,	$180.70	$153.60
36225			INSERTION OF TUBE INTO CHEST A	$804.25	$683.61
36225	26		SELECTIVE CATHETER PLACEMENT,	$159.34	$135.44
36226			INSERTION OF TUBE INTO BRAIN A	$1,019.84	$866.86
36226	26		SELECTIVE CATHETER PLACEMENT,V	$179.51	$152.58
36227			INSERTION OF TUBE INTO EXTERNA	$122.79	$104.37
36227	26		SELECTIVE CATHETER PLACEMENT,	$59.14	$50.27
36228			INSERTION OF TUBE INTO NECK OR	$657.45	$558.83
36228	26		SELECTIVE CATHETER PLACEMENT,	$121.94	$103.64

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36245			INSERTION OF TUBE INTO ABDOMIN	$622.78	$529.36
36246			INSERTION OF TUBE INTO ABDOMIN	$417.24	$354.65
36247			INSERTION OF TUBE INTO ABDOMIN	$711.76	$605.00
36248			INSERTION OF TUBE INTO ABDOMIN	$57.93	$49.24
36251			INSERTION OF TUBE INTO FIRST O	$645.15	$548.38
36251	26		SELECTIVE CATHETER PLACEMENT (	$122.72	$104.31
36252			INSERTION OF TUBE INTO FIRST O	$698.41	$593.65
36252	26		SELECTIVE CATHETER PLACEMENT (	$171.85	$146.07
36253			INSERTION OF TUBE INTO SECOND	$1,007.50	$856.38
36253	26		SUPERSELECTIVE CATHETER PLACEM	$169.24	$143.85
36254			INSERTION OF TUBE INTO SECOND	$991.80	$843.03
36254	26		SUPERSELECTIVE CATHETER PLACEM	$200.33	$170.28
36260			INSERTION OF IMPLANTABLE PUMP	$329.10	$279.74
36261			REVISE IMPLANTED INFUSION PUMP	$208.07	$176.86
36262			REMOVE IMPLANTED INFUSION PUMP	$159.40	$135.49
36299			OTHER BLOOD VESSEL INJECTION P	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36410			INSERTION OF NEEDLE INTO VEIN	$8.93	$7.59
36415			ROUTINE VENIPUNCTURE COLLECT S	$4.42	$3.75
36415	FP		ROUTINE VENIPUNCTURE COLLECT S	$15.89	$13.51
36415	HU		ROUTINE VENIPUNCTURE COLL SPEC	NA	$1.80
36415	SA		ROUTINE VENIPUNCTURE COLLECT S	NA	$1.80
36415	SB		ROUTINE VENIPUNCTURE COLLECT S	NA	$1.80
36415	UD		ROUTINE VENIPUNCTURE COLLECT S	$15.89	$1.80
36416			COLLECTION OF CAPILLARY BLOOD	$1.80	$1.80
36416	FP		COLLECTION OF CAPILLARY BLOOD	$1.80	$1.80
36416	HU		COLLECTION OF CAPILLARY BLOOD	NA	$1.80
36416	SA		COLLECTION OF CAPILLARY BLOOD	NA	$1.80
36416	UD		COLLECTION OF CAPILLARY BLOOD	$2.59	$2.59
36425			INCISION OF VEIN FOR INSERTION	$19.31	$16.41
36430			TRANSFUSION,BLOOD/BLOOD COMPON	$21.83	$18.56
36455			EXCHANGE BLOOD TRANSFUSION, OT	$60.72	$51.61
36456			PARTIAL EXCHANGE TRANSFUSION,	$47.30	$40.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36460			TRANSFUSION SERVICE, FETAL	$168.95	$143.61
36465			INJECTION OF CHEMICAL AGENT IN	$654.87	$556.64
36465	26		INJECTION OF CHEMICAL AGENT IN	$57.43	$48.82
36466			INJECTION OF CHEMICAL AGENT IN	$690.79	$587.17
36466	26		INJECTION OF CHEMICAL AGENT IN	$73.23	$62.24
36473			MECHANOCHEMICAL DESTRUCTION OF	$609.18	$517.80
36473	26		MECHANICOCHEMICAL DESTRUCTION	$87.61	$74.46
36474			MECHANOCHEMICAL DESTRUCTION OF	$126.57	$107.58
36474	26		MECHANICOCHEMICAL DESTRUCTIOM	$42.79	$36.37
36475			DESTRUCTION OF FIRST INCOMPETE	$539.55	$458.61
36475	26		ENDOVENOUS ABLATION THERAPY OF	$134.26	$114.12
36476			DESTRUCTION OF SUBSEQUENT INCO	$140.68	$119.57
36476	26		ENDOVENOUS ABLATION THERAPY OF	$64.13	$54.51
36478			LASER DESTRUCTION OF INCOMPETE	$492.27	$418.43
36478	26		ENDOVENOUS ABLATION THERAPY OF	$134.30	$114.15
36479			LASER DESTRUCTION OF INCOMPETE	$151.52	$128.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36481			INSERTION OF TUBE INTO PORTAL	$866.06	$736.15
36482			CHEMICAL DESTRUCTION OF FIRST	$843.65	$717.10
36482	26		CHEMICAL DESTRUCTION OF INCOMP	$86.59	$73.60
36483			CHEMICAL DESTRUCTION OF SUBSEQ	$68.39	$58.13
36483	26		CHEMICAL DESTRUCTION OF INCOMP	$42.59	$36.20
36500			INSERTION OF TUBE INTO VEIN WI	$87.81	$74.64
36511			MECHANICAL SEPARATION OF WHITE	$54.36	$46.21
36512			THERAPEUTIC APHERESIS FOR RBC'	$51.61	$43.87
36513			THERAPEUTIC APHERESIS FOR PLAT	$51.74	$43.98
36516			THERAPEUTIC APHERESIS EXT SEL	$914.46	$777.29
36522			PHOTOPHERESIS, EXTRACORPORAL	$684.73	$582.02
36556			INSERTION OF NON-TUNNELED CENT	$107.36	$91.26
36556	26		INSERT NON-TUN CV CATH AGE 5 +	$40.96	$34.82
36558			INSERTION OF TUNNELED CENTRAL	$413.08	$351.11
36558	26		INSERT CV CATH WO/SUBCU PORT A	$126.32	$107.37
36561			INSERTION OF CENTRAL VENOUS TU	$488.07	$414.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36561	26		SUBCUTANEOUS PORT 5 YRS & OLDE	$162.44	$138.07
36563			INSERTION OF CENTRAL VENOUS TU	$549.14	$466.76
36563	26		SUBCUTANEOUS PORT AGE 5 OR OLD	$177.74	$151.07
36565			INSERTION OF 2 CENTRAL VENOUS	$414.80	$352.58
36565	26		SUBCUTANEOUS PUMP	$165.20	$140.42
36566			INSERTION OF 2 CENTRAL VENOUS	$2,125.65	$1,806.80
36566	26		SUBCUTANEOUS PORT OR PUMP	$174.58	$148.39
36569			INSERTION OF TUBE FOR INFUSION	$45.94	$39.04
36569	26		SUBCUTANEOUS PORT/PUMP AGE 5 &	$31.00	$26.00
36571			INSERTION OF CENTRAL VENOUS TU	$629.43	$535.01
36571	26		SUBCUTANEOUS PORT AGE 5 & OLDE	$154.14	$131.01
36572			INSERTION OF TUBE FOR INFUSION	$187.63	$159.48
36573			INSERTION OF TUBE FOR INFUSION	$191.91	$163.12
36575			REPAIR OF CENTRAL VENOUS TUBE	$72.92	$61.98
36575	26		SUBCUTANEOUS PORT AGE 5 OR > R	$16.15	$13.73
36576			REPAIR OF CENTRAL VENOUS TUBE	$172.50	$146.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36576	26		REP CVA DEVICE W/SUBCU PORT/PU	$90.11	$76.59
36578			REPLACEMENT OF CENTRAL VENOUS	$215.51	$183.18
36578	26		REPLACE CATH OF CVA DEVICE W/P	$100.25	$85.21
36580			REPLACEMENT OF NONTUNNELED CEN	$94.59	$80.40
36580	26		REPLACE COMPL NON-TUN CNETRAL	$31.46	$26.74
36581			REPLACEMENT OF TUNNELED CENTRA	$388.58	$330.29
36581	26		REPLACE COMPL TUNNELED CENTRAL	$89.09	$75.73
36582			REPLACEMENT OF TUNNELED CENTRA	$436.98	$371.43
36582	26		REPLACE COML TUNNEL CVA DEVICE	$140.41	$119.35
36583			REPLACEMENT OF TUNNELED CENTRA	$576.88	$490.35
36583	26		REPLACE COMPL TUNNEL DEV W/PUM	$163.51	$138.98
36584			REPLACEMENT OF PERIPHERALLY IN	$163.36	$138.86
36584	26		REPLACE COMPL PICC W/O SUBCU P	$28.16	$23.93
36585			REPLACEMENT OF PERIPHERALLY IN	$572.00	$486.20
36585	26		REPLACE COMPL CVAD W/SUBCU POR	$136.95	$116.41
36589			REMOVAL OF TUNNELED CENTRAL VE	$82.00	$69.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36589	26		REMOVAL TUNNELED CVC W/O SUBCU	$66.86	$56.83
36590			REMOVAL OF CENTRAL VENOUS TUBE	$110.83	$94.20
36590	26		REMOVAL TUNNELED CVAD W SUBCU	$93.28	$79.29
36591			COLLECTION OF BLOOD SAMPLE FRO	$14.28	$12.13
36592			COLLECTION OF BLOOD SAMPLE FRO	$15.48	$13.15
36593			DECLOTTING OF CENTRAL VENOUS T	$17.88	$15.20
36595			MECHANICAL REMOVAL OF OBSTRUCT	$296.88	$252.35
36595	26		MECH REMOV PERICATH OBSTRUCT M	$87.19	$74.11
36596			MECHANICAL REMOVAL OF TISSUE O	$58.37	$49.61
36596	26		MECHAN REMOV INTRALUM OBSTRUCT	$22.07	$18.76
36597			REPOSITIONING OF CENTRAL VENOU	$55.31	$47.01
36597	26		REPOSITION CVC W/FLUOROS GUIDA	$28.99	$24.64
36598			CONTRAST INJECTION FOR IMAGING	$60.29	$51.25
36600			ARTERY PUNCTURE COLLECTION OF	$13.78	$11.71
36620			INSERTION OF ARTERY TUBE FOR B	$21.32	$18.12
36620	SA		ESTABLISH ACCESS TO ARTERY BY	NA	$18.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36625			INSERTION OF ARTERY TUBE FOR B	$51.04	$43.38
36640			INSERTION OF ARTERY TUBE FOR P	$58.03	$49.32
36680			NEEDLE PLACEMENT-INTRAOSSEOUS	$29.13	$24.76
36800			INSERTION OF TUBE CONNECTING V	$58.66	$49.86
36810			INSERTION OF TUBE CONNECTING A	$102.31	$86.96
36815			REVISION OR REMOVAL OF TUBE CO	$65.32	$55.52
36818			RELOCATION OF MAJOR UPPER ARM	$334.43	$284.27
36819			RELOCATION OF UPPER ARM SURFAC	$353.85	$300.77
36820			RELOCATION OF FOREARM VEIN WIT	$352.23	$299.39
36821			RELOCATION OF ARM VEIN WITH CO	$320.02	$272.01
36823			INSERTION OF TUBE INTO ARM OR	$697.58	$592.94
36825			CREATION OF ARTERY-VEIN CONNEC	$385.02	$327.26
36830			CREATION OF ARTERY-VEIN CONNEC	$323.14	$274.66
36831			REMOVAL OF BLOOD CLOT FROM HEM	$299.53	$254.60
36832			REVISION OF HEMODIALYSIS GRAFT	$367.04	$311.98
36833			REVISION OF HEMODIALYSIS GRAFT	$391.36	$332.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36835			INSERTION OF HEMODIALYSIS SHUN	$239.35	$203.45
36836			CREATION OF OPENING BETWEEN AR	$4,129.72	$3,510.26
36836	26		CREATION OF OPENING BETWEEN AR	$171.15	$145.48
36837			CREATION OF OPENING BETWEEN AR	$4,914.59	$4,177.40
36837	26		CREATION OF OPENING BETWEEN AR	$221.32	$188.12
36838			REPAIR OF HEMODIALYSIS ACCESS	$549.86	$467.38
36860			INJECTION FOR REMOVAL OF BLOOD	$117.61	$99.96
36861			INSERTION OF BALLOON TUBE FOR	$67.48	$57.36
36901			INSERTION OF NEEDLE AND/OR TUB	$354.00	$300.90
36901	26		INSERTION OF NEEDL AND/OR CATH	$80.65	$68.55
36902			INSERTION OF NEEDLE AND/OR TUB	$605.97	$515.07
36902	26		INSERTION OF NEEDLE AND/OR CAT	$115.02	$97.77
36903			INSERTION OF NEEDLE AND/OR TUB	$2,134.89	$1,814.66
36903	26		INSERTION OF NEEDLE AND/OR CAT	$151.14	$128.46
36904			REMOVAL AND/OR DISSOLVING OF B	$906.36	$770.40
36904	26		EXCISION OF BLOOD CLOT AND/OR	$176.30	$149.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
36905			REMOVAL AND/OR DISSOLVING OF B	$1,140.30	$969.25
36905	26		EXCISION OF BLOOD CLOTAND/OR I	$211.72	$179.96
36906			REMOVAL AND/OR DISSOLVING OF B	$2,714.79	$2,307.57
36906	26		EXCISIOM OF BLOOD CLOT AND/OR	$244.39	$207.73
36907			BALLOON DILATION OF DIALYSIS S	$294.87	$250.64
36907	26		BALLOON DILATION OF DIALYSIS S	$69.87	$59.39
36908			INSERTION OF STENT IN DIALYSIS	$709.77	$603.30
36908	26		INSERTION OF STENT IN DIALYSIS	$99.09	$84.23
36909			PERMANENT BLOCKAGE OF HEMODIAL	$950.92	$808.28
36909	26		PERMANENT BLOCKAGE OF DIALYSIS	$96.15	$81.72
37140			CONNECTION OF VENA CAVA AND PO	$1,146.35	$974.40
37145			CONNECTION OF KIDNEY VEIN AND	$1,063.94	$904.35
37160			CONNECTION OF VENA CAVA AND AB	$1,092.74	$928.82
37180			CONNECTION OF SPLEEN AND KIDNE	$1,050.41	$892.84
37181			CONNECTION OF SPLEEN AND KIDNE	$1,146.35	$974.40
37182			INSERTION OF SHUNTS TO BYPASS	$388.59	$330.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37183			REVISION OF SHUNTS TO BYPASS B	$2,919.48	$2,481.55
37184			PRIMARY REMOVAL AND DISSOLVING	$855.14	$726.86
37184	26		PRIMARY PERCUTANEOUS TRANSLUMI	$206.61	$175.62
37185			PRIMARY REMOVAL AND DISSOLVING	$236.34	$200.89
37185	26		PRIMARY PERCUTANEOUS TRANSLUMI	$77.91	$66.22
37186			SECONDARY REMOVAL AND DISSOLVI	$593.68	$504.62
37186	26		SECONDARY PERCUTANEOUS TRANSLU	$116.66	$99.16
37187			REMOVAL AND DISSOLVING OF BLOO	$845.96	$719.06
37187	26		PERCUTANEOUS TRANSLUMINAL MECH	$188.49	$160.22
37188			REMOVAL AND DISSOLVING OF BLOO	$725.96	$617.06
37188	26		PERCUTANEOUS TRANSLUMINAL MECH	$134.89	$114.66
37191			INSERTION OF VENA CAVA FILTER	$1,013.57	$861.53
37191	26		INSERTION OF INTRAVASCULAR VEN	$105.64	$89.79
37192			REPOSITIONING OF VENA CAVA FIL	$640.62	$544.53
37192	26		REPOSITIONING OF INTRAVASCULAR	$164.81	$140.08
37193			REMOVAL OF VENA CAVA FILTER WI	$749.22	$636.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37193	26		RETRIEVEL(REMOVAL) OF INTRAVAS	$165.90	$141.01
37195			INFUSION OF DRUG TO DISSOLVE B	$195.42	$166.11
37197			RETRIEVAL OF FOREIGN BODY IN B	$783.68	$666.12
37197	26		TRANSCATHETER RETRIEVAL, PERCU	$144.10	$122.48
37200			BIOPSY OF BLOOD VESSEL USING T	$102.37	$87.01
37211			INSERTION OF TUBE INTO ARTERY	$185.48	$157.66
37212			INSERTION OF TUBE INTO VEIN FO	$161.64	$137.39
37213			INSERTION OF TUBE INTO ARTERY	$110.41	$93.84
37214			REMOVAL OF TUBE INTO ARTERY OR	$58.33	$49.58
37215			INSERTION OF STENT AND BLOOD C	$479.25	$407.36
37216			INSERTION OF STENT IN NECK ART	$558.28	$474.54
37217			INSERTION OF STENT IN BLOOD VE	$520.09	$442.08
37218			INSERTION OF STENT IN BLOOD VE	$401.29	$341.10
37218	26		INSERTION OF STENTS IN BLOOD V	$440.43	$374.63
37220			BALLOON DILATION OF GROIN ARTE	$1,258.08	$1,069.36
37220	26		REVASCULARIZATION, ENDOVASCULA	$191.37	$162.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37221			INSERTION OF STENT IN GROIN AR	$1,544.28	$1,312.63
37221	26		REVASCULARIZATION, ENDOVASCULA	$235.70	$200.35
37222			BALLOON DILATION OF GROIN ARTE	$308.56	$262.27
37222	26		REVASCULARIZATION, ENDOVASCULA	$88.37	$75.11
37223			INSERTION OF STENT IN GROIN AR	$636.68	$541.17
37223	26		REVASCULARIZATION, ENDOVASCULA	$101.17	$85.99
37224			BALLOON DILATION OF ARTERY OF	$1,463.00	$1,243.55
37224	26		REVASCULARIZATION, ENDOVASCULA	$212.75	$180.83
37225			REMOVAL OF PLAQUE IN ARTERIES	$4,402.64	$3,742.24
37225	26		REVASCULARIZATION, ENDOVASCULA	$286.33	$243.38
37226			INSERTION OF STENT IN ARTERIES	$4,078.80	$3,466.98
37226	26		REVASCULARIZATION, ENDOVASCULA	$248.05	$210.84
37227			REMOVAL OF PLAQUE AND INSERTIO	$5,622.92	$4,779.48
37227	26		REVASCULARIZATION, ENDOVASCULA	$342.37	$291.01
37228			BALLOON DILATION OF ARTERY OF	$2,075.07	$1,763.81
37228	26		REVASCULARIZATION, ENDOVASCULA	$258.52	$219.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37229			REMOVAL OF PLAQUE IN ARTERY OF	$4,477.69	$3,806.04
37229	26		REVASCULARIZATION, ENDOVASCULA	$331.28	$281.59
37230			INSERTION OF STENT IN ARTERY O	$4,485.07	$3,812.31
37230	26		REVASCULARIZATION, ENDOVASCULA	$331.60	$281.86
37231			REMOVAL OF PLAQUE AND INSERTIO	$5,925.23	$5,036.45
37231	26		REVASCULARIZATION, ENDOVASCULA	$351.04	$298.38
37232			BALLOON DILATION OF ARTERY OF	$410.81	$349.19
37232	26		REVASCULARIZATION, ENDOVASCULA	$95.15	$80.87
37233			REMOVAL OF PLAQUE IN ARTERY OF	$526.25	$447.31
37233	26		REVASCULARIZATION, ENDOVASCULA	$153.83	$130.75
37234			INSERTION OF STENT IN ARTERY O	$1,828.98	$1,554.63
37234	26		REVASCULARIZATION, ENDOVASCULA	$134.56	$114.38
37235			REMOVAL OF PLAQUE AND INSERTIO	$1,984.82	$1,687.09
37235	26		REVASCULARIZATION, ENDOVASCULA	$175.50	$149.17
37236			INSERTION OF STENT IN ARTERY (	$1,378.23	$1,171.50
37237			INSERTION OF STENT IN ARTERY (	$647.87	$550.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37238			INSERTION OF STENT IN VEIN WIT	$1,735.70	$1,475.35
37239			INSERTION OF STENT IN VEIN WIT	$867.31	$737.21
37239	26		INSERTION OF INTRAVASCULAR STE	$72.05	$61.24
37241			OCCLUSION OF VEIN WITH REVIEW	$2,324.20	$1,975.57
37242			OCCLUSION OF ARTERY WITH REVIE	$3,556.23	$3,022.79
37243			OCCLUSION OF GROWTHS OR OBSTRU	$4,310.00	$3,663.50
37244			OCCLUSION OF ARTERY OR VEIN BL	$3,287.41	$2,794.29
37246			BALLOON DILATION OF ARTERY WIT	$909.67	$773.22
37246	26		BALLOON DILATION OF ARTERY, AC	$166.71	$141.70
37247			BALLOON DILATION OF ARTERY WIT	$294.41	$250.25
37247	26		BALLOON DILATION OF ARTERY ACC	$83.00	$70.55
37248			BALLOON DILATION OF VEIN WITH	$677.64	$575.99
37248	26		BALLOON DIALATION OF FIRST VEI	$142.30	$120.96
37249			BALLOON DILATION OF VEIN WITH	$220.54	$187.46
37249	26		BALLOON DILATION OF ADDITIONAL	$69.68	$59.23
37252			ULTRASOUND EVALUATION OF BLOOD	$477.09	$405.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37252	26		ULTRASOUND EVALUATION OF BLOOD	$42.56	$36.18
37253			ULTRASOUND EVALUATION OF BLOOD	$86.49	$73.52
37253	26		ULTRASOUND EVALUATION OF BLOOD	$33.85	$28.77
37500			TYING OF VEINS IN LEG MUSCLES	$306.17	$260.24
37501			OTHER PROCEDURE ON BLOOD VESSE	BY REPORT	BY REPORT
37565			TYING OF NECK VEIN	$360.41	$306.34
37600			TYING OF EXTERNAL NECK ARTERY	$370.88	$315.25
37605			TYING OF INTERNAL NECK ARTERY	$357.20	$303.62
37606			LIGATION OF NECK ARTERY	$374.10	$317.99
37607			TYING OR BANDING OF SURGICALLY	$183.35	$155.84
37609			TYING OR BIOPSY OF ARTERY ON S	$157.09	$133.53
37615			LIGATION OF NECK ARTERY	$257.12	$218.55
37616			LIGATE MAJOR ARTERY:CHEST	$554.73	$471.52
37617			LIGATION OF ABDOMEN ARTERY	$649.39	$551.98
37618			TYING OF MAJOR ARM OR LEG ARTE	$194.95	$165.71
37619			TYING OF INFERIOR VENA CAVA	$851.78	$724.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37650			TYING OF UPPER LEG VEIN	$223.60	$190.06
37650	50		INTERR/PART/COMP,FEM VE/LIG/BI	$155.00	$132.00
37660			TYING OF GROIN VEIN	$650.91	$553.27
37700			TYING AND DIVISION OF LONG LEG	$120.54	$102.46
37700	50		REVISE LEG VEIN	$155.00	$131.00
37718			TYING, INCISION, AND STRIPPING	$191.61	$162.86
37722			TYING, INCISION, AND STRIPPING	$225.18	$191.40
37735			TYING, INCISION, AND STRIPPING	$282.96	$240.51
37735	50		REMOVAL OF LEG VEINS/LESION	$578.00	$491.00
37760			TYING OF VARICOSE VEINS, RADIC	$280.17	$238.14
37761			TYING OF VARICOSE VEINS, SIMPL	$263.15	$223.68
37765			REMOVAL OF VARICOSE VEINS OF A	$210.48	$178.91
37766			REMOVAL OF VARICOSE VEINS OF A	$247.16	$210.08
37780			TYING AND DIVISION OF SHORT LE	$116.11	$98.69
37780	50		REVISION OF LEG VEIN	$81.00	$69.00
37785	50		LIGAT,DIV EXC SEC VAR VEIN LEG	$59.10	$50.23

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
37788			RESTORATION OF BLOOD FLOW IN A	$620.23	$527.20
37790			BLOCKAGE OF PENIS VEIN	$241.13	$204.96
37799			OTHER PROCEDURE ON BLOOD VESSE	BY REPORT	BY REPORT
38100			REMOVAL OF SPLEEN	$570.45	$484.88
38101			SPLENECTOMY: PARTIAL	$577.83	$491.16
38102			SPLENECTOMY TOTAL ENBLOC WITH	$128.60	$109.31
38115			REP.RUP.SPLEEN,W/ORW/OUT SPLEN	$640.53	$544.45
38120			EXAM OF SPLEEN USING AN ENDOSC	$528.26	$449.02
38129			OTHER PROCEDURE ON SPLEEN USIN	BY REPORT	BY REPORT
38200			INJECTION PROCEDURE FOR IMAGIN	$62.95	$53.50
38205			BLD-DER HEM PROG CELL HARVEST	$41.28	$35.09
38206			BLD-DER HEM PROG CELL HARVEST	$40.43	$34.36
38220			ASPIRATION OF BONE MARROW SAMP	$79.95	$67.95
38221			BIOPSY OF BONE MARROW	$82.62	$70.22
38222			BIOPSY AND ASPIRATION OF BONE	$88.98	$75.63
38222	26		BONE MARROW BIOPSY AND ASPIRAT	$36.69	$31.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
38230			HARVEST OF DONOR BONE MARROW F	$100.00	$85.00
38232			HARVEST OF PATIENT BONE MARROW	$92.73	$78.82
38240			TRANSPLANTATION OF DONOR STEM	$119.04	$101.18
38241			TRANSPLANTATION OF PATIENT-DER	$87.90	$74.72
38242			TRANSPLANTATION OF DONOR WHITE	$62.16	$52.83
38243			TRANSPLANTATION OF DONOR STEM	$60.94	$51.79
38300			SIMPLE DRAINAGE OF ABSCESS OR	$172.60	$146.71
38305			DRAINAGE OF EXTENSIVE ABSCESS	$250.39	$212.83
38308			INCISION OR OTHER OPERATION ON	$236.56	$201.08
38380			SUTURE AND/OR TYING OF CHEST L	$290.92	$247.28
38381			SUTURE AND/OR TYING OF CHEST L	$397.30	$337.71
38382			SUTURE AND/OR TYING OF CHEST L	$339.50	$288.57
38505			NEEDLE BIOPSY OR REMOVAL OF SU	$87.95	$74.75
38510			BIOPSY OR REMOVAL OF DEEP LYMP	$266.24	$226.30
38520			BIOPSY OR REMOVAL OF LYMPH NOD	$234.88	$199.64
38525			BIOPSY OR REMOVAL OF DEEP LYMP	$222.15	$188.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
38530			BIOPSY OR REMOVAL OF LYMPH NOD	$284.34	$241.69
38531			BIOPSY OR REMOVAL OF LYMPH NOD	$224.93	$191.19
38542			REMOVAL OF DEEP LYMPH NODES OF	$263.26	$223.77
38550			REMOVAL OF CONGENITAL DEFECT O	$264.19	$224.56
38555			REMOVAL OF CONGENITAL DEFECT O	$513.90	$436.81
38562			PARTIAL REMOVAL OF PELVIC AND	$353.92	$300.83
38564			LIM.LYMPHADENECTOMY/STAGE:RETR	$349.54	$297.10
38570			BIOPSY AND REMOVAL OF LYMPH NO	$257.84	$219.16
38571			REMOVAL OF LYMPH NODES OF BOTH	$327.24	$278.15
38572			REMOVAL OF LYMPH NODES OF BOTH	$446.14	$379.22
38573			REMOVAL OF LYMPH NODES OF BOTH	$585.71	$497.85
38589			OTHER PROCEDURE ON LYMPHATIC S	BY REPORT	BY REPORT
38700			REMOVAL OF LYMPH NODES, NECK	$403.65	$343.10
38700	50		REMOVAL OF LYMPH NODES, NECK	$410.00	$349.00
38720			REMOVAL OF LYMPH NODES OF NECK	$670.93	$570.29
38720	50		CERVICAL LYMPHADENECTOMY(COMP)	$900.00	$765.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
38724			REMOVAL OF LYMPH NODES, MUSCLE	$724.03	$615.43
38740			PARTIAL REMOVAL OF LYMPH NODES	$352.50	$299.62
38745			REMOVAL OF LYMPH NODES OF UNDE	$442.11	$375.79
38746			REMOVAL OF LYMPH NODES OF CHES	$103.52	$87.99
38747			REMOVAL OF LYMPH NODES OF ABDO	$130.70	$111.10
38760			REMOVAL OF LYMPH NODES OF GROI	$417.79	$355.12
38760	50		INGU/FEM LYMPHHD,W CLOQUET'SND	$410.00	$349.00
38765			PARTIAL REMOVAL OF LYMPH NODES	$650.73	$553.12
38765	50		REMOVE LYMPH GLANDS,GROIN/PELV	$656.00	$558.00
38770			REMOVAL OF LYMPH NODES OF GROI	$400.73	$340.62
38770	50		PELVIC LYMPHADENECTOMY:BILATER	$492.00	$418.00
38780			REMOVAL OF LYMPH NODES OF ABDO	$523.17	$444.69
38790			INJECTION PROCEDURE FOR IMAGIN	$40.58	$34.49
38790	50		INJ PROC FOR LYMPHANGIOGRAPHY:	$85.00	$74.00
38792			INJECTION OF RADIOACTIVE MATER	$41.80	$35.53
38794			EXPOSURE OF LYMPH DUCT OF CHES	$138.93	$118.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
38900			IMAGING OF LYMPH NODES DURING	$67.53	$57.40
38999			OTHER PROCEDURE ON LYMPHATIC S	BY REPORT	BY REPORT
39000			EXPLORATION, DRAINAGE, BIOPSY,	$252.10	$214.29
39010			EXPLORATION, DRAINAGE, BIOPSY,	$388.78	$330.46
39200			REMOVAL MEDIASTINAL LESION	$426.66	$362.66
39220			REMOVAL OF GROWTH BELOW BREAST	$557.86	$474.18
39401			EXAM OF CHEST USING AN ENDOSCO	$150.56	$127.97
39402			EXAM OF CHEST WITH BIOPSY OF L	$196.31	$166.86
39499			OTHER PROCEDURE ON CHEST CAVIT	BY REPORT	BY REPORT
39501			REPAIR OF MUSCLE TISSUE SEPARA	$423.67	$360.12
39540			REPAIR OF ACUTE INJURY TO MUSC	$429.85	$365.37
39541			REPAIR OF CHRONIC INJURY TO MU	$461.69	$392.44
39545			SUTURE OF MUSCLE SEPARATING CH	$442.11	$375.79
39560			SIMPLE REPAIR OF MUSCLE SEPARA	$399.04	$339.18
39561			COMPLEX REPAIR OF MUSCLE SEPAR	$622.89	$529.46
39599			OTHER PROCEDURE ON MUSCLE SEPA	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
40500			VERMILIONECTOMY (LIP SHAVE)	$270.45	$229.88
40510			REMOVAL OF WEDGE OF LIP TISSUE	$249.24	$211.85
40520			PARTIAL EXCISION OF LIP	$256.12	$217.70
40525			REMOVAL OF LIP WITH REPAIR USI	$278.54	$236.76
40527			REMOVAL OF LIP WITH REPAIR USI	$316.78	$269.26
40530			PARTIAL REMOVAL OF LIP	$283.83	$241.26
40650			REPAIR LIP	$246.62	$209.63
40652			REPAIR LIP	$264.53	$224.85
40654			REPAIR LIP..:>ONE HALF VERT HG	$299.22	$254.33
40700			PRIMARY PLASTIC REPAIR OF DEFO	$505.45	$429.63
40701			PLASTIC REPAIR OF DEFORMITY PR	$595.31	$506.01
40702			PLASTIC REPAIR OF DEFORMITY PR	$500.69	$425.58
40720			SECONDARY PLASTIC REPAIR OF NO	$513.62	$436.57
40720	50		REPAIR CLEFT LIP	$453.00	$385.00
40761			PLASTIC REPAIR OF NOSE AND/OR	$538.70	$457.90
40799			OTHER PROCEDURE ON LIP	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
40801			COMPLICATED DRAINAGE OF ABSCES	$148.09	$125.88
40806			INCISION OF TISSUE JOINING LIP	$51.27	$43.58
40810			EXCISION OF MOUTH LESION	$110.88	$94.25
40812			REMOVAL OF GROWTH OF MOUTH WIT	$140.79	$119.67
40814			REMOVAL OF GROWTH OF MOUTH WIT	$188.42	$160.15
40816			COMPLEX REMOVAL OF TISSUE AND	$205.16	$174.38
40818			EXCISE ORAL MUCOSA FOR GRAFT	$185.18	$157.40
40820			TREATMENT OF MOUTH LESION	$132.59	$112.70
40831			REPAIR OF LACERATED MOUTH, MOR	$149.52	$127.09
40840			REPAIR TO INCREASE DEPTH OF FR	$438.55	$372.77
40842			REPAIR TO INCREASE DEPTH ON SI	$472.61	$401.72
40843			REPAIR TO INCREASE DEPTH ON BO	$607.08	$516.02
40844			REPAIR TO INCREASE DEPTH OF EN	$761.27	$647.08
40845			COMPLEX REPAIR TO INCREASE DEP	$744.99	$633.24
40899			OTHER PROCEDURE ON INNER MOUTH	BY REPORT	BY REPORT
41000			DRAINAGE OF ABSCESS, CYST, OR	$73.75	$62.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
41005			DRAINAGE OF ABSCESS, CYST, OR	$116.45	$98.98
41006			DRAINAGE OF ABSCESS, CYST, OR	$171.60	$145.86
41007			DRAINAGE OF ABSCESS, CYST, OR	$166.42	$141.46
41008			DRAINAGE OF ABSCESS, CYST, OR	$199.65	$169.70
41010			INCISION OF TONGUE FOLD	$110.96	$94.32
41015			DRAINAGE OF ABSCESS, CYST, OR	$201.96	$171.67
41016			DRAINAGE OF ABSCESS, CYST, OR	$236.05	$200.64
41017			DRAINAGE OF ABSCESS, CYST, OR	$235.89	$200.50
41018			DRAINAGE OF ABSCESS, CYST, OR	$265.40	$225.59
41019			INSERTION OF NEEDLES, TUBES, O	$241.26	$205.07
41105			BIOPSY OF BACK 1/3 OF TONGUE	$95.97	$81.57
41108			BIOPSY OF FLOOR OF MOUTH	$86.03	$73.13
41112			REMOVAL OF GROWTH OF FRONT 2/3	$172.61	$146.72
41113			REMOVAL OF GROWTH OF BACK 1/3	$183.84	$156.26
41114			REMOVAL OF GROWTH OF TONGUE WI	$312.68	$265.78
41115			EXCISION OF TONGUE FOLD	$133.46	$113.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
41116			EXCISION OF MOUTH LESION	$170.35	$144.80
41120			REMOVAL OF LESS THAN HALF OF T	$533.29	$453.29
41130			PARTIAL REMOVAL OF TONGUE	$657.48	$558.86
41135			PARTIAL REMOVAL OF TONGUE AND	$1,079.06	$917.20
41140			REMOVAL OF TONGUE	$1,088.06	$924.85
41145			COMPLETE REMOVAL OF TONGUE AND	$1,368.60	$1,163.31
41150			REMOVAL OF TONGUE, FLOOR OF MO	$1,095.69	$931.33
41153			REMOVAL OF TONGUE, FLOOR OF MO	$1,190.75	$1,012.13
41155			REMOVAL OF TONGUE, FLOOR OF MO	$1,481.16	$1,258.98
41250			REPAIR OF LACERATED FLOOR OF M	$144.57	$122.88
41251			REPAIR OF LACERATED BACK 1/3 O	$159.63	$135.68
41252			REPAIR OF LACERATED TONGUE OR	$165.64	$140.79
41510			SUTURE OF TONGUE TO LIP TO ENL	$231.38	$196.67
41512			PERMANENT SUSPENSION OF TONGUE	$336.97	$286.42
41520			REPAIR OF TISSUE CONNECTING TO	$187.21	$159.12
41530			DESTRUCTION OF TONGUE TISSUE,	$466.21	$396.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
41530	26		SUBMUCOSAL ABLATION OF THE TON	$191.31	$162.61
41599			OTHER PROCEDURE ON TONGUE OR F	BY REPORT	BY REPORT
41805			REMOVAL OF EMBEDDED FOREIGN BO	$157.19	$133.61
41806			REMOVAL FOREIGN BODY,JAWBONE	$207.61	$176.47
41820			GINGIVECTOMY,EXC.GING, EACH QU	$44.00	$38.00
41821			EXCISION OF GUM FLAP	$42.00	$37.00
41822			EXCISION OF GUM LESION	$181.07	$153.91
41825			REMOVAL OF DENTAL BONE GROWTH	$112.73	$95.82
41826			REMOVAL OF DENTAL BONE GROWTH	$151.60	$128.86
41827			REMOVAL OF GROWTH OF DENTAL BO	$219.41	$186.49
41828			EXC.ALVEOLAR MUCOSA	$179.23	$152.35
41830			REMOVAL OF GUM TISSUE	$238.93	$203.09
41850			DESTRUCTION OF GROWTH OF STRUC	$29.00	$25.00
41870			GRAFT OF MOUTH TISSUE LINING T	$49.00	$42.00
41872			RESHAPING OF GUM	$241.13	$204.96
41874			RESHAPING OF TOOTH SOCKET	$194.97	$165.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
41899			OTHER PROCEDURE ON TEETH AND G	BY REPORT	BY REPORT
41899	52		UNLISTED PROCEDURE, DENTOALVEO	BY REPORT	BY REPORT
42000			DRAINAGE OF ABSCESS OF ROOF OF	$82.22	$69.89
42100			BIOPSY ROOF OF MOUTH	$74.41	$63.24
42104			REMOVAL OF GROWTH OF ROOF OF M	$111.03	$94.38
42106			REMOVAL OF GROWTH OF ROOF OF M	$127.43	$108.32
42107			REMOVAL OF GROWTH OF ROOF OF M	$224.99	$191.24
42120			REMOVE PALATE/LESION	$504.48	$428.80
42145			COMPLEX REMOVAL OF SOFT TISSUE	$347.07	$295.01
42160			DESTRUCTION OF GROWTH OR SOFT	$115.34	$98.04
42180			REPAIR OF LACERATED ROOF OF MO	$129.71	$110.25
42182			REPAIR OF LACERATED ROOF OF MO	$167.16	$142.08
42200			REPAIR OF DEFECT OF SOFT AND/O	$465.11	$395.34
42205			REPAIR OF DEFECT OF SOFT TISSU	$482.95	$410.51
42210			REPAIR OF CLEFT PALATE WITH BO	$539.25	$458.36
42215			REVISION OF PRIOR CLEFT PALATE	$353.93	$300.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
42220			REPAIR OF CLEFT PALATE WITH PA	$292.12	$248.30
42225			REPAIR OF CLEFT PALATE WITH LO	$496.37	$421.91
42226			LENGTHENING OF ROOF OF MOUTH W	$457.93	$389.24
42227			LENGTHENING OF ROOF OF MOUTH U	$426.42	$362.45
42235			LENGTHENING OF ROOF OF MOUTH W	$376.16	$319.74
42260			REPAIR OF ABNORMAL CONNECTION	$436.74	$371.22
42280			MAXILLARY IMPRESSION-PALATAL P	$89.50	$76.07
42281			INSERT PIN-RETAINED PALATAL PR	$113.86	$96.78
42299			OTHER PROCEDURE ON ROOF OF MOU	BY REPORT	BY REPORT
42300			SIMPLE DRAINAGE OF ABSCESS OF	$109.85	$93.37
42305			COMPLICATED DRAINAGE OF ABSCES	$219.06	$186.20
42310			DRAINAGE OF ABSCESS OF LOWER J	$86.89	$73.86
42320			DRAINAGE OF ABSCESS OF LOWER J	$133.14	$113.16
42330			UNCOMPLICATED REMOVAL OF SALIV	$119.36	$101.46
42335			COMPLICATED REMOVAL OF SALIVA	$221.51	$188.28
42340			COMPLICATED REMOVAL OF SALIVA	$272.21	$231.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
42400			NEEDLE BIOPSY OF SALIVA GLAND	$48.55	$41.27
42408			EXCISION OF SALIVARY CYST	$275.15	$233.87
42409			CREATION OF TRACT TO DRAIN CYS	$202.43	$172.06
42410			REMOVAL OF GROWTH OF SALIVA GL	$317.30	$269.71
42415			REMOVAL OF GROWTH OF SALIVA GL	$530.19	$450.66
42420			REMOVAL OF GROWTH OF SALIVA GL	$592.50	$503.62
42425			REMOVAL OF GROWTH OF SALIVA GL	$420.86	$357.73
42426			REMOVAL OF GROWTH OF SALIVA GL	$672.83	$571.91
42440			REMOVAL OF SALIVA GLAND UNDER	$210.28	$178.74
42450			REMOVAL OF SALIVA GLAND UNDER	$241.21	$205.03
42500			SIMPLE REPAIR OF SALIVARY DUCT	$229.20	$194.82
42505			COMPLICATED PLASTIC REPAIR OF	$293.02	$249.07
42507			CREATION OF NEW DRAINAGE TRACT	$250.94	$213.30
42509			CREATION OF NEW DRAINAGE TRACT	$411.52	$349.79
42510			CREATION OF NEW DRAINAGE TRACT	$306.99	$260.94
42550			INJECTION OF CONTRAST FOR IMAG	$77.65	$66.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
42600			CLOSURE OF ABNORMAL DRAINAGE T	$278.68	$236.88
42650			INSERTION OF PROBE TO WIDEN SA	$37.88	$32.19
42660			DILATION OF SALIVA GLAND DUCT	$56.69	$48.19
42665			TYING OF SALIVA GLAND DUCT	$192.92	$163.98
42699			OTHER PROCEDURE ON SALIVA GLAN	BY REPORT	BY REPORT
42700			DRAINAGE OF ABSCESS NEAR TONSI	$98.31	$83.56
42720			DRAINAGE OF ABSCESS OF THROAT	$225.26	$191.47
42725			DRAINAGE OF ABSCESS OF THROAT	$400.79	$340.67
42800			BIOPSY: OROPHARYNX	$81.02	$68.86
42804			SIMPLE BIOPSY OF GROWTH OF THR	$110.94	$94.29
42806			COMPLEX BIOPSY OF GROWTH OF TH	$123.65	$105.10
42808			REMOVAL OR DESTRUCTION OF GROW	$118.57	$100.78
42809			REMOVAL OF FOREIGN BODY IN THR	$105.67	$89.82
42810			REMOVAL OF CONGENITAL SKIN AND	$199.69	$169.73
42815			REMOVAL OF CONGENITAL CYST OR	$272.31	$231.46
42820			REMOVAL OF TONSILS AND ADENOID	$147.69	$125.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
42821			REMOVAL OF TONSILS AND ADENOID	$154.25	$131.11
42826			REMOVAL OF TONSILS (12 YEARS O	$130.11	$110.59
42831			PRIMARY REMOVAL OF ADENOIDS (1	$118.25	$100.51
42836			SECONDARY REMOVAL OF ADENOIDS	$124.99	$106.24
42842			EXTENSIVE REMOVAL OF TONSILS,	$508.87	$432.54
42844			EXTENSIVE REMOVAL OF TONSILS,	$690.76	$587.15
42860			EXCISION OF TONSIL TAGS	$99.52	$84.59
42860	52		EXCISION OF TONSIL TAGS	$22.00	$19.00
42890			PARTIAL REMOVAL OF PHARYNX	$709.39	$602.98
42892			PARTIAL REMOVAL OF WALL OF THR	$930.76	$791.14
42894			REMOVAL OF THROAT TISSUE WITH	$1,179.07	$1,002.21
42900			SUTURE OF WOUND OR INJURY IN T	$166.31	$141.36
42950			PLASTIC OR RECONSTRUCTIVE REPA	$403.23	$342.75
42953			REPAIR OF THROAT AT ESOPHAGUS	$483.81	$411.23
42955			CREATION OF OPENING TO THROAT	$383.90	$326.32
42960			SIMPLE CONTROL OF BLEEDING OF	$81.20	$69.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
42961			CONTROL THROAT BLEEDING	$212.58	$180.69
42962			COMPLICATED CONTROL OF BLEEDIN	$261.40	$222.19
42971			CONTROL NOSE/THROAT BLEEDING	$229.06	$194.70
42972			COMPLICATED CONTROL OF BLEEDIN	$255.69	$217.33
42975			EVALUATION OF SLEEP-DISORDERED	$48.36	$41.10
42999			OTHER PROCEDURE ON THROAT, ADE	BY REPORT	BY REPORT
43020			REMOVAL OF FOREIGN BODY IN ESO	$284.92	$242.18
43030			INCISION OF MUSCLE AT UPPER ES	$263.99	$224.39
43045			REMOVAL OF FOREIGN BODY IN ESO	$642.55	$546.17
43100			REMOVAL OF GROWTH OF ESOPHAGUS	$320.71	$272.60
43101			REMOVAL OF GROWTH OF ESOPHAGUS	$495.28	$420.99
43107			REMOVAL OF ESOPHAGUS	$1,457.50	$1,238.87
43108			REMOVAL OF ESOPHAGUS AND RECON	$2,154.90	$1,831.66
43112			REMOVAL OF ESOPHAGUS THROUGH C	$1,687.05	$1,433.99
43113			REMOVAL OF ESOPHAGUS THROUGH C	$2,110.10	$1,793.59
43116			PARTIAL REMOVAL OF UPPER ESOPH	$2,408.30	$2,047.06

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43117			ESOPHAGECTOMY W/WO PROX GASTRE	$1,591.66	$1,352.91
43118			PARTIAL REMOVAL OF LOWER ESOPH	$1,759.50	$1,495.58
43121			PARTIAL REMOVAL OF LOWER ESOPH	$1,393.17	$1,184.19
43122			PARTIAL REMOVAL OF LOWER ESOPH	$1,264.51	$1,074.83
43123			PARTIAL REMOVAL OF ESOPHAGUS W	$2,186.61	$1,858.61
43124			REMOVAL OF ESOPHAGUS WITH CREA	$1,853.02	$1,575.07
43130			REMOVAL OF DEFECT IN WALL OF E	$397.53	$337.90
43135			REMOVAL OF DEFECT IN WALL OF E	$718.52	$610.74
43180			REMOVAL OF DEFECT IN WALL OF E	$273.22	$232.24
43180	26		REMOVAL OF ESOPHAGUS TISSUE US	$288.43	$245.17
43191			DIAGNOSTIC EXAM OF ESOPHAGUS U	$77.47	$65.85
43192			INJECTION INTO ESOPHAGUS USING	$84.55	$71.86
43193			BIOPSY OF ESOPHAGUS USING A RI	$84.21	$71.57
43194			REMOVAL OF FOREIGN BODIES FROM	$93.90	$79.81
43195			BALLOON DILATION OF ESOPHAGUS	$91.99	$78.19
43196			INSERTION OF WIRE AND DILATION	$97.25	$82.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43197			DIAGNOSTIC EXAM OF ESOPHAGUS U	$96.75	$82.23
43197	26		DIAGNOSTIC EXAMINATION OF ESOP	$40.33	$34.28
43198			BIOPSY OF ESOPHAGUS USING A FL	$107.11	$91.04
43198	26		BIOPSY OF ESOPHAGUS USING AN E	$48.11	$40.89
43200			DIAGNOSTIC EXAM OF ESOPHAGUS U	$134.36	$114.21
43201			INJECTION INTO ESOPHAGUS USING	$132.16	$112.33
43201	26		ESOPHAGOSCOPY W/DIRECT SUBMUCO	$51.14	$43.46
43202			BIOPSY OF ESOPHAGUS USING A FL	$181.53	$154.30
43204			INJECTION OF SWOLLEN VEIN OF E	$66.17	$56.24
43205			TYING OF DILATED VEINS OF ESOP	$69.14	$58.76
43206			MICROSCOPIC EXAM OF ESOPHAGUS	$153.94	$130.85
43206	26		MICROSCOPIC EXAMINATION OF ESO	$65.01	$55.25
43210			REPAIR OF MUSCLE AT ESOPHAGUS	$210.35	$178.79
43211			REMOVAL OF TISSUE LINING OF ES	$114.58	$97.39
43212			PLACEMENT OF STENT IN ESOPHAGU	$92.29	$78.45
43213			DILATION OF ESOPHAGUS USING A	$620.61	$527.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43213	26		DILATION OF ESOPHAGUS USING AN	$127.08	$108.01
43214			BALLOON DILATION OF ESOPHAGUS	$95.23	$80.95
43215			REMOVAL OF FOREIGN BODIES IN E	$199.48	$169.55
43216			REMOVAL OF POLYPS OR GROWTHS O	$207.77	$176.60
43217			REMOVAL OF POLYPS OR GROWTHS O	$213.60	$181.56
43226			DILATION OF ESOPHAGUS WITH INS	$196.25	$166.81
43227			CONTROL OF BLEEDING IN ESOPHAG	$302.08	$256.76
43229			DESTRUCTION OF POLYP OR GROWTH	$360.27	$306.23
43229	26		DESTRUCTION OF GROWTHS OF ESOP	$96.22	$81.78
43231			ULTRASOUND EXAM OF ESOPHAGUS U	$76.85	$65.32
43232			ULTRASOUND GUIDED FINE NEEDLE	$97.17	$82.59
43233			BALLOON DILATION OF ESOPHAGUS,	$112.05	$95.24
43235			DIAGNOSTIC EXAM OF ESOPHAGUS,	$146.23	$124.29
43236			INJECTION OF ESOPHAGUS, STOMAC	$204.22	$173.58
43236	26		UPPER GI ENDOSCOPY W/DIR SUBMU	$67.98	$57.78
43237			ULTRASOUND EXAM OF ESOPHAGUS,	$95.57	$81.23

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43238			ULTRASOUND GUIDED NEEDLE ASPIR	$113.25	$96.26
43239			BIOPSY OF ESOPHAGUS, STOMACH,	$191.49	$162.76
43240			DRAINAGE OF FLUID COLLECTION O	$190.91	$162.27
43241			INSERTION OF TUBE OR TUBE IN E	$69.76	$59.29
43242			ULTRASOUND GUIDED NEEDLE ASPIR	$128.12	$108.90
43243			INJECTION OF DILATED VEIN OF S	$116.01	$98.61
43244			TYING OF DILATED VEINS OF STOM	$119.53	$101.60
43245			DILATION OF STOMACH OUTLET USI	$301.50	$256.28
43246			INSERTION OF STOMACH TUBE USIN	$97.98	$83.28
43247			REMOVAL OF FOREIGN BODIES OF E	$194.33	$165.18
43248			INSERTION OF GUIDE WIRE WITH D	$209.86	$178.38
43249			BALLOON DILATION OF ESOPHAGUS,	$548.30	$466.06
43250			REMOVAL OF POLYPS OR GROWTHS O	$228.17	$193.94
43251			REMOVAL OF POLYPS OR GROWTHS O	$250.73	$213.12
43252			MICROSCOPIC EXAM OF ESOPHAGUS,	$171.97	$146.17
43252	26		MICROSCOPIC EXAMINATION OF ESO	$82.34	$69.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43253			INJECTION OF DIAGNOSTIC OR THE	$127.95	$108.75
43254			REMOVAL OF TISSUE LINING OF ES	$131.58	$111.84
43255			CONTROL OF BLEEDING OF ESOPHAG	$317.56	$269.92
43257			HEAT DELIVERY TO MUSCLE AT ESO	$114.39	$97.23
43259			ULTRASOUND EXAM OF ESOPHAGUS,	$110.11	$93.59
43260			DIAGNOSTIC EXAM OF GALLBLADDER	$157.20	$133.62
43261			BIOPSY OF GALLBLADDER, PANCREA	$164.96	$140.22
43262			INCISION OF PANCREATIC OUTLET	$173.72	$147.66
43263			PRESSURE MEASUREMENT OF PANCRE	$174.06	$147.95
43264			REMOVAL OF STONE OR DEBRIS FRO	$177.19	$150.61
43265			DESTRUCTION OF STONE OF BILE O	$210.72	$179.11
43266			PLACEMENT OF STENT IN ESOPHAGU	$106.24	$90.30
43270			DESTRUCTION OF POLYP OR GROWTH	$370.23	$314.70
43270	26		DESTRUCTION OF GROWTHS ON ESOP	$109.45	$93.03
43273			EXAM OF COMMON BILE AND/OR PAN	$57.83	$49.15
43274			INSERTION OF STENT INTO PANCRE	$225.10	$191.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43275			REMOVAL OF STENT FROM PANCREAT	$183.13	$155.66
43276			REPLACEMENT OF STENT IN PANCRE	$234.35	$199.19
43277			BALLOON DILATION OF PANCREATIC	$184.13	$156.51
43278			DESTRUCTION OF POLYP OR GROWTH	$210.73	$179.12
43279			REPAIR OF MUSCLE AT LOWER ESOP	$635.05	$539.79
43280			STRENGTHENING OF MUSCLE BETWEE	$535.34	$455.04
43281			LAPAROSCOPY, SURGICAL, REPAIR	$759.93	$645.94
43282			LAPAROSCOPY, SURGICAL, REPAIR	$855.70	$727.34
43283			LAPAROSCOPY, SURGICAL, ESOPHAG	$76.98	$65.43
43284			INSERTION OF MAGNETIC BAND ARO	$326.95	$277.91
43285			REMOVAL OF MAGNETIC BAND FROM	$336.03	$285.62
43286			REMOVAL OF ESOPHAGUS AND PARTI	$1,555.20	$1,321.92
43287			REMOVAL OF LOWER ESOPHAGUS AND	$1,736.23	$1,475.79
43288			REMOVAL OF ESOPHAGUS AND PARTI	$1,831.14	$1,556.47
43289			OTHER PROCEDURE ON ESOPHAGUS U	BY REPORT	BY REPORT
43290			PLACEMENT OF BALLOON IN STOMAC	$1,338.28	$1,137.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43290	26		PLACEMENT OF BALLOON IN STOMAC	$89.06	$75.70
43291			REMOVAL OF BALLOON IN STOMACH	$233.70	$198.65
43291	26		REMOVAL OF BALLOON IN STOMACH	$78.54	$66.75
43300			REPAIR OF DEFECT OF ESOPHAGUS	$315.92	$268.53
43305			REPAIR OF DEFECT OF ESOPHAGUS	$547.11	$465.04
43310			REPAIR OF DEFECT OF ESOPHAGUS	$725.13	$616.36
43312			REPAIR OF DEFECT OF ESOPHAGUS	$772.81	$656.88
43313			REPAIR OF CONGENITAL DEFECT OF	$1,439.79	$1,223.82
43314			REPAIR OF CONGENITAL DEFECT OF	$1,538.52	$1,307.74
43320			REPAIR OF MUSCLE AT LOWER ESOP	$694.63	$590.43
43325			REPAIR OF MUSCLE AT LOWER ESOP	$675.32	$574.02
43327			REPAIR OF MUSCLE AT LOWER ESOP	$406.26	$345.32
43328			REPAIR OF MUSCLE AT LOWER ESOP	$548.98	$466.63
43330			REPAIR OF ESOPHAGUS THROUGH AB	$664.61	$564.91
43331			REPAIR OF ESOPHAGUS THROUGH CH	$657.91	$559.22
43332			REPAIR OF PARAESOPHAGEAL HERNI	$568.91	$483.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43333			REPAIR OF PARAESOPHAGEAL HERNI	$623.23	$529.75
43334			REPAIR OF PARAESOPHAGEAL HERNI	$606.54	$515.56
43335			REPAIR OF PARAESOPHAGEAL HERNI	$651.18	$553.50
43336			REPAIR OF PARAESOPHAGEAL HERNI	$707.59	$601.45
43337			REPAIR OF PARAESOPHAGEAL HERNI	$753.49	$640.47
43338			ESOPHAGEAL LENGTHENING PROCEDU	$55.29	$47.00
43340			PARTIAL REMOVAL OF ESOPHAGUS A	$686.22	$583.29
43341			PARTIAL REMOVAL OF ESOPHAGUS A	$687.70	$584.54
43351			RELOCATION OF ESOPHAGUS THROUG	$650.44	$552.87
43352			RELOCATION OF ESOPHAGUS THROUG	$526.43	$447.47
43360			RECONNECTION OF ESOPHAGUS TO S	$1,099.50	$934.57
43361			RECONNECTION OF ESOPHAGUS TO S	$1,336.82	$1,136.30
43400			TYING OF DILATED VEINS OF ESOP	$756.17	$642.74
43405			TYING OR STAPLING OF HOLE OR T	$717.40	$609.79
43410			SUTURE OF WOUND OR INJURY TO E	$518.14	$440.42
43415			SUTURE OF WOUND OR INJURY TO E	$1,265.61	$1,075.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43420			REPAIR OF ABNORMAL DRAINAGE TR	$508.63	$432.33
43425			REPAIR OF ABNORMAL DRAINAGE TR	$707.60	$601.46
43450			DILATION OF ESOPHAGUS	$95.31	$81.01
43460			CONTROL OF BLEEDING OF ESOPHAG	$103.66	$88.11
43496			RELOCATION OF UPPER SMALL BOWE	$700.82	$595.70
43497			INCISION OF MUSCLE OF LOWER ES	$389.76	$331.29
43499			OTHER PROCEDURE ON ESOPHAGUS	BY REPORT	BY REPORT
43500			EXPLORATION OF STOMACH OR REMO	$392.78	$333.86
43501			GASTROTOMY: WITH SUTURE REPAIR	$672.30	$571.46
43502			SUTURE OF LACERATED STOMACH	$757.96	$644.27
43510			SURGICAL OPENING OF STOMACH	$475.02	$403.77
43520			INCISION OF PYLORIC MUSCLE	$345.07	$293.31
43605			BIOPSY,STOMACH,BY LAPAROTOMY	$416.89	$354.35
43610			EXCISION OF STOMACH LESION	$486.48	$413.51
43611			EXCISION MALIGNANT TUMOR OF ST	$611.40	$519.69
43620			REMOVAL OF STOMACH	$981.67	$834.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43621			GASTRECTOMY W ROUX-EN-Y RECONS	$1,124.35	$955.69
43622			REMOVAL OF STOMACH WITH CREATI	$1,142.53	$971.15
43631			REMOVAL OF LOWER PART OF STOMA	$719.88	$611.90
43632			REMOVAL OF LOWER PART OF STOMA	$1,007.55	$856.42
43633			REMOVAL OF LOWER PORTION OF ST	$953.42	$810.41
43634			PARTIAL REMOVAL OF STOMACH WIT	$1,051.63	$893.88
43635			SEVERING OF VAGUS NERVE WITH P	$55.11	$46.84
43640			VAGOTOMY & PYLORUS REPAIR	$593.64	$504.59
43641			VAGOTOMY W/PYLOROPLASTY:PARIET	$600.41	$510.35
43644			BYPASS OF STOMACH USING AN END	$862.46	$733.09
43645			BYPASS OF STOMACH WITH RECONST	$916.02	$778.62
43647			LAPAROSCOPY, SURGICAL: IMPLANT	$388.03	$329.83
43648			LAPAROSCOPY, SURGICAL: REVISIO	$274.14	$233.02
43651			INCISION OF VAGUS NERVE IN STO	$330.05	$280.54
43652			INCISION OF SELECTIVE VAGUS NE	$383.67	$326.12
43653			CREATION OF SURGICAL OPENING F	$291.03	$247.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43659			OTHER PROCEDURE ON STOMACH USI	BY REPORT	BY REPORT
43752			INSERTION OF STOMACH TUBE THRO	$19.44	$16.52
43753			INSERTION OF STOMACH TUBE AND	$10.52	$8.94
43754			DIAGNOSTIC INSERTION OF STOMAC	$120.43	$102.36
43754	26		GASTRIC INTUBATION & ASPIRATIO	$19.11	$16.24
43755			DIAGNOSTIC INSERTION OF STOMAC	$103.77	$88.20
43755	26		GASTRIC INTUBATION & ASPIRATIO	$29.62	$25.18
43756			DIAGNOSTIC INSERTION OF TUBE I	$141.27	$120.08
43756	26		DUODENAL INTUBATION & ASPIRATI	$25.33	$21.53
43757			INSERTION OF TUBE INTO UPPER S	$189.43	$161.02
43757	26		DUODENAL INTUBATION & ASPIRATI	$38.05	$32.34
43762			REPLACEMENT OF STOMACH STOMA T	$115.46	$98.14
43763			REPLACEMENT OF STOMACH STOMA T	$170.47	$144.90
43770			LAPAROSCOPY, SURGICAL, GASTRIC	$562.24	$477.90
43771			ADJUSTMENT OF STOMACH REDUCTIO	$637.13	$541.56
43772			LAPAROSCOPY, SURGICAL, GASTRIC	$473.53	$402.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43773			LAPAROSCOPY, SURGICAL, GASTRIC	$637.13	$541.56
43774			REMOVAL OF STOMACH REDUCTION D	$479.14	$407.27
43775			PARTIAL REMOVAL OF STOMACH FOR	$544.91	$463.17
43800			RECONSTRUCTION OF PYLORUS	$463.20	$393.72
43810			FUSION OF STOMACH AND BOWEL	$506.40	$430.44
43820			PARTIAL REMOVAL OF STOMACH WIT	$668.98	$568.63
43825			PARTIAL REMOVAL OF STOMACH WIT	$652.70	$554.80
43830			INSERTION OF STOMACH FEEDING T	$352.18	$299.35
43832			CREATION OF STOMACH FEEDING TU	$521.41	$443.20
43840			SUTURE OF PERFORATED ULCER, WO	$675.86	$574.48
43842			BANDING OF UPPER STOMACH TO RE	$423.00	$368.00
43843			GASTROPLASTY, MORBID OBESITY	$639.58	$543.64
43845			PARTIAL REMOVAL OF STOMACH, UP	$972.44	$826.57
43846			BYPASS OF STOMACH FOR WEIGHT L	$821.71	$698.45
43847			BYPASS OF STOMACH FOR WEIGHT L	$898.42	$763.65
43848			REVISION OF UPPER STOMACH BYPA	$961.53	$817.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
43860			REVISION OF SURGICALLY CREATED	$811.37	$689.66
43865			REVISION OF ATTACHMENT OF STOM	$848.21	$720.98
43870			CLOSURE OF SURGICALLY CREATED	$354.14	$301.01
43880			REPAIR STOMACH-BOWEL FISTULA	$797.55	$677.92
43881			IMPLANTATION OR REPLACEMENT OF	$353.24	$300.25
43882			REMOVAL OR REVISION OF STIMULA	$376.78	$320.26
43886			REVISION OF PORT FOR SALINE IN	$187.35	$159.25
43887			REMOVAL OF PORT FOR SALINE INJ	$169.14	$143.76
43888			REPLACEMENT OF PORT FOR SALINE	$235.19	$199.91
43999			OTHER PROCEDURE ON STOMACH	BY REPORT	BY REPORT
44005			FREEING OF BOWEL ADHESION	$541.73	$460.47
44010			EXPLORATION, BIOPSY, OR REMOVA	$422.30	$358.96
44015			INSERTION OF FEEDING TUBE OR T	$69.11	$58.74
44020			INCISION OF SMALL BOWEL FOR EX	$483.88	$411.29
44021			INCISION OF SMALL BOWEL FOR IN	$482.42	$410.05
44025			BIOPSY OR REMOVAL OF FOREIGN B	$487.74	$414.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44050			REPAIR OF TWISTED OR HERNIATED	$466.08	$396.17
44055			CORRECTION OF ABNORMAL ROTATIO	$737.72	$627.06
44100			BIOPSY OF SMALL BOWEL BY CAPSU	$52.05	$44.24
44110			EXCISION OF BOWEL LESION(S)	$423.44	$359.92
44111			REMOVAL OF MULTIPLE GROWTHS OF	$485.68	$412.83
44120			PARTIAL REMOVAL OF SMALL BOWEL	$605.79	$514.92
44121			PARTIAL REMOVAL AND RECONNECTI	$117.96	$100.27
44125			PARTIAL REMOVAL OF SMALL BOWEL	$582.94	$495.49
44126			PARTIAL REMOVAL OF SMALL BOWEL	$1,222.25	$1,038.91
44127			PARTIAL REMOVAL OF SMALL BOWEL	$1,410.09	$1,198.57
44128			PARTIAL REMOVAL AND RECONNECTI	$119.11	$101.24
44130			CREATION OF CONNECTION BETWEEN	$653.07	$555.11
44132			REMOVAL OF DONOR SMALL BOWEL	BY REPORT	BY REPORT
44133			PARTIAL REMOVAL OF SMALL BOWEL	BY REPORT	BY REPORT
44135			TRANSPLANTATION OF SMALL BOWEL	BY REPORT	BY REPORT
44136			TRANSPLANTATION OF SMALL BOWEL	$970.00	$825.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44137			REMOVAL OF TRANSPLANTED INTEST	$837.75	$712.08
44139			RELEASE OF LARGE BOWEL FROM SP	$58.74	$49.92
44140			PARTIAL REMOVAL OF LARGE BOWEL	$665.62	$565.78
44141			PARTIAL REMOVAL OF LARGE BOWEL	$897.99	$763.29
44143			PARTIAL REMOVAL OF LARGE BOWEL	$817.33	$694.73
44144			PARTIAL REMOVAL OF LARGE BOWEL	$872.10	$741.29
44145			PARTIAL REMOVAL OF COLON	$814.72	$692.51
44146			PARTIAL REMOVAL OF COLON	$1,036.74	$881.23
44147			PARTIAL REMOVAL OF LARGE BOWEL	$953.53	$810.50
44150			REMOVAL OF LARGE BOWEL WITH AT	$917.02	$779.47
44151			REMOVAL OF LARGE BOWEL WITH CR	$1,065.98	$906.08
44155			REMOVAL OF LARGE BOWEL AND REC	$1,021.43	$868.22
44156			REMOVAL OF LARGE BOWEL AND REC	$1,139.33	$968.43
44157			COLECTOMY, TOTAL, ABDOMINAL, W	$1,083.33	$920.83
44158			REMOVAL OF LARGE BOWEL AND REC	$1,110.22	$943.68
44160			REMOVAL OF COLON	$615.82	$523.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44180			LAPAROSCOPY, SURGICAL, ENTEROL	$457.77	$389.10
44186			CREATION OF OPENING FROM SMALL	$325.68	$276.83
44187			CREATION OF OPENING FROM SMALL	$541.19	$460.01
44188			LAPAROSCOPY, SURGICAL, COLOSTO	$602.43	$512.06
44202			PARTIAL REMOVAL AND RECONNECTI	$687.42	$584.31
44203			PARTIAL REMOVAL OF SMALL BOWEL	$117.46	$99.84
44204			LAPOROSCOPY SURG PART COLECTOM	$758.26	$644.52
44205			LAPOROSCOPY SURG PART COLEC W/	$658.36	$559.60
44206			PARTIAL REMOVAL OF LARGE BOWEL	$859.03	$730.17
44207			LAP SURG LOW PELVIC ANASTOMOSI	$890.73	$757.12
44208			PARTIAL REMOVAL OF LARGE BOWEL	$970.65	$825.05
44210			LAP SURG COLECTOMY ABD W/ILEOS	$872.74	$741.83
44211			REMOVAL OF LARGE BOWEL AND REC	$1,038.77	$882.95
44212			REMOVAL OF LARGE BOWEL AND REC	$996.58	$847.09
44213			PARTIAL RELEASE OF LARGE BOWEL	$90.89	$77.26
44227			CLOSURE OF OPENING FROM LARGE	$817.19	$694.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44238			OTHER PROCEDURE ON BOWEL USING	BY REPORT	BY REPORT
44300			INSERTION OF TUBE INTO SMALL B	$419.57	$356.63
44310			CREATION OF OPENING FROM SMALL	$515.29	$437.99
44314			RECONSTRUCTION OF OPENING FROM	$498.88	$424.05
44316			CREATION OF POUCH OF SMALL BOW	$703.43	$597.91
44320			CREATION OF OPENING FROM LARGE	$596.02	$506.62
44322			CREATION OF OPENING FROM LARGE	$504.62	$428.92
44345			COMPLICATED RECONSTRUCTION OF	$522.26	$443.92
44346			REVISION OF OPENING FROM LARGE	$586.95	$498.91
44360			DIAGNOSTIC EXAM OF SMALL BOWEL	$70.46	$59.89
44361			BIOPSY OF SMALL BOWEL (EXCEPT	$77.56	$65.93
44363			REMOVAL OF FOREIGN BODIES FROM	$93.59	$79.55
44364			REMOVAL OF SMALL BOWEL POLYPS	$99.71	$84.75
44365			REMOVAL OF SMALL BOWEL POLYPS	$89.13	$75.76
44366			CONTROL OF BLEEDING OF FIRST O	$116.89	$99.35
44369			DESTRUCTION OF POLYP OR GROWTH	$119.69	$101.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44370			INSERTION OF SMALL BOWEL STENT	$130.40	$110.84
44372			INSERTION OF TUBE INTO MIDDLE	$116.85	$99.32
44373			CONVERSION OF STOMACH TUBE TO	$93.40	$79.39
44376			DIAGNOSTIC EXAM OF SMALL BOWEL	$138.18	$117.45
44377			BIOPSY OF SMALL BOWEL USING AN	$145.78	$123.91
44378			CONTROL OF BLEEDING OF SMALL B	$187.10	$159.04
44379			INSERTION OF SMALL BOWEL STENT	$199.63	$169.68
44380			DIAGNOSTIC EXAM OF SMALL BOWEL	$100.74	$85.62
44381			BALLOON DILATION OF SMALL BOWE	$499.63	$424.68
44382			BIOPSY OF SMALL BOWEL USING AN	$152.37	$129.51
44384			INSERTION OF STENT INTO SMALL	$74.37	$63.21
44385			DIAGNOSTIC EXAM OF SURGICALLY	$110.35	$93.80
44386			BIOPSY OF SMALL BOWEL POUCH US	$158.38	$134.62
44388			DIAGNOSTIC EXAM OF LARGE BOWEL	$160.13	$136.11
44389			BIOPSY OF LARGE BOWEL USING AN	$208.87	$177.54
44390			REMOVAL OF FOREIGN BODIES FROM	$204.52	$173.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44391			CONTROL OF BLEEDING OF LARGE B	$323.82	$275.25
44392			REMOVAL OF GROWTHS OR POLYPS O	$197.07	$167.51
44394			REMOVAL OF GROWTHS OR POLYPS O	$221.54	$188.31
44401			DESTRUCTION OF GROWTH OR POLYP	$1,202.64	$1,022.24
44402			INSERTION OF STENT INTO LARGE	$127.46	$108.34
44403			REMOVAL OF LINING OF LARGE BOW	$148.28	$126.03
44404			INJECTION BENEATH LINING OF LA	$213.52	$181.49
44405			BALLOON DILATION OF LARGE BOWE	$281.95	$239.65
44406			ULTRASOUND EXAM OF LARGE BOWEL	$111.93	$95.14
44407			FINE NEEDLE ASPIRATION AND/OR	$134.07	$113.96
44408			DECOMPRESSION OF LARGE BOWEL U	$112.92	$95.98
44500			DILATION OF STOMACH AND/OR SMA	$9.22	$7.84
44602			SUTURE OF TEAR OF HOLE IN SMAL	$694.63	$590.43
44603			SUTURE OF MULTIPLE TEARS OR HO	$798.58	$678.79
44604			SUTURE OF TEAR OR HOLE IN LARG	$521.89	$443.61
44605			SUTURE OF TEAR OR HOLE IN LARG	$636.90	$541.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44615			SUTUR LRG INTESTINE W COLOSTOM	$529.05	$449.69
44620			CLOSURE OF SURGICALLY CREATED	$428.72	$364.41
44625			CLOSURE OF SURGICALLY CREATED	$499.96	$424.96
44626			CLOSURE OF SURGICALLY CREATED	$784.04	$666.43
44640			CLOSURE OF ABNORMAL DRAINAGE T	$689.27	$585.88
44650			REPAIR BOWEL FISTULA	$710.53	$603.95
44660			CLOSURE OF ABNORMAL DRAINAGE T	$661.95	$562.66
44661			CLOSURE OF ABNORMAL DRAINAGE T	$759.43	$645.52
44680			SURGICAL REVISION, INTESTINE	$535.28	$454.98
44700			SUSPENSION OF SMALL BOWEL USIN	$495.50	$421.18
44701			INTRAOPERATIVE COLONIC LAVAGE	$82.99	$70.54
44705			PREPARATION OF FECAL MICROBIOT	BY REPORT	BY REPORT
44715			PREPARATION OF DONOR SMALL BOW	$213.59	$181.55
44720			RECONSTRUCTION OF DONOR SMALL	$133.80	$113.73
44721			RECONSTRUCTION OF DONOR SMALL	$187.25	$159.16
44799			OTHER PROCEDURE ON SMALL BOWEL	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
44800			REPAIR OF CONGENITAL BOWEL DEF	$389.21	$330.83
44820			REMOVAL OF GROWTH OF ABDOMINAL	$425.36	$361.56
44850			REPAIR OF MESENTERY	$373.52	$317.49
44899			OTHER PROCEDURE ON ABDOMEN OR	BY REPORT	BY REPORT
44900			DRAINAGE OF ABSCESS OF APPENDI	$391.77	$333.00
44950			APPENDECTOMY	$320.30	$272.25
44955			REMOVAL OF APPENDIX DURING OTH	$40.95	$34.80
44960			APPENDECTOMY	$436.76	$371.24
44970			LAPAROSCOPY SURGICAL APPENDECT	$301.98	$256.68
44979			OTHER PROCEDURE ON APPENDIX US	BY REPORT	BY REPORT
45000			DRAINAGE OF ABSCESS OF PELVIC	$215.83	$183.45
45005			DRAINAGE OF SUPERFICIAL RECTAL	$160.78	$136.66
45020			INCISION AND DRAINAGE OF ABSCE	$285.22	$242.44
45100			BIOPSY OF ANAL AND/OR RECTAL W	$153.47	$130.45
45108			REMOVAL OF MUSCLE IN ANUS AND	$189.57	$161.13
45110			REMOVAL OF RECTUM WITH CREATIO	$896.68	$762.17

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45111			PARTIAL REMOVAL OF RECTUM THRO	$539.92	$458.93
45112			REMOVAL OF RECTUM AND SUTURING	$890.38	$756.82
45113			PARTIAL REMOVAL OF RECTUM AND	$916.31	$778.86
45114			PARTIAL REMOVAL OF RECTUM THRO	$900.59	$765.50
45116			PARTIAL REMOVAL OF RECTUM THRO	$760.00	$646.00
45119			REMOVAL OF RECTUM WITH CREATIO	$923.08	$784.61
45120			REMOVAL OF RECTUM FOR CONGENIT	$795.69	$676.34
45121			REMOVAL OF RECTUM FOR CONGENIT	$867.96	$737.76
45123			PARTIAL REMOVAL OF RECTUM THRO	$550.84	$468.21
45126			REMOVAL OF LARGE BOWEL, RECTUM	$1,350.00	$1,147.50
45130			REPAIR OF PROLAPSED RECTUM THR	$536.42	$455.96
45135			REPAIR OF PROLAPSED RECTUM THR	$640.86	$544.73
45136			REMOVAL OF SMALL BOWEL POUCH W	$878.97	$747.12
45150			INCISION OF STRICTURE OF RECTU	$214.36	$182.20
45160			REMOVAL OF GROWTH OF RECTUM TH	$512.88	$435.95
45171			REMOVAL OF GROWTH OF RECTUM TH	$310.80	$264.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45172			REMOVAL OF GROWTH OF RECTUM TH	$412.45	$350.58
45190			DESTRUCTION OF GROWTH OF RECTU	$349.45	$297.03
45300			DIAGNOSTIC EXAM OF RECTUM AND	$65.36	$55.55
45305			BIOPSIES OF RECTUM AND/OR LOWE	$92.32	$78.47
45307			REMOVAL OF FOREIGN BODIES FROM	$108.45	$92.18
45308			REMOVAL OF POLYP OR GROWTH OF	$104.13	$88.51
45309			REMOVAL OF POLYP OR GROWTH OF	$107.29	$91.20
45315			REMOVAL OF MULTIPLE GROWTHS OR	$115.56	$98.22
45315	22		PROCTOSIGMOIDOSCOPY: REMOVE MU	$76.00	$65.00
45320			DESTRUCTION OF MULTIPLE POLYPS	$113.00	$96.05
45321			RELEASE OF TWISTED LOWER LARGE	$51.45	$43.73
45327			INSERTION OF STENT INTO LOWER	$58.04	$49.33
45330			DIAGNOSTIC EXAM OF LOWER PORTI	$95.26	$80.97
45331			BIOPSY OF LOWER LARGE BOWEL US	$146.37	$124.41
45332			REMOVAL OF FOREIGN BODIES IN L	$141.23	$120.05
45333			REMOVAL OF POLYPS OR GROWTHS O	$167.42	$142.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45334			CONTROL OF BLEEDING OF LOWER L	$250.40	$212.84
45335			INJECTION BENEATH LINING OF LO	$148.72	$126.41
45335	26		SIGMOID FLEX W/DIRECT SUBMUCOS	$33.12	$28.15
45337			DECOMPRESSION OF TWISTED OR AB	$55.90	$47.52
45338			REMOVAL OF POLYPS OR GROWTHS O	$152.12	$129.30
45340			BALLOON DILATION OF LOWER LARG	$232.78	$197.86
45340	26		SIGMOID FLEX W/DILATION BY BAL	$38.73	$32.92
45341			ULTRASOUND EXAM OF LOWER LARGE	$60.88	$51.74
45342			FINE NEEDLE ASPIRATION AND/OR	$83.50	$70.98
45346			DESTRUCTION OF POLYP OR GROWTH	$1,164.00	$989.40
45347			INSERTION OF STENT INTO LOWER	$75.38	$64.07
45349			REMOVAL OF LOWER PORTION OF LA	$96.72	$82.21
45350			BANDING OF HEMORRHOIDS USING A	$341.90	$290.61
45378			DIAGNOSTIC EXAM OF LARGE BOWEL	$171.81	$146.03
45379			REMOVAL OF FOREIGN BODIES IN L	$219.24	$186.35
45380			BIOPSY OF LARGE BOWEL USING A	$219.66	$186.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45381			INJECTION BENEATH LINING OF LA	$224.31	$190.66
45381	26		COLONOSCOPY FLEX W/DIR SUBMUCO	$97.87	$83.19
45382			CONTROL OF BLEEDING OF UPPER L	$336.68	$286.18
45384			REMOVAL OF POLYPS OR GROWTHS O	$247.09	$210.02
45385			REMOVAL OF POLYPS OR GROWTHS O	$229.08	$194.72
45386			BALLOON DILATION OF LARGE BOWE	$309.05	$262.69
45386	26		COLONOSCOPY FLEX W/DILAT BY BA	$103.49	$87.96
45388			DESTRUCTION OF POLYP OR GROWTH	$1,241.94	$1,055.64
45389			INSERTION OF STENT IN LARGE BO	$141.16	$119.98
45390			REMOVAL OF LARGE BOWEL TISSUE	$161.99	$137.69
45391			ULTRASOUND EXAM OF LARGE BOWEL	$125.64	$106.79
45392			FINE NEEDLE ASPIRATION AND/OR	$148.28	$126.03
45393			DECOMPRESSION OF TWISTED OR AB	$122.46	$104.09
45395			REMOVAL OF RECTUM WITH CREATIO	$964.89	$820.15
45397			REMOVAL OF RECTUM USING AN END	$1,043.42	$886.91
45398			BANDING OF HEMORRHOIDS USING A	$417.26	$354.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45399			OTHER PROCEDURE ON LARGE BOWEL	BY REPORT	BY REPORT
45400			LAPAROSCOPY, SURGICAL: PROCTOP	$559.68	$475.73
45402			LAPAROSCOPY, SURGICAL: PROCTOP	$747.46	$635.34
45499			OTHER PROCEDURE ON RECTUM USIN	BY REPORT	BY REPORT
45500			REPAIR OF NARROWED RECTUM	$287.38	$244.27
45505			REPAIR OF PROLAPSED LINING OF	$303.05	$257.59
45520			INJECTION OF PROLAPSED VEIN IN	$83.02	$70.56
45540			SUTURE OF RECTUM TO SACRUM THR	$519.18	$441.30
45541			SUTURE OF RECTUM TO SACRUM THR	$467.15	$397.07
45550			SUTURE OF RECTUM TO SACRUM WIT	$717.33	$609.73
45560			REPAIR OF BULGING OF RECTUM IN	$344.78	$293.06
45562			EXPLOR/REPAIR/PRESACRAL DRAINA	$583.59	$496.05
45563			REPAIR OF RECTAL WOUND WITH SU	$824.44	$700.77
45800			CLOSURE OF ABNORMAL OPENING FR	$633.04	$538.08
45805			REPAIR OF HERNIATED RECTUM WIT	$730.40	$620.84
45820			REPAIR RECTOURETHRAL FISTULA	$634.69	$539.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
45825			REPAIR OF ABNORMAL RECTAL DRAI	$765.21	$650.43
45905			DILATION OF SPHINCTER OF ANUS	$85.84	$72.96
45910			DILATION OF NARROWING OF RECTU	$97.01	$82.45
45915			REMOVAL OF IMPACTED STOOL OR F	$179.34	$152.43
45990			DIAGNOSTIC EXAM OF ANUS AND RE	$52.39	$44.53
45999			OTHER PROCEDURE ON RECTUM	BY REPORT	BY REPORT
46020			INSERTION OF DRAIN (SETON) INT	$58.16	$49.43
46030			REMOVAL OF DRAIN (SETON) FROM	$129.30	$109.90
46040			DRAINAGE OF DEEP ABSCESS IN RE	$282.12	$239.80
46045			INCISION AND DRAINAGE OF ABSCE	$222.43	$189.07
46050			DRAINAGE OF SUPERFICIAL RECTAL	$121.11	$102.94
46060			INCISION AND DRAINAGE OF ABSCE	$246.20	$209.27
46080			INCISION OF SPHINCTER OF ANUS	$146.01	$124.11
46200			REMOVAL OF CHRONIC TEAR OF ANU	$242.59	$206.20
46221			REMOVAL OF EXTERNAL HEMORRHOID	$144.18	$122.55
46230			REMOVAL OF MULTIPLE EXTERNAL N	$159.34	$135.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
46250			HEMORRHOIDECTOMY, EXTERNAL: CO	$243.18	$206.70
46255			REMOVAL OF SINGLE EXTERNAL AND	$263.75	$224.18
46257			REMOVAL OF SINGLE EXTERNAL AND	$210.22	$178.69
46258			REMOVAL OF SINGLE EXTERNAL AND	$244.34	$207.68
46260			REMOVAL OF MULTIPLE HEMORRHOID	$243.00	$206.55
46261			REMOVAL OF MULTIPLE HEMORRHOID	$268.58	$228.29
46262			REMOVAL OF MULTIPLE HEMORRHOID	$295.96	$251.56
46270			REPAIR OF ABNORMAL ANAL DRAINA	$271.50	$230.77
46275			REPAIR OF ABNORMAL DRAINAGE TR	$286.67	$243.67
46280			REPAIR OF ABNORMAL DRAINAGE TR	$242.94	$206.50
46285			SECOND STAGE REPAIR OF ABNORMA	$286.48	$243.50
46288			REPAIR OF ABNORMAL ANAL DRAINA	$281.82	$239.55
46320			REMOVAL OF EXTERNAL HEMORRHOID	$108.99	$92.64
46505			INJECTION OF AGENT TO DESTROY	$159.60	$135.66
46505	26		CHEMODENERVATION OF INTERNAL A	$126.40	$107.44
46600			DIAGNOSTIC EXAM OF ANUS USING	$60.30	$51.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
46601			DIAGNOSTIC EXAM OF ANUS WITH M	$75.69	$64.34
46607			BIOPSY OF ANUS WITH MAGNIFICAT	$104.80	$89.08
46608			ANOSCOPY:REMOVE FOREIGN BODY	$148.00	$125.80
46610			REMOVAL OF ANAL POLYPS OR GROW	$139.99	$118.99
46611			REMOVAL OF SINGLE ANAL POLYP O	$113.67	$96.62
46612			REMOVAL OF MULTIPLE ANAL POLYP	$168.93	$143.59
46614			CONTROL OF BLEEDING OF ANUS US	$85.79	$72.92
46615			DESTRUCTION OF ANAL POLYP OR G	$89.91	$76.42
46700			PLASTIC REPAIR OF ANAL STRICTU	$327.54	$278.40
46706			REPAIR OF ABNORMAL ANAL DRAINA	$90.97	$77.32
46707			REPAIR OF ABNORMAL ANAL DRAINA	$255.20	$216.92
46710			REPAIR OF ABNORMAL DRAINAGE TR	$554.62	$471.42
46712			REPAIR OF ABNORMAL DRAINAGE TR	$1,099.15	$934.28
46715			CREATION OF ANAL OPENING	$279.94	$237.95
46716			REPAIR OF ANOVAGINAL FISTULA	$620.90	$527.77
46730			REPAIR OF ABSENCE OF OPENING I	$993.30	$844.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
46735			REPAIR OF ABSENCE OF OPENING I	$1,140.79	$969.67
46740			REPAIR OF ABSENCE OF OPENING I	$1,082.64	$920.24
46742			REPAIR OF ABSENCE OF OPENING I	$1,248.20	$1,060.97
46744			REPAIR OF DEFECT FOR SINGLE CH	$1,753.60	$1,490.56
46746			REPAIR OF DEFECT FOR SINGLE CH	$1,930.23	$1,640.70
46748			REPAIR OF DEFECT FOR SINGLE CH	$2,090.43	$1,776.86
46750			REPAIR OF ANAL MUSCLE FOR INCO	$373.63	$317.59
46751			REPAIR OF ANAL MUSCLE FOR INCO	$337.03	$286.47
46753			REPAIR OF MUSCLE OF ANUS FOR I	$311.69	$264.94
46754			REMOVAL OF SUTURE FROM ANUS	$177.91	$151.22
46760			REPAIR OF ANAL MUSCLE TO CORRE	$549.81	$467.33
46761			REPAIR OF ANAL MUSCLE TO CORRE	$454.15	$386.03
46900			SIMPLE CHEMICAL DESTRUCTION OF	$122.67	$104.27
46910			SIMPLE DESTRUCTION OF GROWTH O	$135.02	$114.76
46916			ELECTRICAL DESTRUCTION OF GROW	$133.18	$113.20
46922			SIMPLE REMOVAL OF GROWTH OF AN	$160.28	$136.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
46924			EXTENSIVE DESTRUCTION OF GROWT	$284.23	$241.60
46930			DESTRUCTION OF INTERNAL HEMORR	$110.43	$93.86
46930	26		DESTRUCTION OF INTERNAL HEMORR	$77.05	$65.49
46940			INITIAL REPAIR OF ANAL TEAR WI	$135.77	$115.40
46942			SUBSEQUENT REPAIR OF ANAL TEAR	$129.54	$110.10
46946			TYING OF MULTIPLE INTERNAL HEM	$192.60	$163.71
46947			STAPLING OF INTERNAL HEMORRHOI	$196.40	$166.94
46948			TYING OF ARTERIES TO MULTIPLE	$224.34	$190.68
46999			OTHER PROCEDURE ON ANUS	BY REPORT	BY REPORT
47001			BIOPSY LIVER(NOT SEPARATE PROC	$50.65	$43.05
47010			DRAINAGE OF ABSCESS OR CYST OF	$604.40	$513.74
47015			INJECTION AND/OR ASPIRATION OF	$580.76	$493.65
47100			WEDGE BIOPSY OF LIVER	$425.51	$361.68
47120			PARTIAL REMOVAL OF LIVER	$1,158.21	$984.47
47122			HEPATECTOMY,RESECT LIVER:TRISE	$1,687.14	$1,434.07
47125			PARTIAL REMOVAL OF LIVER	$1,520.40	$1,292.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47130			PARTIAL REMOVAL OF LIVER	$1,630.90	$1,386.26
47133			DONOR HEPATECTOMY,W/PREP-MAINT	$400.00	$340.00
47135			TRANSPLANTATION OF DONOR LIVER	$2,675.73	$2,274.37
47140			PARTIAL REMOVAL OF LEFT SEGMEN	$1,773.20	$1,507.22
47141			REMOVAL OF LEFT LIVER LOBE OF	$2,117.34	$1,799.74
47142			REMOVAL OF RIGHT LOBE OF DONOR	$2,329.67	$1,980.22
47143			BACKBENCH STANDARD PREPARATION	$227.95	$193.75
47144			PREPARATION OF DONOR LIVER FOR	$298.12	$253.40
47145			PREPARATION OF DONOR LIVER FOR	$298.12	$253.40
47146			PREPARATION OF DONOR LIVER AND	$160.19	$136.16
47147			PREPARATION OF DONOR LIVER AND	$187.10	$159.03
47300			CREATION OF TRACT TO DRAIN ABS	$566.78	$481.76
47350			SUTURE OF SIMPLE LIVER WOUND T	$677.42	$575.81
47360			CONTROL OF BLEEDING OF WOUND O	$929.24	$789.85
47361			CONTROL OF BLEEDING OF LIVER W	$1,483.55	$1,261.02
47362			RE-EXPLORE HEP WOUND/REMOVE PA	$721.20	$613.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47370			DESTRUCTION OF GROWTHS OF LIVE	$624.12	$530.50
47371			DESTRUCTION OF GROWTH OF LIVER	$626.80	$532.78
47379			OTHER PROCEDURE ON LIVER USING	BY REPORT	BY REPORT
47380			DESTRUCTION OF GROWTH OF LIVER	$718.37	$610.61
47381			DESTRUCTION OF GROWTH OF LIVER	$735.84	$625.46
47383			DESTRUCTION OF GROWTH OF LIVER	$2,962.13	$2,517.81
47383	26		DESTRUCTION OF 1 OR MORE LIVER	$216.15	$183.72
47399			OTHER PROCEDURE ON LIVER	BY REPORT	BY REPORT
47400			INCISION OR CREATION OF OPENIN	$1,064.85	$905.12
47420			INCISION OR CREATION OF OPENIN	$665.94	$566.05
47425			DRAINAGE OR REMOVAL OF BILE DU	$680.13	$578.11
47460			INCISE BILE DUCT SPHINCTER	$632.11	$537.29
47480			DRAINAGE OR REMOVAL OF STONE F	$438.44	$372.67
47490			INSERTION OF TUBE INTO GALLBLA	$163.40	$138.89
47531			INJECTION OF BILE DUCT FOR X-R	$213.32	$181.32
47531	26		INJECTION OF BILE DUCT FOR X-R	$34.07	$28.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47532			INJECTION OF BILE DUCT FOR X-R	$421.43	$358.21
47532	26		INJECTION OF BILE DUCT FOR X-R	$101.12	$85.95
47533			PLACEMENT OF EXTERNAL DRAINAGE	$583.51	$495.98
47533	26		PLACEMENT OF DRAINAGE CATHETER	$125.75	$106.89
47534			PLACEMENT OF INTERNAL-EXTERNAL	$639.14	$543.26
47534	26		PLACEMENT OF DRAINAGE CATHETER	$175.89	$149.50
47535			CONVERSION OF EXTERNAL BILIARY	$444.47	$377.80
47535	26		CONVERSION OF EXTERNAL BILIARY	$93.55	$79.51
47536			REPLACEMENT OF LIVER DUCT DRAI	$318.59	$270.80
47536	26		REPLACEMENT OF LIVER DUCT DRAI	$63.13	$53.66
47537			REMOVAL OF BILIARY DRAINAGE TU	$246.80	$209.78
47537	26		REMOVAL OF BILIARY DRAINAGE CA	$46.40	$39.44
47538			PLACEMENT OF STENT OF BILIARY	$1,886.37	$1,603.41
47538	26		PLACEMENT OF STENT OF BILIARY	$111.96	$95.17
47539			PLACEMENT OF STENT OF BILIARY	$2,117.46	$1,799.84
47539	26		PLACEMENT OF STENT OF BILIARY	$203.20	$172.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47540			PLACEMENT OF STENT AND DRAINAG	$2,112.69	$1,795.79
47540	26		PLACEMENT OF STENT AND DRAINAG	$209.27	$177.88
47541			PLACEMENT OF ACCESS DEVICE INT	$582.56	$495.18
47541	26		PLACEMENT OF ACCESS DEVICE INT	$160.42	$136.35
47542			BALLOON DILATION OF BILE DUCT	$249.00	$211.65
47542	26		BALLOON DILATION OF BILE DUCT	$64.60	$54.91
47543			BIOPSY OF BILE DUCT OR LIVER D	$195.52	$166.19
47543	26		BIOPSY OF BILE DUCT OR LIVER D	$68.23	$57.99
47544			REMOVAL OF BILIARY DUCT OR GAL	$419.02	$356.16
47544	26		REMOVAL OF BILIARY DUCT OR GAL	$74.46	$63.29
47550			EXAM OF BILE DUCT DURING SURGE	$80.01	$68.01
47552			DIAGNOSTIC EXAM OF BILE DUCT U	$133.60	$113.56
47553			BIOPSY OF BILE DUCT USING AN E	$133.44	$113.42
47554			REMOVAL OF BILE DUCT STONES US	$216.30	$183.85
47555			DILATION OF BILE DUCTS USING A	$158.98	$135.13
47556			DILATION OF BILE DUCTS WITH ST	$180.10	$153.08

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47562			LAPAROSCOPY SURGICAL CHOLECYST	$330.73	$281.12
47563			REMOVAL OF GALLBLADDER WITH X-	$359.35	$305.44
47564			REMOVAL OF GALLBLADDER WITH EX	$558.31	$474.56
47570			CONNECTION OF GALLBLADDER TO B	$387.65	$329.50
47579			OTHER PROCEDURE ON BILE DUCT U	BY REPORT	BY REPORT
47600			REMOVAL OF GALLBLADDER	$533.50	$453.47
47605			REMOVAL OF GALLBLADDER	$561.58	$477.34
47610			REMOVAL OF GALLBLADDER	$620.72	$527.61
47612			CHOLECYSTECTOMY:W/CHOLEDOCHOEN	$632.87	$537.94
47620			REMOVAL OF GALLBLADDER AND INC	$682.86	$580.43
47700			EXPLORATION OF BILE DUCTS	$529.54	$450.10
47701			PORTOENTEROSTOMY	$862.34	$732.98
47711			REMOVAL OF GROWTH OF BILE DUCT	$774.37	$658.21
47712			REMOVAL OF GROWTH OF BILE DUCT	$988.92	$840.58
47715			REMOVAL OF CYST OF GALLBLADDER	$662.76	$563.34
47720			CREATION OF DRAINAGE TRACT FRO	$576.47	$490.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
47721			CREATION OF DRAINAGE TRACT FRO	$674.64	$573.44
47740			CREATION OF DRAINAGE TRACT FRO	$654.18	$556.05
47741			CREATION OF DRAINAGE TRACT FRO	$734.03	$623.92
47760			CONNECTION OF BILE DUCT EXTERN	$1,116.00	$948.60
47765			CONNECTION OF BILE DUCT WITHIN	$1,497.78	$1,273.11
47780			ROUX-EN-Y CONNECTION OF BILE D	$1,225.85	$1,041.97
47785			CONNECTION OF BILE DUCT WITHIN	$1,599.38	$1,359.47
47800			RECONSTRUCTION OF BILE DUCTS	$771.93	$656.14
47801			PLACEMENT OF CHOLEDOCHAL STENT	$556.84	$473.31
47802			U-TUBE HEPATICOENTEROSTOMY	$758.32	$644.57
47900			EXTRA HEPATIC DUCT REPAIR	$686.52	$583.54
47999			OTHER PROCEDURE ON BILE DUCT	BY REPORT	BY REPORT
48000			INSERTION OF EXTERNAL DRAINS F	$932.80	$792.88
48001			INSERTION OF EXTERNAL DRAINS A	$1,140.51	$969.43
48020			REMOVAL OF PANCREATIC STONE	$588.16	$499.94
48100			BIOPSY OF PANCREAS	$445.08	$378.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
48102			NEEDLE BIOPSY OF PANCREAS	$256.36	$217.90
48105			RESECTION OR DEBRIDEMENT OF PA	$1,391.82	$1,183.05
48120			REMOVAL OF PANCREAS LESION	$554.38	$471.22
48140			PARTIAL REMOVAL OF PANCREAS	$778.20	$661.47
48145			PARTIAL REMOVAL OF PANCREAS	$810.72	$689.11
48146			PARTIAL REMOVAL OF PANCREAS WI	$936.41	$795.95
48148			REMOVAL OF PANCREATIC DUCT	$622.97	$529.52
48150			PARTIAL REMOVAL OF PANCREAS, B	$1,543.03	$1,311.57
48152			PARTIAL REMOVAL OF PANCREAS, B	$1,428.38	$1,214.12
48153			NEAR TOTAL REMOVAL OF PANCREAS	$1,536.27	$1,305.83
48154			PARTIAL REMOVAL OF PANCREAS, B	$1,434.65	$1,219.45
48155			REMOVAL OF PANCREAS	$904.50	$768.83
48160			PANCREATECTOMY,TOTAL:W TRANSPL	$2,000.00	$1,700.00
48400			INJECTION PANCREATOGRAPHY INTR	$52.14	$44.31
48500			CREATION OF DRAINAGE TRACT OF	$573.75	$487.69
48520			CREATION OF DIRECT DRAINAGE TR	$547.44	$465.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
48540			CREATION OF DRAINAGE TRACT FRO	$649.24	$551.85
48545			PANCREATORRHAPHY FOR TRAUMA	$670.07	$569.56
48547			DUODENALEXCLUSION W GASTROJEJU	$888.33	$755.08
48548			PANCREATICOJEJUNOSTOMY, SIDE-T	$829.70	$705.24
48550			DONOR PANCREATECTOMY CAD W/WO	BY REPORT	BY REPORT
48551			BACKBENCH STANDARD PREPARATION	$160.06	$136.05
48552			PREPARATION OF DONOR PANCREAS	$115.32	$98.02
48554			TRANSPLANTATION PANCREAS ALLOG	$1,317.71	$1,120.05
48556			REMOVE PANCREATIC ALLOGRAFT	$646.22	$549.29
48999			OTHER PROCEDURE ON PANCREAS	BY REPORT	BY REPORT
49000			EXPLORATION OF ABDOMINAL CAVIT	$383.19	$325.71
49002			REEXPLORATION OF ABDOMEN	$517.41	$439.80
49010			EXPLORE,RETROPERITONEAL AREA	$456.81	$388.29
49013			EXPLORATION AND PACKING OF WOU	$223.71	$190.15
49014			RE-EXPLORATION OF PELVIC REGIO	$186.53	$158.55
49020			DRAINAGE OF ABDOMINAL ABSCESS	$791.92	$673.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49040			DRAINAGE OF ABSCESS OF DIAPHRA	$499.24	$424.35
49060			DRAINAGE OF ABSCESS BEHIND ABD	$543.55	$462.01
49062			DRAINAGE OF FLUID ACCUMULATION	$384.77	$327.05
49082			ABDOMINAL PARACENTESIS (DIAGNO	$107.89	$91.71
49082	26		ABDOMINAL PARACENTESIS (DIAGNO	$36.16	$30.73
49083			ABDOMINAL PARACENTESIS (DIAGNO	$147.73	$125.57
49083	26		ABDOMINAL PARACENTESIS (DIAGNO	$51.57	$43.83
49084			PERITONEAL LAVAGE, INCLUDING I	$52.29	$44.44
49180			NEEDLE BIOPSY OF GROWTH OF ABD	$87.46	$74.34
49185			INJECTION OF CHEMICAL AGENT IN	$635.88	$540.50
49185	26		INJECTION OF ABNORMAL FLUID AC	$57.54	$48.91
49203			REMOVAL OR DESTRUCTION OF CYST	$594.10	$504.98
49204			REMOVAL OR DESTRUCTION OF CYST	$756.31	$642.86
49205			REMOVAL OR DESTRUCTION OF CYST	$867.40	$737.29
49215			REMOVAL OF GROWTH OF PELVIS OR	$1,100.34	$935.28
49250			EXCISION OF UMBILICUS	$298.78	$253.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49255			OMENTECTOMY...RESECT OMENTUM	$396.72	$337.21
49320			DIAGNOSTIC EXAM OF ABDOMEN USI	$165.17	$140.39
49321			LAP ABDOMEN/OMENTUM/PERITONEUM	$172.62	$146.72
49322			LAP ABDOMEN/PERITONEUM/OMENT W	$187.60	$159.46
49323			LAP ABD/PERIT/OMENT W DRAIN LY	$319.63	$271.68
49324			INSERTION OF ABDOMINAL CAVITY	$192.86	$163.93
49325			REVISION OF ABDOMINAL CAVITY T	$205.53	$174.70
49326			LAPAROSCOPY, SURGICAL: WITH OM	$92.17	$78.34
49327			EXAM OF ABDOMEN WITH INSERTION	$63.68	$54.13
49329			OTHER PROCEDURE ON ABDOMEN USI	BY REPORT	BY REPORT
49400			INJECTION OF AIR OR X-RAY CONT	$74.56	$63.37
49402			REMOVAL OF FOREIGN BODY IN ABD	$425.75	$361.89
49405			DRAINAGE OF FLUID COLLECTION B	$444.77	$378.05
49405	26		FLUID COLLECTION DRAINAGE BY C	$93.33	$79.33
49406			DRAINAGE OF FLUID COLLECTION O	$444.94	$378.19
49406	26		FLUID COLLECTION DRAINAGE BY C	$93.33	$79.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49407			DRAINAGE OF FLUID COLLECTION B	$378.76	$321.94
49407	26		FLUID COLLECTION DRAINAGE BY C	$98.88	$84.04
49411			INSERTION OF DEVICE IN ABDOMIN	$242.76	$206.35
49411	26		PLACEMENT OF INTERSTITIAL DEVI	$89.83	$76.36
49412			INSERTION OF DEVICE IN ABDOMIN	$40.26	$34.22
49418			INSERTION OF ABDOMINAL TUBE US	$493.30	$419.30
49418	26		INSERTION OF TUNNELED INTRAPER	$96.45	$81.98
49419			INSERTION OF ABDOMINAL CAVITY	$206.75	$175.74
49421			INSERTION OF ABDOMINAL CAVITY	$111.00	$94.35
49422			REMOVAL OF ABDOMINAL CAVITY TU	$108.66	$92.36
49423			EXCHANGE OF ABDOMINAL CAVITY D	$295.02	$250.77
49424			INJECTION OF CONTRAST THROUGH	$91.23	$77.55
49425			PERITONEAL-VENOUS SHUNT	$390.97	$332.32
49426			REVISION OF PERITONEAL-VENOUS	$336.10	$285.68
49427			INJ PROC EVAL PLACED PER VENOU	$18.67	$15.87
49428			CLOSURE OF SHUNT FROM JUGULAR	$215.26	$182.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49429			PERITONEAL VENOUS SHUNT REMOVA	$228.03	$193.83
49435			INSERTION OF ABDOMINAL CAVITY	$57.48	$48.85
49436			CREATION OF EXIT SITE FOR TUBE	$273.51	$232.48
49440			INSERTION OF STOMACH TUBE USIN	$416.96	$354.42
49441			INSERTION OF SMALL BOWEL TUBE	$482.47	$410.10
49442			INSERTION OF LARGE BOWEL TUBE	$398.27	$338.53
49446			CONVERSION OF STOMACH TUBE TO	$401.19	$341.01
49450			REPLACEMENT OF STOMACH OR LARG	$299.95	$254.95
49451			REPLACEMENT OF SMALL BOWEL TUB	$320.25	$272.21
49452			REPLACEMENT OF STOMACH-TO-SMAL	$388.16	$329.93
49460			MECHANICAL REMOVAL OF OBSTRUCT	$370.02	$314.52
49465			CONTRAST INJECTION FOR X-RAY I	$69.36	$58.96
49492			REPAIR OF TRAPPED GROIN HERNIA	$480.02	$408.01
49505			REPAIR OF GROIN HERNIA (5 YEAR	$263.06	$223.60
49505	50		REP INGUINAL HERNIA,AGE 5 OR>:	$272.00	$236.00
49507			REPAIR OF TRAPPED GROIN HERNIA	$295.32	$251.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49520			REPAIR OF GROIN HERNIA THAT IS	$317.85	$270.17
49520	50		REP RECURRENT INGUINAL HERNIA:	$317.00	$269.00
49521			REPAIR OF TRAPPED OR STRANGULA	$358.83	$305.00
49525			REPAIR OF SLIDING GROIN HERNIA	$288.11	$244.89
49525	50		REPAIR SLIDING BILATERAL INGUI	$273.00	$232.00
49540			REPAIR OF ABDOMINAL MUSCLE HER	$336.32	$285.87
49540	50		REPAIR BILATERAL LUMBAR HERNIA	$310.00	$264.00
49550			REPAIR OF FEMORAL GROIN HERNIA	$290.28	$246.73
49550	50		REPAIR BILATERAL FEMORAL HERNI	$273.00	$232.00
49553			REPAIR OF TRAPPED FEMORAL GROI	$317.26	$269.67
49555			REPAIR OF RECURRENT FEMORAL GR	$303.72	$258.16
49555	50		REP BILATERAL RECURRENT FEMORA	$317.00	$269.00
49557			REPAIR OF TRAPPED RECURRENT FE	$361.77	$307.50
49591			INITIAL REPAIR OF SLIDING HERN	$169.53	$144.10
49592			INITIAL REPAIR OF ENTRAPPED HE	$235.31	$200.01
49593			INITIAL REPAIR OF SLIDING HERN	$283.34	$240.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49594			INITIAL REPAIR OF ENTRAPPED HE	$368.61	$313.32
49595			INITIAL REPAIR OF SLIDING HERN	$381.00	$323.85
49596			INITIAL REPAIR OF ENTRAPPED HE	$505.18	$429.40
49600			REPAIR OF SMALL DEFECT OF ABDO	$368.35	$313.09
49606			REPAIR OF DEFECT OF ABDOMINAL	$564.88	$480.14
49610			REPAIR OF DEFECT OF ABDOMINAL	$348.09	$295.88
49611			REPAIR OF DEFECT OF ABDOMINAL	$307.40	$261.29
49613			REPAIR OF RECURRENT SLIDING HE	$208.83	$177.51
49614			REPAIR OF RECURRENT ENTRAPPED	$282.49	$240.12
49615			REPAIR OF RECURRENT SLIDING HE	$315.87	$268.49
49616			REPAIR OF RECURRENT ENTRAPPED	$424.22	$360.58
49617			REPAIR OF RECURRENT SLIDING HE	$437.15	$371.57
49618			REPAIR OF RECURRENT ENTRAPPED	$612.11	$520.29
49621			REPAIR OF SLIDING HERNIA NEXT	$366.33	$311.38
49622			REPAIR OF ENTRAPPED HERNIA NEX	$451.53	$383.80
49623			REMOVAL OF MESH AT SAME TIME A	$96.96	$82.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
49650			LAP SURG REP INITIAL INGUINAL	$218.44	$185.67
49651			REPAIR OF RECURRENT GROIN HERN	$284.94	$242.19
49659			OTHER REPAIR OF HERNIA USING A	BY REPORT	BY REPORT
49900			SUTURE OF POSTSURGICAL OPENING	$413.42	$351.41
49904			OMENTAL FLAP, EXTRA ABDOMINAL	$692.22	$588.39
49905			REPAIR OF ABDOMEN USING ABDOMI	$172.73	$146.82
49906			HARVESTING OF GRAFT FROM LININ	$700.82	$595.70
49999			OTHER PROCEDURE ON ABDOMEN	BY REPORT	BY REPORT
50010			EXPLORATION OF KIDNEY	$350.05	$297.54
50020			DRAINAGE OF ABSCESS OF KIDNEY	$501.79	$426.52
50040			INSERTION OF TUBE FOR DRAINAGE	$456.84	$388.31
50045			INCISION OF KIDNEY WITH EXPLOR	$460.13	$391.11
50060			REMOVAL OF KIDNEY STONE	$560.48	$476.41
50065			REMOVAL OF KIDNEY STONE, SECON	$593.61	$504.56
50070			REMOVAL OF KIDNEY STONE COMPLI	$582.40	$495.04
50075			REMOVAL OF KIDNEY STONE	$715.12	$607.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50080			SIMPLE SURGICAL TREATMENT OF K	$344.41	$292.74
50081			COMPLEX SURGICAL TREATMENT OF	$552.96	$470.01
50100			INCISION OR REPOSITIONING OF A	$539.81	$458.84
50120			INCISION OF RENAL PELVIS OF KI	$468.31	$398.06
50125			INCISION OF RENAL PELVIS OF KI	$484.52	$411.84
50130			INCISION OF RENAL PELVIS OF KI	$508.58	$432.29
50135			EXPLORATION OF KIDNEY	$551.42	$468.70
50205			RENAL BIOPSY:SURG EXPOSURE OF	$376.74	$320.23
50220			REMOVAL OF KIDNEY AND PARTIAL	$520.06	$442.05
50225			REMOVAL OF KIDNEY AND PARTIAL	$597.01	$507.45
50230			REMOVAL OF KIDNEY, LYMPH NODES	$628.48	$534.21
50234			REMOVAL OF KIDNEY AND URETER W	$639.16	$543.28
50236			REMOVAL OF KIDNEY AND URETER W	$719.07	$611.21
50240			PARTIAL REMOVAL OF KIDNEY	$654.12	$556.00
50250			DESTRUCTION OF GROWTH OF KIDNE	$598.70	$508.89
50280			REMOVAL OR UNROOFING CYSTS OF	$466.72	$396.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50290			REMOVAL OF CYSTS OF KIDNEY	$444.15	$377.53
50300			DONAR NEPHRECTOMY,CADAVER,CARE	$240.00	$204.00
50320			REMOVAL OF DONOR KIDNEY FROM L	$764.80	$650.08
50323			BACKBENCH STANDARD PREPARATION	$192.43	$163.56
50325			PREPARATION OF LIVING DONOR KI	$131.81	$112.04
50327			PREPARATION OF DONOR KIDNEY AN	$105.90	$90.01
50328			PREPARATION OF DONOR KIDNEY AN	$92.88	$78.94
50329			PREPARATION OF DONOR KIDNEY AN	$87.91	$74.72
50340			RECIPIENT NEPHRECTOMY:,UNILATE	$482.98	$410.53
50340	50		RECIPIENT NEPHRECTOMY:,BILATER	$590.00	$501.00
50360			HOMOTRANSPLANT/IMPLANT GRF,NO	$1,212.27	$1,030.43
50365			SEE 50360-W/UNILAT RECI NEPHRE	$1,449.17	$1,231.79
50365	50		SEE 50360-W/UNILAT RECI NEPHRE	$1,800.00	$1,530.00
50370			REMOVE TRANSPLANTED KIDNEY	$609.22	$517.84
50380			RENAL AUTOTRANSPLANT,REIMPLANT	$1,024.02	$870.42
50382			REMOVAL AND REPLACEMENT OF STE	$501.23	$426.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50384			REMOVAL OF STENT IN URETER THR	$429.51	$365.08
50385			REMOVAL AND REPLACEMENT OF STE	$510.24	$433.70
50386			REMOVAL OF STENT IN URETER THR	$381.05	$323.89
50387			REMOVAL AND REPLACEMENT OF STE	$277.69	$236.04
50389			REMOVAL OF KIDNEY DRAINAGE TUB	$209.05	$177.69
50390			ASPIRATION AND/OR INJECTION OF	$45.41	$38.60
50391			INSTILLATION OF DRUG INTO KIDN	$62.42	$53.06
50391	26		INSTILLATION(S) OF THERAPEUTIC	$47.80	$40.63
50396			MEASUREMENT OF URINE FLOW IN K	$56.47	$48.00
50400			SIMPLE RECONSTRUCTION OF NECK	$568.23	$482.99
50405			COMPLICATED RECONSTRUCTION OF	$685.13	$582.36
50430			INJECTION PROCEDURE FOR IMAGIN	$319.14	$271.26
50430	26		INJECTION PROCEDURE FOR X-RAY	$74.34	$63.19
50431			INJECTION PROCEDURE FOR IMAGIN	$162.78	$138.36
50431	26		INJECTION PROCEDURE FOR X-RAY	$32.38	$27.52
50432			PLACEMENT OF TUBE OF KIDNEY US	$455.60	$387.26

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50432	26		PLACEMENT OF CATHETER OF KIDNE	$98.31	$83.56
50433			PLACEMENT OF TUBE OF KIDNEY AN	$567.17	$482.09
50433	26		PLACEMENT OF CATHETER OF KIDNE	$121.97	$103.67
50434			CONVERSION OF KIDNEY TUBE TO N	$455.68	$387.32
50434	26		CONVERSION OF NEPHROSTOMY CATH	$91.68	$77.93
50435			REPLACEMENT OF KIDNEY DRAINAGE	$300.84	$255.71
50435	26		REPLACEMENT OF KIDNEY DRAINAGE	$48.31	$41.06
50436			DILATION OF EXISTING OPENING I	$72.41	$61.55
50437			DILATION OF EXISTING OPENING I	$119.62	$101.68
50500			REPAIR OF KIDNEY WOUND	$641.29	$545.09
50520			CLOSURE OF ABNORMAL DRAINAGE T	$578.26	$491.52
50525			CLOSURE OF ABNORMAL DRAINAGE T	$731.76	$621.99
50526			CLOSURE OF ABNORMAL DRAINAGE T	$783.06	$665.60
50540			REVISION OF HORSESHOE KIDNEY	$564.11	$479.49
50541			DESTRUCTION OF CYST OF KIDNEY	$451.45	$383.73
50542			DESTRUCTION OF GROWTH OF KIDNE	$571.05	$485.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50543			LAPOROSCOPY SURG PARTIAL NEPHR	$732.31	$622.46
50544			LAPAROSCOPY SURGICAL PYELOPLAS	$608.31	$517.06
50545			REMOVAL OF KIDNEY AND LYMPH NO	$654.65	$556.45
50546			REMOVAL OF KIDNEY AND PARTIAL	$592.57	$503.68
50547			LAP SURG DONOR NEPHRECTOMY/LIV	$808.03	$686.82
50548			REMOVAL OF KIDNEY AND URETER U	$657.93	$559.24
50549			OTHER PROCEDURE ON KIDNEY USIN	BY REPORT	BY REPORT
50551			EXAM OF KIDNEY USING AN ENDOSC	$179.83	$152.85
50553			INSERTION OF TUBE INTO URETER	$193.00	$164.05
50555			BIOPSY OF KIDNEY USING AN ENDO	$205.51	$174.68
50557			DESTRUCTION AND/OR REMOVAL OF	$209.02	$177.67
50561			REMOVAL OF FOREIGN BODY OR STO	$237.39	$201.78
50562			REMOVAL OF GROWTH OF KIDNEY US	$282.20	$239.87
50570			EXAM OF KIDNEY USING AN ENDOSC	$238.75	$202.94
50572			INSERTION OF TUBE INTO URETER	$257.87	$219.19
50574			BIOPSY OF KIDNEY USING AN ENDO	$274.01	$232.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50575			DILATION AND URETER STENT INSE	$345.86	$293.98
50576			DESTRUCTION AND/OR REMOVAL OF	$273.18	$232.20
50580			REMOVAL OF FOREIGN BODY OR STO	$294.44	$250.27
50590			LITHOTRIPSY,ESW	$372.50	$316.63
50592			DESTRUCTION OF GROWTH OF KIDNE	$1,413.14	$1,201.16
50592	50		ABLATION RENAL TUMOR(S) PERC B	$266.99	$226.94
50593			DESTRUCTION OF GROWTH OF KIDNE	$1,889.58	$1,606.14
50593	50		ABLATION, RENAL TUMOR(S), BILA	$358.40	$304.64
50600			EXPLORATION OF URETER	$461.82	$392.55
50605			INSERTION OF STENT IN URETER	$500.91	$425.77
50606			BIOPSY OF URETER AND/OR RENAL	$242.11	$205.79
50606	26		BIOPSY OF URINARY DUCT USING I	$66.47	$56.50
50610			REMOVAL OF STONE FROM UPPER UR	$465.17	$395.39
50620			REMOVAL OF STONE FROM MIDDLE U	$445.23	$378.45
50630			REMOVAL OF STONE FROM LOWER UR	$440.13	$374.11
50650			REMOVAL OF URETER AND PARTIAL	$512.27	$435.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50660			REMOVAL OF AN EXTRA URETER	$562.30	$477.96
50684			INJECTION OF URETER FOR IMAGIN	$64.91	$55.17
50686			MEASUREMENT OF URINE FLOW IN U	$72.53	$61.65
50688			CHANGE OF TUBE OR STENT IN URE	$38.47	$32.70
50690			INJECTION OF BLADDER AND URETE	$59.85	$50.87
50693			PLACEMENT OF STENT OF URETER T	$499.34	$424.43
50693	26		PLACEMENT OF STENT OF URINARY	$97.84	$83.16
50694			PLACEMENT OF STENT OF URETER T	$559.05	$475.19
50694	26		PLACEMENT OF STENT OF URINARY	$127.62	$108.48
50695			PLACEMENT OF STENT OF URETER A	$670.94	$570.30
50695	26		PLACEMENT OF STENT OF URINARY	$163.65	$139.10
50700			RECONSTRUCTION OF URETER	$457.17	$388.59
50705			BLOCKING OF URETER USING IMAGI	$919.64	$781.69
50705	26		OCCLUSION OF URINARY DUCT (URE	$84.64	$71.94
50706			BALLOON DILATION TREATMENT OF	$420.02	$357.02
50706	26		BALLOON DILATION TREATMENT OF	$86.30	$73.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50715			RELEASE OF SCAR TISSUE AT URET	$599.35	$509.44
50715	50		RELEASE OF URETER	$305.00	$265.00
50722			RELEASE OF ABNORMAL VEINS BLOC	$507.29	$431.20
50725			REPAIR AND REPOSITIONING OF AB	$542.20	$460.87
50727			REVISION URINARY-CUTANEOUS ANA	$256.04	$217.63
50728			REVISION URIN-CUTAN ANAST W/RE	$347.58	$295.44
50740			CONNECTION OF URETER TO RENAL	$610.60	$519.01
50750			CONNECTION OF URETER TO RENAL	$567.08	$482.02
50760			REMOVAL AND RECONNECTION OF DI	$558.24	$474.50
50770			PARTIAL REMOVAL OF URETER WITH	$567.08	$482.02
50780			CONNECTION OF URETER TO BLADDE	$549.22	$466.84
50780	50		URETERONEOCYSTOSTOMY...	$635.00	$540.00
50782			CONNECTION OF EXTRA URETER TO	$529.01	$449.66
50783			REPOSITIONING OF URETER TO BLA	$554.38	$471.22
50785			REPOSITIONING OF URETER WITH C	$596.53	$507.05
50785	50		REIMPLANT URETER IN BLADDER	$731.00	$621.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50800			CONNECTION OF URETER TO BOWEL	$455.75	$387.38
50800	50		IMPLANT URETER IN BOWEL	$635.00	$540.00
50810			CONNECTION OF URETER TO LARGE	$701.45	$596.23
50815			CONNECTION OF URETER TO LARGE	$603.13	$512.66
50815	50		URETEROCOLON CONDUIT/ANASTOMOS	$924.00	$785.00
50820			CONNECTION OF URETER TO SMALL	$645.67	$548.82
50820	50		CONSTRUCT BOWEL BLADDER	$906.00	$770.00
50825			CONNECTION OF URETER TO LARGE	$807.64	$686.49
50830			REPAIR TO RESTORE URINE FLOW I	$882.61	$750.21
50840			REPLACEMENT OF URETER USING BO	$606.26	$515.32
50840	50		REPLACE URETER BY BOWEL	$924.00	$785.00
50845			CONNECTION OF BLADDER TO POUCH	$618.92	$526.08
50860			CONNECTION OF URETER TO SKIN	$466.56	$396.58
50860	50		TRANSPLANT URETER TO SKIN	$543.00	$462.00
50900			SUTURE REPAIR OF URETER	$416.79	$354.27
50920			CLOSURE OF ABNORMAL DRAINAGE T	$435.58	$370.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
50930			CLOSURE OF ABNORMAL DRAINAGE T	$541.69	$460.44
50940			REMOVAL OF PREVIOUSLY PLACED S	$438.38	$372.62
50945			REMOVAL OF STONE FROM URETER U	$477.14	$405.56
50947			REPOSITIONING OF URETER AND IN	$679.51	$577.58
50948			REPOSITIONING OF URETER USING	$622.98	$529.53
50949			OTHER PROCEDURE ON URETER USIN	BY REPORT	BY REPORT
50951			EXAM OF KIDNEY AND URETER USIN	$188.86	$160.53
50953			INSERTION OF TUBE INTO URETER	$199.45	$169.53
50955			BIOPSY OF KIDNEY OR URETER USI	$212.66	$180.76
50957			DESTRUCTION AND/OR REMOVAL OF	$214.69	$182.48
50961			REMOVAL OF FOREIGN BODY OR STO	$193.97	$164.87
50970			EXAM OF KIDNEY AND URETER USIN	$180.08	$153.06
50974			BIOPSY OF KIDNEY OR URETER USI	$229.69	$195.23
50976			DESTRUCTION AND/OR REMOVAL OF	$226.55	$192.57
50980			REMOVAL OF FOREIGN BODY OR STO	$172.99	$147.04
51020			INCISION OF BLADDER WITH DESTR	$235.39	$200.08

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51030			INCISION OF BLADDER WITH DESTR	$236.98	$201.43
51040			INCISE & DRAIN BLADDER	$146.60	$124.61
51045			INCISION OF BLADDER WITH INSER	$249.17	$211.79
51050			REMOVAL OF BLADDER STONE	$235.43	$200.12
51060			INCISION OF BLADDER WITH REMOV	$290.26	$246.72
51065			INCISION OF BLADDER WITH BASKE	$288.89	$245.55
51080			DRAINAGE OF ABSCESS OF BLADDER	$204.61	$173.92
51100			ASPIRATION OF BLADDER: BY NEED	$37.36	$31.75
51101			ASPIRATION OF BLADDER USING TU	$78.39	$66.63
51102			ASPIRATION OF BLADDER WITH INS	$120.31	$102.26
51500			REPAIR OF CONGENITAL DEFECT OF	$316.62	$269.13
51520			SIMPLE REMOVAL OF BLADDER NECK	$296.36	$251.90
51525			REMOVAL OF BLADDER LESION	$423.58	$360.04
51530			REMOVAL OF GROWTH OF BLADDER	$381.04	$323.88
51535			INCISION, REMOVAL, OR REPAIR O	$385.66	$327.81
51535	50		CYSTOTOMY/EXC,INC/REP URETEROC	$462.00	$393.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51550			SIMPLE PARTIAL REMOVAL OF BLAD	$476.03	$404.63
51555			COMPLICATED PARTIAL REMOVAL OF	$620.44	$527.37
51565			PARTIAL REMOVAL OF BLADDER WIT	$633.45	$538.43
51570			COMPLETE REMOVAL OF BLADDER	$722.74	$614.33
51575			COMPLETE REMOVAL OF BLADDER AN	$889.40	$755.99
51580			COMPLETE REMOVAL OF BLADDER WI	$929.42	$790.00
51585			COMPLETE REMOVAL OF BLADDER WI	$1,032.73	$877.82
51590			REMOVAL OF BLADDER WITH TRANSP	$944.83	$803.10
51595			REMOVAL OF BLADDER AND LYMPH N	$1,069.40	$908.99
51596			REMOVAL OF BLADDER AND LYMPH N	$1,152.78	$979.86
51597			REMOVAL OF BLADDER AND URETERS	$1,126.45	$957.48
51600			INJECTION PROCEDURE FOR IMAGIN	$107.28	$91.18
51605			INJECTION PROCEDURE FOR IMAGIN	$19.10	$16.24
51610			INJECTION PROCEDURE THROUGH BL	$65.29	$55.49
51700			SIMPLE BLADDER IRRIGATION AND/	$38.92	$33.08
51700	SA		IRIGATION OF BLADDER	NA	$17.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51700	SB		SIMPLE BLADDER IRRIGATION AND/	NA	$29.80
51701			INSERTION OF TEMPORARY BLADDER	$22.52	$19.14
51701	SA		INSERT NON-INDWELLING BLADDER	NA	$34.20
51701	SA	26	INSERT NON-INDWELLING BLADDER	NA	$9.50
51701	SB		INSERTION OF TEMPORARY BLADDER	NA	$38.00
51701	26		INSERT NON-INDWELLING BLADDER	$12.54	$10.65
51702			SIMPLE INSERTION OF TEMPORARY	$31.64	$26.89
51702	SA		INSERT TEMP INDWELLING BLADDER	NA	$34.20
51702	SA	26	INSERT TEMP INDWELLING BLADDER	NA	$9.50
51702	SB		SIMPLE INSERTION OF TEMPORARY	NA	$38.00
51702	26		INSERT TEMP INDWELLING BLADDER	$12.37	$10.51
51703			COMPLICATED INSERTION OF BLADD	$75.67	$64.32
51703	26		INSERT TEMP INDW BLAD CATH COM	$37.31	$31.71
51705			SIMPLE CHANGE OF BLADDER TUBE	$49.45	$42.03
51705	SA		CHANGE OF BLADDER TUBE	NA	$17.10
51710			COMPLICATED CHANGE OF BLADDER	$68.92	$58.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51715			INJECTION OF IMPLANT MATERIAL	$186.94	$158.89
51720			INSTILLATION OF ANTI-CANCER DR	$44.83	$38.11
51725			SIMPLE MEASUREMENT OF PRESSURE	$115.89	$98.50
51725	SA		SIMPLE CYSTOMETROGRAM	NA	$99.95
51726			COMPLEX MEASUREMENT OF PRESSUR	$153.19	$130.21
51727			COMPLEX MEASUREMENT OF PRESSUR	$186.64	$158.64
51727	TC		COMPLEX CYSTOMETROGRAM (IE, CA	NA	$146.88
51727	26		COMPLEX CYSTOMETROGRAM (IE, CA	$51.61	$43.87
51728			COMPLEX MEASUREMENT OF PRESSUR	$185.46	$157.64
51728	TC		COMPLEX CYSTOMETROGRAM (IE, CA	NA	$150.10
51728	26		COMPLEX CYSTOMETROGRAM (IE, CA	$50.26	$42.72
51729			COMPLEX MEASUREMENT OF PRESSUR	$195.33	$166.03
51729	TC		COMPLEX CYSTOMETROGRAM (IE, CA	NA	$150.28
51729	26		COMPLEX CYSTOMETROGRAM (IE, CA	$61.00	$51.85
51736			SIMPLE TIMED ASSESSMENT OF BLA	$6.88	$5.84
51741			COMPLEX UROFLOWMETRY	$7.21	$6.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51784			EMG OF ANAL OR URETHRAL SPHINC	$32.41	$27.55
51784	TC		EMG OF ANAL OR URETHRAL SPHINC	NA	$17.00
51784	26		EMG OF ANAL OR URETHRAL SPHINC	$17.97	$15.27
51785			ELECTROMYOGRAPHY STUDIES-ANAL/	$223.88	$190.29
51792			ELECTROMYOGRAPHY	$140.21	$119.18
51797			INSERTION OF DEVICE INTO ABDOM	$96.70	$82.19
51798			MEASURE RESID URINE BY ULTRASO	$5.85	$4.97
51798	SA		MEASURE RESID URINE BY ULTRASO	NA	$4.56
51800			REPAIR OF BLADDER AND/OR URETH	$511.42	$434.71
51820			REPAIR OF BLADDER, URETHRA, AN	$534.93	$454.69
51840			SIMPLE SUTURE OF BLADDER NECK	$346.82	$294.79
51841			RESUTURE OF BLADDER NECK TO VA	$399.82	$339.85
51845			REPAIR OF BLADDER NECK IN FEMA	$289.37	$245.96
51860			SUTURE OF SIMPLE WOUND, INJURY	$370.65	$315.05
51865			SUTURE OF COMPLICATED WOUND, I	$443.18	$376.70
51880			CLOSURE OF SURGICALLY CREATED	$232.38	$197.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
51900			REPAIR OF ABNORMAL DRAINAGE TR	$407.77	$346.60
51920			REPAIR OF ABNORMAL DRAINAGE TR	$378.27	$321.53
51925			REPAIR OF ABNORMAL DRAINAGE TR	$538.55	$457.76
51940			REPAIR OF CONGENITAL DEFECT OF	$804.39	$683.73
51960			ENLARGEMENT OF BLADDER USING A	$680.81	$578.68
51980			CREATION OF DRAINAGE TRACT FRO	$353.70	$300.65
51990			SUTURE SUSPENSION OF URETHRA T	$367.97	$312.77
51992			CREATION OF SLING AROUND URETH	$414.94	$352.69
51999			OTHER PROCEDURE ON BLADDER USI	BY REPORT	BY REPORT
52000			DIAGNOSTIC EXAM OF BLADDER AND	$122.05	$103.74
52000	22		CYSTOSCOPY	$61.00	$53.00
52001			IRRIGATION AND REMOVAL OF MULT	$220.41	$187.35
52005			INSERTION OF TUBE INTO URETER	$154.02	$130.91
52005	22		CYSTOURETHROSCOPY	$87.00	$75.00
52007			INSERTION OF TUBE INTO URETER	$228.49	$194.21
52010			INSERTION OF TUBE INTO SPERM D	$193.75	$164.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
52204			BIOPSY OF BLADDER USING AN END	$191.80	$163.03
52234			DESTRUCTION AND/OR REMOVAL OF	$119.80	$101.83
52235			DESTRUCTION AND/OR REMOVAL OF	$140.59	$119.50
52240			DESTRUCTION AND/OR REMOVAL OF	$190.69	$162.09
52250			INSERTION OF RADIOACTIVE SUBST	$116.50	$99.02
52260			DILATION OF BLADDER USING AN E	$102.82	$87.40
52265			DILATION OF BLADDER USING AN E	$189.00	$160.65
52270			INCISION OF URETHRA IN FEMALE	$212.83	$180.91
52275			INCISION OF URETHRA IN MALE US	$272.65	$231.75
52276			INCISION OF URETHRA USING AN E	$128.69	$109.39
52277			CYSTOSCOPY AND TREATMENT	$157.20	$133.62
52281			DILATION OF URETHRA USING AN E	$165.48	$140.65
52282			INSERTION OF A PERMANENT URETH	$164.17	$139.54
52283			STEROID INJECTION INTO URETHRA	$178.54	$151.76
52285			EXAM OF BLADDER AND URETHRA FO	$176.94	$150.40
52287			EXAM WITH INJECTIONS OF CHEMIC	$196.47	$167.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
52287	26		CYSTOURETHROSCOPY WITH INJECTI	$82.42	$70.05
52290			INCISION OF URETER USING AN EN	$118.64	$100.84
52300			REMOVAL OR DESTRUCTION OF ABNO	$136.28	$115.83
52301			REMOVAL OR DESTRUCTION OF ABNO	$141.22	$120.04
52305			CYSTOSCOPY AND TREATMENT	$135.24	$114.95
52310			SIMPLE REMOVAL OF FOREIGN BODY	$161.80	$137.53
52315			COMPLICATED REMOVAL OF FOREIGN	$236.67	$201.17
52317			CRUSHING, FRAGMENTING, AND REM	$447.51	$380.38
52318			CRUSHING, FRAGMENTING, AND REM	$230.01	$195.50
52320			REMOVAL OF STONE IN URETER USI	$119.73	$101.77
52325			FRAGMENTING OF STONE IN URETER	$155.50	$132.17
52327			CYSTOSCOPE/SUBURETER INJ IMPLA	$125.57	$106.73
52330			MANIPULATION OF STONE IN URETE	$304.97	$259.22
52332			INSERTION OF STENT IN URETER U	$203.25	$172.76
52334			INSERTION OF GUIDE WIRE THROUG	$89.14	$75.76
52341			DILATION OF BLADDER AND URETHR	$138.45	$117.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
52342			REPAIR OF STRICTURE AT JUNCTIO	$150.65	$128.05
52343			REPAIR OF STRICTURE IN KIDNEY	$167.29	$142.19
52344			REPAIR OF STRICTURE OF URETER	$179.81	$152.84
52345			REPAIR OF STRICTURE OF UPPER A	$191.84	$163.06
52346			REPAIR OF STRICTURE IN KIDNEY	$216.89	$184.35
52351			DIAGNOSTIC EXAM OF BLADDER, UR	$147.49	$125.36
52352			REMOVAL OR MANIPULATION OF STO	$172.23	$146.39
52353			CRUSHING OF STONE OF URETER US	$190.52	$161.94
52354			BIOPSY AND/OR DESTRUCTION OF G	$202.72	$172.31
52355			REMOVAL OF GROWTH OF URETER OR	$227.10	$193.04
52356			CRUSHING OF STONE OF URETER WI	$202.03	$171.72
52400			INCISION, DESTRUCTION, OR REMO	$235.52	$200.19
52402			INCISION OR REMOVAL OF EJACULA	$128.74	$109.42
52441			INSERTION OF IMPLANT IN URETHR	$644.44	$547.77
52441	26		INSERTION OF IMPLANT MATERIAL	$102.06	$86.75
52442			INSERTION OF IMPLANT IN URETHR	$439.99	$373.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
52442	26		INSERTION OF IMPLANT MATERIAL	$24.56	$20.88
52450			INCISION OF PROSTATE	$237.36	$201.76
52500			REMOVAL OF BLADDER NECK THROUG	$246.26	$209.32
52601			REMOVAL OF PROSTATE GLAND USIN	$359.78	$305.81
52630			COMPLETE REMOVAL OF REMAINING	$202.89	$172.46
52640			REMOVAL OF POSTSURGICAL TIGHTE	$162.45	$138.08
52647			COMPLETE LASER DESTRUCTION OF	$792.16	$673.34
52648			COMPLETE LASER VAPORIZATION OF	$816.37	$693.91
52649			COMPLETE LASER FRAGMENTATION O	$408.35	$347.10
52700			DRAINAGE OF PROSTATE ABSCESS	$220.64	$187.54
53000			INCISION OR REPAIR OF URETHRA	$74.41	$63.25
53010			INCISION OR REPAIR OF ABNORMAL	$149.74	$127.27
53020			MEATOTOMY..,EXCEPT INFANT	$47.48	$40.36
53040			DRAINAGE OF ABSCESS AROUND URE	$195.84	$166.46
53060			DRAINAGE OF ABSCESS OR CYST OF	$95.47	$81.15
53080			UNCOMPLICATED DRAINAGE OF ABNO	$210.40	$178.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
53085			COMPLICATED DRAINAGE OF ABNORM	$321.99	$273.69
53200			BIOPSY OF URETHRA	$79.45	$67.53
53210			REMOVAL OF BLADDER AND URETHRA	$384.44	$326.77
53215			REMOVAL OF BLADDER AND URETHRA	$456.83	$388.30
53220			REMOVAL OR DESTRUCTION OF CANC	$225.47	$191.65
53230			REMOVAL OF POUCH OF URETHRA IN	$303.59	$258.05
53235			REMOVAL OF POUCH OF URETHRA IN	$315.13	$267.86
53240			REPAIR OF POUCH OF URETHRA	$212.30	$180.45
53250			REMOVAL OF SEMINAL FLUID GLAND	$198.11	$168.39
53260			REMOVAL OR DESTRUCTION OF POLY	$104.27	$88.63
53265			REMOVAL OR DESTRUCTION OF GROW	$115.63	$98.28
53270			REMOVAL OR DESTRUCTION OF MUCO	$106.58	$90.59
53275			REMOVAL OR DESTRUCTION OF PROL	$130.49	$110.91
53400			REPAIR OF ABNORMAL DRAINAGE TR	$396.07	$336.66
53405			SECOND STAGE REPAIR OF URETHRA	$431.44	$366.72
53410			RECONSTRUCTION OF URETHRA IN M	$483.45	$410.93

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
53415			RECONSTRUCTION OR REPAIR OF UR	$555.93	$472.54
53420			RECONSTRUCTION OR REPAIR OF UR	$415.10	$352.84
53425			RECONSTRUCTION OR REPAIR OF UR	$461.41	$392.19
53430			RECONSTRUCTION OF URETHRA IN F	$481.50	$409.28
53431			REPAIR OF URETHRA AND/OR LOWER	$567.12	$482.05
53440			CREATION OF SLING AROUND URETH	$372.82	$316.89
53442			REMOVAL OR REVISION OF SLING I	$390.40	$331.84
53444			INSERTION OF ARTIFICIAL URINAR	$392.40	$333.54
53445			INSERTION OF INFLATABLE URETHR	$375.95	$319.55
53446			REMOVAL OF INFLATABLE URETHRA	$319.57	$271.63
53447			REMOVAL AND REPLACEMENT OF INF	$399.02	$339.17
53448			REMOVAL AND REPLACEMENT OF INF	$627.52	$533.39
53449			REPAIR OF INFLATABLE URETHRA O	$304.59	$258.90
53450			REPAIR OF URETHRA AND URINARY	$204.38	$173.72
53451			INSERTION OF ADJUSTABLE BALLOO	BY REPORT	BY REPORT
53452			INSERTION OF ADJUSTABLE BALLOO	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
53453			REMOVAL OF ADJUSTABLE BALLOON	BY REPORT	BY REPORT
53454			ADJUSTMENT OF FLUID VOLUME IN	BY REPORT	BY REPORT
53460			REPAIR AND PARTIAL REMOVAL OF	$228.44	$194.17
53500			RELEASE OF SCAR TISSUE OF URET	$371.65	$315.90
53502			SUTURE OF WOUND OR INJURY OF U	$242.52	$206.14
53505			SUTURE OF WOUND OR INJURY OF U	$242.34	$205.99
53510			SUTURE OF URETHRA WOUND OR INJ	$314.31	$267.16
53515			SUTURE OF WOUND OR INJURY OF U	$393.24	$334.25
53520			CLOSURE OF ABNORMAL DRAINAGE T	$278.72	$236.91
53600			INITIAL DILATION OF URETHRA IN	$44.47	$37.80
53601			SUBSEQUENT DILATION OF STRICTU	$43.34	$36.84
53605			DILATION OF NARROWING OF URETH	$31.15	$26.47
53620			INITIAL DILATION OF URETHRA IN	$86.01	$73.10
53621			SUBSEQUENT DILATION OF URETHRA	$82.51	$70.13
53660			INITIAL DILATION OF URETHRA IN	$38.64	$32.84
53661			SUBSEQUENT DILATION OF URETHRA	$37.94	$32.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
53665			DILATION OF URETHRA IN FEMALE	$18.46	$15.69
53850			DESTRUCTION OF PROSTATE TISSUE	$719.81	$611.84
53852			DESTRUCTION OF PROSTATE TISSUE	$702.07	$596.76
53854			DESTRUCTION OF PROSTATE TISSUE	$848.46	$721.19
53855			INSERTION OF A TEMPORARY URETH	$331.98	$282.18
53855	26		INSERT TEMP PROSTATIC URETHRAL	$39.88	$33.90
53860			RECONSTRUCTION OF FEMALE BLADD	$1,215.24	$1,032.95
53860	26		TRANSURETHRAL RADIOFREQUENCY M	$110.34	$93.79
53899			OTHER PROCEDURE ON URINARY SYS	BY REPORT	BY REPORT
54050			SIMPLE DESTRUCTION OF GROWTHS	$73.80	$62.73
54055			SIMPLE DESTRUCTION OF GROWTH O	$70.41	$59.84
54056			SIMPLE DESTRUCTION OF GROWTH O	$73.98	$62.88
54056	FP		DESTROY PENILE LESION: CRYOSUR	$266.33	$226.38
54056	SA		DESTROY PENILE LESION CRYOSURG	NA	$61.87
54057			SIMPLE DESTRUCTION OF GROWTH O	$72.77	$61.85
54060			REMOVAL OF GROWTH OF PENIS	$99.90	$84.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54065			DESTRUCTION OF MULTIPLE GROWTH	$112.99	$96.04
54065	SA		TREATMENT OF PENIS LESION	NA	$95.52
54105			BIOPSY OF DEEP STRUCTURE OF PE	$139.70	$118.74
54110			REMOVAL OF THICKENED TISSUE OF	$310.05	$263.54
54111			REMOVAL OF ABNORMALLY THICKENE	$394.91	$335.67
54112			REMOVAL OF ABNORMALLY THICKENE	$462.71	$393.30
54115			REMOVAL OF FOREIGN BODY IN PEN	$230.16	$195.63
54120			PARTIAL REMOVAL OF PENIS	$314.42	$267.25
54125			AMPUTATION OF PENIS	$407.26	$346.17
54130			AMPUTATION OF PENIS AND REMOVA	$587.75	$499.58
54135			AMPUTATION OF PENIS AND REMOVA	$741.33	$630.13
54161			REMOVAL OF FORESKIN (OLDER THA	$98.30	$83.56
54162			REMOVAL OF SCAR TISSUE AFTER F	$129.61	$110.17
54163			REPAIR OF INCOMPLETE REMOVAL O	$110.17	$93.64
54164			INCISION OF MEMBRANE ATTACHING	$97.97	$83.27
54200			INJECTION PROCEDURE TO CORRECT	$59.54	$50.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54205			INJECTION PROCEDURE AND SURGER	$265.50	$225.67
54220			IRRIGATION CORPORA CAVERNOSA/P	$112.79	$95.87
54230			INJECTION PROCEDURE FOR IMAGIN	$53.80	$45.73
54231			ASSESSMENT OF ERECTILE DYSFUNC	$72.15	$61.32
54235			INJECTION PROCEDURE TO CAUSE E	$45.52	$38.69
54240			PENILE PLETHYSMOGRAPHY	$54.01	$45.90
54250			NOCTURNAL PENILE TUMESCENCE TE	$60.12	$51.10
54300			REPAIR OF CURVED PENIS	$320.41	$272.34
54304			REPAIR OF CURVED PENIS AND URI	$370.15	$314.62
54308			REPAIR OF URINARY OUTLET AT UN	$355.02	$301.77
54312			REPAIR OF URINARY OUTLET AT UN	$405.14	$344.36
54316			REPAIR OF URINARY OUTLET OF PE	$490.47	$416.90
54318			REPAIR OF URINARY OUTLET WITH	$353.33	$300.33
54322			SIMPLE REPAIR AND RELOCATION O	$386.26	$328.32
54324			1 STAGE REP.URETHROPLASTY-SKIN	$477.76	$406.09
54326			1 STAGE REP.URETHROPLASTY-MOB.	$465.25	$395.46

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54328			REPAIR OF URINARY OUTLET AT UN	$462.29	$392.94
54332			REPAIR OF URINARY OUTLET AT UN	$498.04	$423.33
54336			REPAIR OF URINARY OUTLET BETWE	$585.40	$497.59
54340			SIMPLE REPAIR OF URINARY OUTLE	$283.63	$241.08
54344			REPAIR OF COMPLICATION OF URIN	$466.24	$396.30
54348			EXTENSIVE REPAIR OF URINARY OU	$498.27	$423.53
54352			EXTENSIVE REVISION OF PREVIOUS	$694.82	$590.59
54360			SURGERY TO CORRECT ABNORMAL PE	$357.26	$303.67
54380			REPAIR OF URINARY OUTLET OF PE	$395.69	$336.33
54385			REPAIR OF URINARY OUTLET OF PE	$460.41	$391.34
54390			REPAIR OF URINARY OUTLET OF PE	$611.02	$519.36
54400			INSERTION OF NON-INFLATABLE PE	$264.77	$225.05
54401			INSERTION OF INFLATABLE PENILE	$333.10	$283.13
54405			INSERTION OF MULTICOMPONENT IN	$399.45	$339.53
54406			REMOVAL OF ALL COMPONENTS OF I	$362.65	$308.25
54408			REPAIR OF MULTICOMPONENT INFLA	$392.18	$333.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54410			REMOVAL AND REPLACEMENT OF MUL	$427.82	$363.64
54411			REMOVAL AND REPLACEMENT OF INF	$508.56	$432.28
54415			REMOVAL OF INFLATABLE OR NONIN	$265.76	$225.90
54416			REMOVAL AND REPLACEMENT OF NON	$357.30	$303.70
54417			REMOVAL AND REPLACEMENT OF INF	$444.56	$377.87
54420			CREATION OF BLOOD FLOW TRACT F	$348.38	$296.12
54430			REVISION OF PENIS	$317.46	$269.84
54435			REDIRECTION OF BLOOD FLOW FROM	$207.26	$176.17
54437			REPAIR OF PENIS	$337.98	$287.28
54438			REPLANTATION OF AMPUTATED PENI	$657.69	$559.04
54440			REPAIR OF INJURY OF PENIS	$200.00	$170.00
54450			PREPUTIAL STRETCHING	$34.42	$29.25
54500			NEEDLE BIOPSY OF TESTICLE	$36.80	$31.28
54505			INCISION OF TESTICLE FOR BIOPS	$104.31	$88.66
54505	50		BIOPSY OF TESTIS,INCISIONAL:BI	$45.00	$38.00
54512			REMOVAL OF GROWTH OF TESTICLE	$267.51	$227.38

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54520			SIMPLE REMOVAL OF TESTICLE	$164.44	$139.77
54520	50		ORCHIECTOMY,SIMPLE:BILATERAL	$182.00	$155.00
54522			PARTIAL REMOVAL OF TESTICLE	$291.84	$248.06
54530			REMOVAL OF GROWTH OF TESTICLE	$254.15	$216.03
54535			REMOVAL OF GROWTH OF TESTICLE	$368.87	$313.54
54550			EXPLORATION OF SPERMATIC VEINS	$245.11	$208.34
54550	50		EXPLORATION FOR UNDESCENDED TE	$256.00	$218.00
54560			EXPLORATION FOR TESTIS	$340.95	$289.81
54560	50		EXPL UNDESC TESTIS W ABD EXP:B	$428.00	$363.00
54600			REDUCE TESTIS TORSION	$226.15	$192.23
54600	22		REDUCE TESTIS TORSION	$181.00	$158.00
54620			SUTURE OF TESTICLE TO OTHER TE	$148.07	$125.86
54640			REPOSITIONING AND SUTURE OF MI	$213.97	$181.87
54640	50		ORCHIOPEXY W/WO HERNIA REP:BIL	$363.00	$309.00
54650			ORCHIOPEXY ABDOMINAL APPROACH	$353.89	$300.80
54660			INSERTION OF TESTICULAR IMPLAN	$179.84	$152.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
54660	50		INSERT TESTICULAR PROSTH:BILAT	$129.00	$110.00
54670			SUTURE OR REPAIR OF INJURY TO	$204.85	$174.12
54680			TRANSPLANTATION OF TESTICLES T	$389.64	$331.19
54690			REMOVAL OF TESTICLES USING AN	$324.69	$275.99
54692			LAP SURG ORCHIOPEXY FOR INTRA-	$373.10	$317.14
54699			OTHER PROCEDURE ON TESTICLE US	BY REPORT	BY REPORT
54700			INCISION AND DRAINAGE OF SPERM	$106.55	$90.56
54800			BIOPSY OF EPIDIDYMIS	$61.68	$52.43
54830			REMOVAL OF GROWTH OF SPERM DUC	$186.77	$158.75
54840			REMOVE EPIDIDYMIS LESION	$161.25	$137.06
54860			REMOVAL OF SPERM RESERVOIR	$209.52	$178.09
54861			REMOVAL OF EPIDIDYMES	$283.30	$240.80
54865			SEARCH OF SPERM RESERVOIR	$180.66	$153.56
54900			CONNECTION OF SPERM RESERVOIR	$396.18	$336.75
54901			FUSION OF SPERMATIC DUCTS	$522.04	$443.73
55000			DRAINAGE OF HYDROCELE	$60.75	$51.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
55040			REMOVAL OF FLUID COLLECTION IN	$169.81	$144.34
55041			REMOVAL OF FLUID COLLECTION IN	$255.62	$217.28
55060			REPAIR OF FLUID COLLECTION IN	$190.24	$161.70
55100			DRAINAGE OF ABSCESS OF SCROTUM	$117.43	$99.81
55110			SEARCH OF SCROTUM	$194.33	$165.18
55150			REMOVAL OF DISEASED OR INJURED	$246.40	$209.44
55175			SIMPLE REPAIR OF SCROTUM	$182.96	$155.51
55180			COMPLICATED REPAIR OF SCROTUM	$342.47	$291.10
55200			INCISION OF SPERM DUCT	$193.50	$164.47
55250			VASECTOMY, UNILATERAL OR BILAT	$169.99	$144.49
55300			INCISION OF SPERM DUCT FOR X-R	$91.06	$77.40
55400			REPAIR OF SPERM DUCT	$249.02	$211.67
55400	50		VASOVASOSTOMY/VASOVASORRAPHY:B	$273.00	$232.00
55500			REMOVAL OF FLUID COLLECTION IN	$196.44	$166.97
55520			REMOVAL OF GROWTH OF SPERM COR	$231.21	$196.52
55530			REVISE SPERMATIC CORD VEINS	$176.37	$149.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
55535			REMOVAL OF SPERMATIC CORD VENO	$215.11	$182.84
55540			REVISE HERNIA & SPERM VEINS	$279.33	$237.43
55550			TYING OF SPERM VEINS USING AN	$214.75	$182.54
55559			OTHER PROCEDURE ON SPERM CORD	BY REPORT	BY REPORT
55600			INCISION OR PUNCTURE OF FLUID-	$211.00	$179.35
55600	50		VESICULOTOMY:BILATERAL	$273.00	$232.00
55605			COMPLICATED INCISION OF FLUID-	$261.77	$222.50
55650			REMOVAL OF FLUID-PRODUCING GLA	$356.19	$302.76
55650	50		VESICULECTOMY,ANY APPROACH:BIL	$543.00	$462.00
55680			REMOVAL OF CONGENITAL REMNANT	$173.90	$147.81
55700			BIOPSY OF PROSTATE	$121.71	$103.45
55705			BIOPSY,PROSTATE:INCISIONAL,ANY	$131.33	$111.63
55706			NEEDLE BIOPSY OF PROSTATE GLAN	$187.01	$158.96
55720			SIMPLE INCISION AND DRAINAGE O	$225.37	$191.56
55725			COMPLICATED INCISION AND DRAIN	$297.04	$252.48
55801			REMOVAL OF PROSTATE	$540.04	$459.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
55810			REMOVAL OF PROSTATE GLAND, GLA	$641.91	$545.62
55812			PROSTATE SURG W/LYMPH NODE BIO	$789.04	$670.68
55815			REMOVAL OF PROSTATE GLAND THRO	$863.19	$733.71
55821			PARTIAL REMOVAL OF PROSTATE (S	$414.23	$352.09
55831			PARTIAL REMOVAL OF PROSTATE (R	$424.61	$360.91
55840			REMOVAL OF PROSTATE	$576.37	$489.91
55842			PROSTATE SURG/LYMPH NODE BIOPS	$576.03	$489.63
55845			REMOVAL OF PROSTATE GLAND AND	$669.32	$568.92
55860			SURGICAL OPENING OF PROSTATE F	$431.59	$366.85
55862			EXPOSURE OF PROSTATE GLAND FOR	$539.27	$458.38
55865			EXPOSURE OF PROSTATE GLAND FOR	$656.07	$557.66
55866			LAP SURG PROSTATECTOMY RETROPU	$587.26	$499.17
55867			SIMPLE SURGICAL SUBTOTAL REMOV	$516.07	$438.66
55870			ELECTROEJACULATION	$89.45	$76.03
55874			INJECTION OF BIODEGRADABLE MAT	$1,462.77	$1,243.35
55874	26		INJECTION OF BIODEGRADABLE MAT	$80.58	$68.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
55875			INSERTION OF NEEDLE OR TUBE IN	$386.76	$328.74
55876			PLACEMENT OF DEVICE IN PROSTAT	$76.44	$64.97
55876	26		PLACEMENT OF INTERSTITIAL DEVI	$50.64	$43.04
55880			HIGH-INTENSITY ULTRASOUND DEST	$483.59	$411.05
55899			OTHER PROCEDURE ON MALE GENITA	BY REPORT	BY REPORT
55920			INSERTION OF NEEDLES OR TUBES	$227.34	$193.24
56405			INCISION AND DRAINAGE OF ABSCE	$74.75	$63.54
56420			INCISION AND DRAINAGE OF ABSCE	$95.28	$80.98
56420	SB		INCISION AND DRAINAGE OF ABSCE	NA	$66.57
56440			CREATION OF DRAINAGE TRACT FOR	$91.29	$77.59
56441			REMOVAL OF SCAR TISSUE OF FEMA	$93.45	$79.43
56442			SIMPLE INCISION OF HYMEN	$23.86	$20.28
56501			SIMPLE DESTRUCTION OF GROWTH O	$98.41	$83.64
56501	FP		DESTROY VULVA LESION(S): SIMPL	$354.26	$301.12
56501	SB		SIMPLE DESTRUCTION OF GROWTH O	NA	$69.09
56515			EXTENSIVE DESTRUCTION OF GROWT	$140.97	$119.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
56605			BIOPSY OF GROWTH OF EXTERNAL F	$48.86	$41.53
56605	SB		BIOPSY OF GROWTH OF EXTERNAL F	NA	$35.27
56606			BIOPSY OF GROWTH OF EXTERNAL F	$19.01	$16.16
56606	SB		BIOPSY OF GROWTH OF EXTERNAL F	NA	$18.00
56620			SIMPLE PARTIAL REMOVAL OF EXTE	$298.15	$253.42
56625			REMOVAL OF EXTERNAL FEMALE GEN	$337.95	$287.26
56630			EXTENSIVE PARTIAL REMOVAL OF E	$483.90	$411.31
56631			PARTIAL REMOVAL OF EXTERNAL FE	$596.47	$507.00
56632			PARTIAL REMOVAL OF EXTERNAL FE	$722.51	$614.13
56633			COMPLETE REMOVAL OF FEMALE GEN	$622.94	$529.50
56634			COMPLETE REMOVAL OF EXTERNAL F	$651.40	$553.69
56637			COMPLETE REMOVAL OF EXTERNAL F	$762.02	$647.71
56640			COMPLETE REMOVAL OF FEMALE GEN	$766.12	$651.20
56640	50		VULVECTOMY,RAD W/ING/ILI/PEL L	$724.00	$615.00
56700			PARTIAL REMOVAL OF HYMEN	$102.70	$87.29
56740			REMOVAL OF CYST OF FEMALE GENI	$158.43	$134.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
56800			PLASTIC REPAIR OF VAGINAL OPEN	$127.49	$108.37
56805			RECONSTRUCTION OR CREATION OF	$582.24	$494.90
56810			REPAIR OF SKIN IN AREA BETWEEN	$137.42	$116.80
56820			EXAM OF EXTERNAL FEMALE GENITA	$63.57	$54.03
56820	FP		COLPOSCOPY OF VULVA	NA	$249.01
56820	SB		EXAM OF EXTERNAL FEMALE GENITA	NA	$88.00
56820	26		COLPOSCOPY OF VULVA	$41.72	$35.46
56821			EXAM AND BIOPSY OF EXTERNAL FE	$85.15	$72.37
56821	FP		COLPOSCOPY OF VULVA W/BIOPSY	NA	$333.25
56821	SB		EXAM AND BIOPSY OF EXTERNAL FE	NA	$113.00
56821	26		COLPOSCOPY OF VULVA W/BIOPSY	$56.25	$47.81
57000			INCISION AND EXPLORATION OF VA	$101.81	$86.54
57010			INCISION AND DRAINAGE OF ABSCE	$231.11	$196.44
57020			REMOVAL OF ABDOMINAL FLUID	$63.22	$53.73
57022			I&D VAGINAL HEMATOMA POST-OBST	$91.29	$77.60
57023			I&D VAGINAL HEMATOMA NON-OBSTE	$160.69	$136.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57061			SIMPLE DESTRUCTION OF GROWTH O	$85.80	$72.93
57061	SB		SIMPLE DESTRUCTION OF GROWTH O	NA	$60.21
57065			EXTENSIVE DESTRUCTION OF GROWT	$125.61	$106.76
57100			SIMPLE BIOPSY OF VAGINAL MUCOU	$52.54	$44.65
57100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	$189.13	$160.76
57100	SB		SIMPLE BIOPSY OF VAGINAL MUCOU	NA	$37.73
57105			BIOPSY OF VAGINA:EXTENSIVE,REQ	$90.48	$76.91
57106			VAGINECTOMY, PARTIAL REMOV VAG	$271.88	$231.09
57107			PARTIAL REMOVAL OF VAGINAL WAL	$729.44	$620.02
57109			PARTIAL REMOVAL OF VAGINAL WAL	$867.78	$737.61
57110			REMOVAL OF VAGINA	$451.38	$383.67
57111			COMPLETE REMOVAL OF VAGINAL WA	$867.78	$737.61
57120			SUTURE CLOSURE OF VAGINA AND V	$267.09	$227.03
57130			REMOVAL OF ABNORMAL TISSUE DIV	$117.22	$99.63
57135			REMOVAL OF CYST OR GROWTH OF V	$125.91	$107.02
57150			TREAT VAGINAL INFECTION	$29.39	$24.98

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57150	SA		TREAT VAGINAL INFECTION	NA	$13.30
57150	SB		TREAT VAGINAL INFECTION	NA	$21.98
57155			INSERTION OF DEVICE INTO UTERU	$200.53	$170.45
57156			INSERTION OF DEVICE INTO VAGIN	$115.72	$98.36
57156	26		INSERTION OF VAGINAL RADIATION	$74.95	$63.71
57160			INSERT PESSARY	$37.57	$31.93
57160	SA		INSERT PESSARY	NA	$13.30
57160	SB		FITTING AND INSERTION OF VAGIN	NA	$26.96
57170	SB		FITTING OF DIAPHRAGM	NA	$155.95
57180			TREAT NON-OBSTETRICAL HEMORRHA	$101.27	$86.08
57180	SB		INTRODUCTION OF DRUG AGENT OR	NA	$72.96
57200			SUTURE OF NONOBSTETRICAL INJUR	$168.75	$143.43
57210			SUTURE OF INJURY OF VAGINA AND	$198.82	$169.00
57220			PLASTIC REPAIR OF MUSCLES AT U	$175.18	$148.90
57230			PLASTIC REPAIR OF URETHRA PROL	$211.58	$179.84
57240			REPAIR OF BLADDER HERNIA INTO	$307.48	$261.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57250			REPAIR RECTUM & VAGINA	$308.82	$262.49
57260			PLASTIC REPAIR OF VAGINA AND T	$389.31	$330.91
57265			REPAIR OF BULGING OF RECTUM AN	$435.05	$369.79
57267			INSERTION OF ARTIFICIAL MATERI	$123.04	$104.58
57268			REPAIR OF PROTRUSION OF INTEST	$255.48	$217.16
57270			REPAIR OF PROTRUSION OF INTEST	$406.92	$345.88
57280			ATTACHMENT OF VAGINA TO REAR P	$481.40	$409.19
57282			REPAIR OF PELVIC LIGAMENTS THR	$347.24	$295.15
57283			REPAIR OF PROLAPSING VAGINAL V	$349.75	$297.28
57284			REPAIR OF VAGINAL WALL DEFECT	$415.57	$353.23
57285			REPAIR OF VAGINAL WALL DEFECT	$346.42	$294.45
57287			REMOVAL OR REVISION OF INCONTI	$373.44	$317.42
57288			CREATION OF SLING AROUND URETH	$372.54	$316.65
57289			REPAIR OF PROLAPSED URINARY CA	$398.35	$338.59
57291			CONSTRUCTION OF ARTIFICIAL VAG	$276.80	$235.28
57292			CONSTRUCTION OF ARTIFICIAL VAG	$414.24	$352.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57295			REVISION OF PROSTHETIC VAGINAL	$252.30	$214.45
57296			REVISION OR REMOVAL OF PROSTHE	$478.37	$406.61
57300			CLOSURE OF ABNORMAL DRAINAGE T	$309.56	$263.13
57305			CLOSURE OF ABNORMAL DRAINAGE T	$489.83	$416.36
57307			CLOSURE OF ABNORMAL DRAINAGE T	$539.79	$458.82
57308			CLOSURE OF ABNORMAL DRAINAGE T	$332.84	$282.91
57310			CLOSURE OF ABNORMAL DRAINAGE T	$247.81	$210.64
57311			CLOSURE OF ABNORMAL DRAINAGE T	$278.64	$236.84
57320			CLOSURE OF ABNORMAL DRAINAGE T	$284.28	$241.64
57330			CLOSURE OF ABNORMAL DRAINAGE T	$381.75	$324.49
57335			VAGINOPLASTY/ADRENOGENITAL SYN	$588.29	$500.04
57400			DILATE VAGINA UNDER ANESTHESIA	$64.78	$55.06
57410			PELVIC EXAM UNDER ANESTHESIA	$52.97	$45.02
57410	HU		CHILD SEX ABUSE EXAMINATION (D	CONTRACT PRICING	NA
57410	HU	22	CHILD SEX ABUSE EXAM-SERVICE G	CONTRACT PRICING	NA
57415			REMOVAL OF IMPACTED FOREIGN BO	$88.81	$75.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57420			EXAM OF VAGINA AND CERVIX USIN	$67.41	$57.30
57420	FP		COLPOSCOPY ENTIRE VAGINA W/CER	NA	$262.89
57420	SB		EXAM OF VAGINA AND CERVIX USIN	NA	$71.00
57420	26		COLPOSCOPY ENTIRE VAGINA W/CER	$44.53	$37.85
57421			COLPOSCOPY ENTIRE VAG W/CERV W	$90.14	$76.62
57421	FP		COLPOSCOPY ENTIRE VAG W/CERV W	NA	$352.30
57421	SB		COLPOSCOPY ENTIRE VAG W/CERV W	NA	$93.00
57421	26		COLPOSCOPY ENTIRE VAG W/CERV W	$60.38	$51.32
57423			REPAIR OF VAGINAL DEFECT USING	$462.96	$393.52
57425			SURGICAL REPAIR OF VAGINAL DEF	$484.85	$412.12
57426			REVISION (INCLUDING REMOVAL) O	$437.41	$371.79
57452			EXAM OF CERVIX AND UPPER PART	$64.26	$54.62
57452	FP		EXAMINATION OF VAGINA:COLPOSCO	$231.32	$196.62
57452	SA		EXAMINATION OF VAGINA: COLPOSC	NA	$52.90
57452	SB		EXAM OF CERVIX AND UPPER PART	NA	$46.29
57454			BIOPSY AND SCRAPING OF CERVIX	$85.19	$72.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57454	FP		VAGINA EXAMINATION & BIOPSY	$306.67	$260.67
57454	SA		VAGINA EXAMINATION & BIOPSY	NA	$70.78
57454	SB		VAGINAL EXAMINATION & BIOPSY	NA	$61.94
57455			COLPOSCOPY CERVIX W/BIOPSY CER	$81.95	$69.65
57455	SB		COLPOSCOPY CERVIX W/BOPSY CERV	NA	$85.00
57455	26		COLPOSCOPY CERVIX W/BIOPSY CER	$53.74	$45.67
57456			SCRAPING OF CERVIX USING AN EN	$77.29	$65.69
57456	SB		CRAPING OF CERVIX USING AN END	NA	$81.00
57456	26		COLPOSCOPY CERVIX W/ENDOCERV C	$50.11	$42.59
57460			BIOPSY OF CERVIX USING AN ENDO	$159.47	$135.55
57460	FP		COLPOSCOPY:W/LOOP ELECT.EXC.CE	$574.09	$487.98
57461			CONE BIOPSY OF CERVIX AND VAGI	$177.40	$150.79
57461	26		COLPOSCOPY CERV W/CONIZATION C	$90.36	$76.80
57465			COMPUTER-AIDED MAPPING OF CERV	$27.50	$23.38
57465	SB		COMPUTER-AIDED MAPPING OF CERV	NA	$28.27
57465	26		COMPUTER-AIDED MAPPING OF CERV	$20.96	$17.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57500			BIOPSY OF CERVIX OR REMOVAL OF	$78.34	$66.58
57500	FP		BIOPSY OF CERVIX	$282.01	$239.71
57505			ENDOCERVICAL CURETTAGE (NOT AS	$79.38	$67.47
57505	SA		ENDOCERVICAL CURETTAGE(NOT AS	NA	$63.41
57510			CAUTERIZATION OF CERVIX	$84.97	$72.22
57511			DESTRUCTION OF CERVIX USING FR	$101.77	$86.50
57511	FP		CRYOCAUTERY OF CERVIX	$366.37	$311.42
57511	SB		DESTRUCTION OF CERVIX USING FR	NA	$71.92
57513			LASER SURGERY	$105.04	$89.28
57520			REMOVAL OR DESTRUCTION OF CERV	$179.91	$152.92
57522			REMOVAL OR DESTRUCTION OF CERV	$154.09	$130.97
57530			AMPUTATION OF CERVIX	$189.67	$161.22
57531			RAD TRACHELECTOMY W/BIL PELV L	$914.97	$777.72
57540			REMOVAL OF REMAINING CERVIX TH	$396.10	$336.69
57545			REMOVAL OF REMAINING CERVIX WI	$417.06	$354.50
57550			REMOVAL OF REMAINING CERVIX TH	$218.41	$185.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
57555			REMOVE CERVIX, REPAIR VAGINA	$310.99	$264.34
57556			REMOVE CERVIX, REPAIR BOWEL	$295.46	$251.14
57558			DILATION AND CURETTAGE OF CERV	$80.70	$68.59
57558	26		DILATION AND CURRETAGE OF CERV	$65.39	$55.58
57700			SUTURE OF CERVIX	$181.72	$154.46
57720			REVISION OF CERVIX	$169.40	$143.99
57800			DILATION OF CERVICAL CANAL	$39.58	$33.64
57800	UD		INSTRUMENTAL DILATION OF CERV.	$142.49	$121.11
58100			BIOPSY OF LINING OF UTERUS	$51.32	$43.62
58100	FP		ENDOMETRIAL BIOPSY, SUCTION TY	$184.75	$157.04
58100	SA		ENDOMETRIAL BIOPSY, SUCTION TY	NA	$15.20
58100	SB		BIOPSY OF LINING OF UTERUS	NA	$37.96
58110			EXAM OF CERVIX USING AN ENDOSC	$25.13	$21.36
58110	SB		EXAM OF CERVIX USING AN ENDOSC	NA	$26.08
58120			DILATION AND SCRAPING OF UTERU	$151.25	$128.56
58140			REMOVAL OF GROWTH OF UTERUS TH	$460.62	$391.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58145			REMOVAL OF GROWTH OF UTERUS TH	$286.48	$243.50
58146			REMOVAL OF 5 OR MORE GROWTHS O	$575.55	$489.21
58150			REMOVAL OF UTERUS AND CERVIX T	$507.83	$431.65
58152			REMOVAL OF UTERUS AND CERVIX T	$616.72	$524.21
58180			REMOVAL OF UTERUS THROUGH ABDO	$480.03	$408.02
58200			REMOVAL OF UTERUS THROUGH ABDO	$673.18	$572.20
58210			REMOVAL OF UTERUS, CERVIX, AND	$909.41	$772.99
58240			REMOVAL OF MALIGNANT UTERUS, C	$1,457.27	$1,238.68
58260			REMOVAL OF UTERUS THROUGH VAGI	$419.94	$356.95
58262			REMOVAL OF UTERUS, TUBES, AND/	$463.58	$394.04
58263			REMOVAL OF UTERUS, TUBES, AND/	$496.58	$422.09
58267			REMOVAL OF UTERUS WITH REPAIR	$534.36	$454.21
58270			REMOVAL OF UTERUS WITH REPAIR	$446.90	$379.87
58275			REMOVAL OF UTERUS AND VAGINA	$495.10	$420.83
58280			REMOVAL OF UTERUS AND VAGINA W	$529.40	$449.99
58285			REMOVAL OF UTERUS, VAGINA, AND	$712.60	$605.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58290			REMOVAL OF UTERUS THROUGH VAGI	$573.73	$487.67
58291			REMOVAL OF UTERUS, TUBES, AND/	$619.43	$526.52
58292			REMOVAL OF UTERUS, TUBES, AND/	$652.60	$554.71
58294			REMOVAL OF UTERUS WITH REPAIR	$606.23	$515.29
58300			INSERTION OF IUD FOR PREGNANCY	$39.00	$39.00
58300	FP		INSERT INTRAUTERINE DEVICE IN	$128.94	$74.10
58300	FP	SA	INSERT BY CNP/CNS IN FPC	$29.85	$29.85
58300	FP	SB	INSERTION OF IUD BY CNM IN FPC	NA	$70.40
58300	SA		IUD BY CNP/CNS	NA	$29.85
58300	SB		INSERTION OF IUD BY CNM	NA	$39.00
58301			REMOVAL OF IUD	$201.24	$171.05
58301	FP		REMOVE INTRAUTERINE DEVICE	$201.24	$171.05
58301	FP	SA	REMOVAL OF IUD BY CNP/CNS IN F	NA	$219.69
58301	FP	SB	REMOVAL OF IUD BY CNM IN FP CL	NA	$219.69
58301	SA		REMOVAL OF IUD BY CNP/CNS	NA	$219.69
58301	SB		REMOVAL OF IUD BY CNM	NA	$219.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58340			INSERTION OF TUBE AND INTRODUC	$123.93	$105.34
58346			INSERTION OF CAPSULE INTO UTER	$249.13	$211.76
58350			INJECTION OF X-RAY CONTRAST IN	$78.83	$67.01
58356			ENDOMETRIAL CRYOABLATION WITH	$851.20	$723.52
58356	26		ENDOMETRIAL CRYOABLATION WITH	$175.85	$149.47
58400			REPOSITIONING OF UTERUS	$233.60	$198.56
58410			REPOSITIONING OF UTERUS WITH R	$408.10	$346.88
58520			REPAIR OF RUPTURED UTERUS	$399.68	$339.72
58540			REPAIR OF ABNORMAL UTERUS	$458.47	$389.70
58541			PARTIAL REMOVAL OF UTERUS WITH	$365.78	$310.91
58542			PARTIAL REMOVAL OF UTERUS, TUB	$414.98	$352.73
58543			PARTIAL REMOVAL OF UTERUS WITH	$421.39	$358.18
58544			PARTIAL REMOVAL OF UTERUS, TUB	$452.57	$384.68
58545			REMOVAL OF GROWTH OF UTERUS US	$450.70	$383.09
58546			REMOVAL OF GROWTH OF UTERUS US	$554.48	$471.30
58548			REMOVAL OF UTERUS, CERVIX, AND	$941.14	$799.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58550			REMOVAL OF UTERUS THROUGH VAGI	$441.09	$374.92
58552			REMOVAL OF UTERUS, TUBES, AND/	$489.69	$416.24
58553			REMOVAL OF UTERUS THROUGH VAGI	$557.62	$473.97
58554			REMOVAL OF UTERUS, TUBES, AND/	$650.12	$552.60
58559			RELEASE OF SCAR TISSUE OF UTER	$140.37	$119.31
58560			RELEASE OF SCAR TISSUE OF UTER	$154.55	$131.37
58561			REMOVAL OF GROWTH OF MUSCLE OF	$176.85	$150.32
58563			EXAM OF UTERUS WITH DESTRUCTIO	$1,073.01	$912.05
58565			PLACEMENT OF IMPLANTS TO BLOCK	$847.34	$720.24
58565	26		HYSTEROSCOPY, SURGICAL WITH BI	$230.30	$195.75
58570			REMOVAL OF UTERUS THROUGH ABDO	$404.46	$343.79
58571			REMOVAL OF UTERUS, TUBES, AND/	$455.47	$387.15
58572			REMOVAL OF UTERUS THROUGH ABDO	$506.36	$430.40
58573			REMOVAL OF UTERUS, TUBES, AND/	$608.94	$517.59
58575			REMOVAL OF UTERUS FOR REMOVAL	$965.71	$820.85
58578			OTHER PROCEDURE ON UTERUS USIN	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58579			OTHER PROCEDURE ON UTERUS ACCE	BY REPORT	BY REPORT
58600			TYING OR INCISION OF FALLOPIAN	$186.72	$158.71
58605			DIVISION OF FALLOPIAN TUBE	$169.86	$144.38
58611			TYING OR INCISION OF FALLOPIAN	$37.12	$31.55
58615			TYING OF FALLOPIAN TUBES BY DE	$127.64	$108.49
58660			REMOVAL OF SCAR TISSUE OF OVAR	$342.40	$291.04
58661			SURG LAP W/REMOVAL ADNEXAL STR	$325.62	$276.77
58662			DESTRUCTION OR REMOVAL OF OVAR	$356.72	$303.21
58670			DESTRUCTION OF FALLOPIAN TUBES	$187.06	$159.00
58671			BLOCKAGE OF UTERINE TUBES BY D	$187.06	$159.00
58674			DESTRUCTION OF GROWTH OF UTERU	$405.90	$345.02
58679			OTHER PROCEDURE ON FALLOPIAN T	BY REPORT	BY REPORT
58700			REMOVAL OF UTERINE TUBES	$401.67	$341.42
58720			SALPINGO-OOPHORECTOMY COMPLETE	$381.62	$324.38
58740			REMOVAL OF SCAR TISSUE OF OVAR	$451.49	$383.76
58750			TUBOTUBAL ANASTOMOSIS	$454.59	$386.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58760			FIMBRIOPLASTY	$410.54	$348.95
58770			REPAIR OF BLOCKED UTERINE TUBE	$430.78	$366.16
58800			DRAINAGE OF CYSTS OF OVARIES T	$183.83	$156.26
58805			DRAINAGE OF CYSTS OF OVARIES T	$216.27	$183.83
58820			DRAINAGE OF ABSCESS OF OVARIES	$171.88	$146.10
58822			DRAINAGE OF ABSCESS OF OVARIES	$358.32	$304.57
58825			TRANSPOSITION, OVARY(S)	$355.60	$302.26
58900			BIOPSY OF OVARIES	$220.72	$187.61
58920			PARTIAL REMOVAL OF OVARIES	$357.82	$304.15
58925			REMOVAL OF CYSTS OF OVARIES	$384.69	$326.99
58940			REMOVAL OF OVARIES	$279.92	$237.93
58943			REMOVAL OF OVARIES FOR OVARIAN	$601.90	$511.62
58950			REMOVAL OF LINING OF ABDOMEN,	$577.34	$490.73
58951			REMOVAL OF LINING OF ABDOMEN,	$721.27	$613.08
58952			REMOVAL OF LINING OF ABDOMEN,	$824.59	$700.90
58953			REMOVAL OF LINING OF ABDOMEN,	$999.64	$849.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
58954			REMOVAL OF LINING OF ABDOMEN,	$1,081.48	$919.25
58956			REMOVAL OF LINING OF ABDOMEN,	$680.89	$578.75
58957			REMOVAL OF UTERUS, OVARIES, FA	$796.12	$676.70
58958			REMOVAL OF UTERUS, OVARIES, FA	$824.91	$701.17
58960			EXAM OF ABDOMINAL CAVITY WITH	$500.88	$425.74
58999			OTHER PROCEDURE ON FEMALE GENI	BY REPORT	BY REPORT
58999	HU		CHEC PELVIC EXAM	$35.00	$30.00
58999	HU	SA	CHEC PELVIC EXAM BY APN	NA	$28.50
59000			REMOVAL OF SAMPLE OF AMNIOTIC	$59.89	$50.91
59001			REMOVAL OF AMNIOTIC FLUID TO R	$88.52	$75.24
59012			REMOVAL OF BLOOD FROM FETAL UM	$100.04	$85.03
59012	UD		CORDOCENTESIS(INTRAUTERINE)ANT	$360.13	$306.11
59015			CHORIONIC VILLUS SAMPLING CHRO	$79.65	$67.70
59020			FETAL OXYTOCIN STRESS TEST	$36.22	$30.79
59020	SB		FETAL CONTRACTION STRESS TEST	NA	$37.32
59020	SB	26	FETAL CONTRACTION STRESS TEST	NA	$18.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59020	TC		FETAL CONTRACTION STRESS TEST	NA	$18.69
59020	26		FETAL CONTRACTION STRESS TEST	$18.17	$15.44
59025			FETAL TEST	$24.85	$21.12
59025	SB		FETAL TEST	NA	$25.37
59025	SB	26	FETAL NON STRESS TEST	NA	$14.52
59025	TH		PATIENT ADMINIST NST/FHR (SAFH	CONTRACT PRICING	NA
59025	26		FETAL NON - STRESS TEST	$14.37	$12.21
59030			REMOVAL OF BLOOD FROM SCALP OF	$55.48	$47.15
59030	SB		REMOVAL OF BLOOD FROM SCALP OF	NA	$40.01
59050			INTERNAL FETAL MONITORING/CONS	$24.60	$20.91
59051			FETAL MONITORING INTERPRETATIO	$20.81	$17.68
59070			INFUSION OF NORMAL SALINE INTO	$200.81	$170.68
59070	26		TRANSABDOMINAL AMNIOINFUSION W	$153.16	$130.18
59072			OCCLUSION OF FETAL UMBILICAL C	$258.00	$219.30
59074			DRAINAGE OF FETAL FLUID USING	$192.90	$163.96
59074	26		FETAL FLUID DRAINAGE W/ ULTRAS	$153.16	$130.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59076			PLACEMENT OF SHUNT INTO FETAL	$258.00	$219.30
59100			INCISION OF UTERUS	$1,550.63	$1,318.03
59120			REMOVAL OF OVARIAN OR TUBAL PR	$411.08	$349.42
59121			REMOVAL OF OVARIAN OR TUBAL PR	$411.17	$349.49
59130			REMOVAL OF PREGNANCY CONTENTS	$476.56	$405.07
59136			SURG TX ECTOPIC PREG.WO SALPI/	$452.24	$384.40
59140			REMOVAL OF IMPREGNATED OVUM OU	$211.34	$179.64
59150			LAPHROSCOPIC TX:ECTOPIC PREGWO	$398.80	$338.98
59151			REMOVAL OF OVARIAN OR TUBAL PR	$390.06	$331.55
59160			SCRAPING OF LINING OF UTERUS A	$139.20	$118.32
59200			INSERTION OF DILATOR DEVICE IN	$53.44	$45.42
59200	SB		INSERTION OF DILATOR DEVICE IN	NA	$40.00
59200	UD		INSERT.HYGROSCOPIC CERVICAL DI	$192.38	$163.53
59300			EPISIOTOMY OR REPAIR OF VAGINA	$116.90	$99.37
59300	SB		EPISIOTOMY OR REPAIR OF VAGINA	NA	$90.00
59320			SUTURE OF CERVIX DURING PREGNA	$75.54	$64.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59325			SUTURE OF CERVIX DURING PREGNA	$119.62	$101.67
59350			REPAIR OF TEAR OF UTERUS	$138.02	$117.31
59400	SA		OBSTERICAL CARE Y APN	NA	$999.41
59409			VAGINAL DELIVERY ONLY	$792.94	$674.00
59409	HD		VAGINAL DELIVERIES ONLY	NA	$500.00
59409	SA		VAGINAL DELIVERY ONLY BY APN	NA	$332.23
59409	SB		VAGINAL DELIVERY ONLY BY CNM	NA	$861.78
59409	SG		BIRTH CENTER FACILITY FEE	NA	$1,300.00
59410	SA		VAGINAL DELIVERY & P.P. CARE	NA	$439.28
59412			TURNING OF FETUS THROUGH EXTER	$51.16	$43.48
59412	SA		EXTERNAL CEPHALIC VERSION, W/W	NA	$42.44
59412	SB		TURNING OF FETUS THROUGH EXTER	NA	$41.00
59414			DELIVERY OF PLACENTA	$44.91	$38.17
59414	SA		DELIVERY PLACENTA SEPARATE PRO	NA	$37.59
59425	SA		ANTEPARTUM CARE ONLY: 4-6 VISI	NA	$497.03
59425	SB		ANTEPARTUM CARE ONLY: 4-6 VISI	NA	$566.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59426	SA		ANTEPARTUM CARE ONLY: 7+ VISIT	NA	$908.00
59426	SB		ANTEPARTUM CARE ONLY: 7+ VISIT	NA	$1,036.93
59514			CESAREAN SECTION DELIVERY ONLY	$899.21	$764.33
59514	AS	SB	CESAREAN SECTION DELIVERY ONLY	NA	$145.94
59514	HD		CESAREAN SECTION DELIVERY ONLY	NA	$500.00
59525			HYSTERECTOMY AFTER CESAREAN DE	$238.41	$202.64
59610	SA		ROUTINE OB CARE/VAG DEL AFTER/	NA	$1,042.45
59612			VAGINAL DELIVERY AFTER PREVIOU	$898.44	$763.67
59612	SB		VAGINAL DEL ONLY POST PREV C-S	NA	$898.44
59620			CESAREAN DELIVERY FOLLOWING VA	$930.81	$791.19
59620	AS	SB	CESAREAN DELIVERY FOLLOWING VI	NA	$150.79
59812			TREATMENT OF MISCARRIAGE	$663.73	$564.17
59820			TREATMENT OF MISCARRIAGE DURIN	$807.59	$686.45
59821			TREATMENT OF MISCARRIAGE DURIN	$794.12	$675.01
59830			TREATMENT OF MISCARRIAGE FROM	$846.00	$719.10
59840			INDUCED ABORTION BY DILATION A	$458.55	$389.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59840	UA		TOP BY D&C THROUGH 14 WEEKS LM	NA	$458.55
59840	UA	UD	TOP BY D&C THROUGH 14 WEEKS LM	NA	$458.55
59841			INDUCED ABORTION BY DILATION	$778.77	$661.95
59841	UA		TOP BY D&E THROUGH 14 WEEKS LM	NA	$778.77
59841	UA	UD	TOP BY D&E THROUGH 14 WEEKD LM	NA	$778.77
59841	UB		TOP BY D&E 15 THROUGH 20 WEEKS	NA	$778.77
59850			INDUCED ABORTION BY AMNIOTIC F	$712.06	$605.25
59851			INDUCED ABORTION BY INJECTION	$781.99	$664.69
59852			INDUCED ABORTION BY INJECTION	$1,073.81	$912.74
59855			INDUCED ABORTION BY INSERTION	$772.97	$657.03
59855	UB	22	TOP BEYOND 20 WEEKS LMP	NA	$772.97
59856			INDUCED ABORTION BY INSERTION	$902.27	$766.93
59856	UB	22	TOP BEYOND 20 WEEKS LMP	NA	$902.27
59857			INDUCED ABORTION BY INSERTION	$1,048.75	$891.44
59866			ELIMINATION OF FETUSES OF A MU	$426.56	$362.58
59870			REMOVAL OF ABNORMAL PREGNANCY	$273.05	$232.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
59871			REMOV CERCLAGE SUTURE W/GEN AN	$66.65	$56.65
59897			OTHER PROCEDURE ON FETUS	BY REPORT	BY REPORT
59898			OTHER MATERNITY CARE AND DELIV	BY REPORT	BY REPORT
59899			OTHER MATERNITY CARE AND DELIV	BY REPORT	BY REPORT
60000			INCISION AND DRAINAGE OF CYST	$95.24	$80.95
60100			NEEDLE BIOPSY OF THYROID THROU	$54.95	$46.70
60200			INCISION OF CYST OR GROWTH OF	$336.50	$286.02
60210			PARTIAL REMOVAL OF THYROID LOB	$354.43	$301.27
60212			PARTIAL REMOVAL OF THYROID LOB	$512.24	$435.40
60220			REMOVAL OF THYROID LOBE ON SID	$354.21	$301.08
60225			REMOVAL OF THYROID LOBE ON SID	$469.78	$399.31
60240			REMOVAL OF THYROID	$457.88	$389.20
60252			REMOVAL OF THYROID AND SURROUN	$657.48	$558.85
60254			REMOVAL OF THYROID AND SURROUN	$828.84	$704.51
60260			REMOVAL OF REMAINING THYROID T	$542.17	$460.84
60260	50		THYROIDECTOMY,SECONDARY:BILATE	$435.00	$370.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
60270			REMOVAL OF THYROID FROM UNDER	$677.44	$575.82
60271			REMOVAL OF THYROID THROUGH CHE	$525.61	$446.77
60280			REMOVAL OF CYST OF THYROID OR	$230.37	$195.81
60281			REMOVAL OF RECURRENT CYST OF T	$300.64	$255.54
60300			ASPIRATION AND/OR INJECTION OF	$54.20	$46.07
60500			EXPLORE PARATHYROID GLANDS	$484.82	$412.09
60502			RE-EXPLORE PARATHYROID(S)	$650.49	$552.91
60505			REMOVAL OR EXPLORATION OF PARA	$698.64	$593.84
60512			REMOVAL AND REIMPLANTATION OF	$118.73	$100.92
60520			REMOVAL OF THYMUS GLAND THROUG	$522.75	$444.34
60521			REMOVAL OF THYMUS GLAND THROUG	$553.33	$470.33
60522			REMOVAL OF THYMUS GLAND SURROU	$669.33	$568.93
60540			REMOVAL OR EXPLORATION OF ADRE	$536.68	$456.18
60540	50		ARENALECTOMY:BILATERAL,ONE STA	$590.00	$502.00
60545			REMOVAL OR EXPLORATION OF ADRE	$621.70	$528.45
60600			REMOVAL OF GROWTH OF CAROTID A	$670.94	$570.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
60605			REMOVAL OF CAROTID ARTERY AND	$794.82	$675.59
60650			REMOVAL OR EXPLORATION OF ADRE	$590.57	$501.98
60659			OTHER PROCEDURE ON ENDOCRINE S	BY REPORT	BY REPORT
60699			OTHER PROCEDURE ON ENDOCRINE S	BY REPORT	BY REPORT
61000			INITIAL REMOVAL OF CEREBROSPIN	$57.40	$48.79
61001			SUBSEQUENT ASPIRATION OF CEREB	$54.42	$46.25
61020			REMOVAL OF CEREBROSPINAL FLUID	$53.91	$45.82
61026			REMOVAL OF CEREBROSPINAL FLUID	$54.99	$46.74
61050			REMOVAL OF CEREBROSPINAL FLUID	$39.19	$33.31
61055			CERVICAL PUNCTURE FOR INJECTIO	$57.75	$49.08
61070			ASPIRATION OF CEREBROSPINAL FL	$27.92	$23.73
61105			CREATION OF OPENING IN SKULL F	$239.10	$203.24
61107			CREATION OF OPENING IN SKULL F	$155.74	$132.37
61108			CREATION OF OPENING IN SKULL F	$462.94	$393.49
61120			BURR HOLE FOR INJECTION INTO V	$384.32	$326.67
61140			BURR HOLE WITH DRAINAGE OR BIO	$648.24	$551.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61150			BURR HOLE WITH DRAINAGE OF ABS	$685.91	$583.02
61154			BURR HOLE WITH REMOVAL AND/OR	$651.72	$553.96
61154	50		BURR HOLE W/EVAC&/DR.HEMATOMA:	$543.00	$462.00
61156			BURR HOLE WITH ASPIRATION OF B	$629.57	$535.13
61210			BURR HOLE FOR INSERTION OF BRA	$182.56	$155.17
61215			INSERTION OF DEVICE FOR CONTIN	$266.30	$226.36
61250			BURR HOLE FOR EXPLORATION OF U	$443.40	$376.89
61250	50		BURR HOLE/TREPHINE-EXPLORE:BIL	$362.00	$315.00
61253			BURR HOLE FOR EXPLORATION OF L	$506.46	$430.49
61304			REMOVAL OF SKULL BONE FOR EXPL	$831.15	$706.47
61305			REMOVAL OF SKULL BONE FOR EXPL	$1,015.51	$863.18
61312			REMOVAL OF SKULL BONE FOR ASPI	$1,046.35	$889.39
61313			REMOVAL OF SKULL BONE FOR ASPI	$1,006.41	$855.45
61314			REMOVAL OF SKULL BONE FOR ASPI	$925.05	$786.29
61315			REMOVAL OF SKULL BONE FOR ASPI	$1,047.62	$890.47
61316			PLACEMENT OF BONE GRAFT IN SKU	$43.53	$37.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61320			REMOVAL OF SKULL BONE FOR DRAI	$957.75	$814.08
61321			REMOVAL OF SKULL BONE FOR DRAI	$1,074.93	$913.69
61322			REMOVAL OF SKULL BONE TO REDUC	$1,205.39	$1,024.58
61323			REMOVAL OF SKULL BONE AND BRAI	$1,207.33	$1,026.23
61330			EXPLORATION OF EYE SOCKET	$910.05	$773.54
61330	50		EXPLORATION EYE SOCKET: BILATE	$770.00	$654.00
61333			EXPLORATION AND REMOVAL OF BON	$1,019.54	$866.61
61340			RELIEVE CRANIAL PRESSURE	$731.55	$621.82
61340	50		OTHER CRANIAL DECOMP,SUPRATENT	$557.00	$473.00
61343			REMOVAL OF SKULL BASE BONE AND	$1,108.05	$941.84
61345			REMOVAL OF BASE OF SKULL TO RE	$1,034.22	$879.08
61450			REMOVAL OF SKULL BONE TO REDUC	$971.60	$825.86
61458			REMOVAL OF SKULL BASE BONE FOR	$1,017.89	$865.21
61460			REMOVAL OF SKULL BASE BONE TO	$1,066.00	$906.10
61500			REMOVAL OF GROWTH OF BRAIN OR	$656.02	$557.61
61501			CRANIECTOMY FOR OSTEOMYELITIS	$571.39	$485.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61510			REMOVAL OF SKULL BONE FOR REMO	$1,116.39	$948.93
61512			REMOVAL OF SKULL BONE FOR REMO	$1,289.08	$1,095.72
61514			REMOVAL OF SKULL BONE FOR REMO	$969.66	$824.21
61516			REMOVAL OF SKULL BONE FOR REMO	$950.12	$807.60
61517			IMPLANT BRAIN INTRACAV CHEMOTH	$43.37	$36.86
61518			REMOVAL OF SKULL BONE FOR REMO	$1,400.41	$1,190.34
61519			REMOVAL OF SKULL BONE FOR REMO	$1,482.83	$1,260.41
61520			REMOVAL OF SKULL BONE FOR REMO	$1,866.51	$1,586.53
61521			REMOVAL OF SKULL BONE FOR REMO	$1,601.46	$1,361.24
61522			REMOVAL OF SKULL BONE FOR REMO	$1,106.71	$940.70
61524			REMOVAL OF SKULL BONE FOR REMO	$1,055.07	$896.81
61526			REMOVAL OF SKULL BONE WITH BON	$1,668.51	$1,418.23
61530			REMOVAL OF SKULL BONE WITH BON	$1,546.97	$1,314.92
61531			SUBD.IMPL.STRIP ELECTRODES	$625.69	$531.84
61533			REMOVAL OF SKULL BONE FOR INSE	$775.46	$659.14
61534			REMOVAL OF SKULL BONE FOR REMO	$838.91	$713.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61535			REMOVAL OF SKULL BONE FOR REMO	$514.62	$437.43
61536			REMOVAL OF SKULL BONE FOR REMO	$1,300.69	$1,105.59
61537			REMOVAL OF SKULL BONE FOR REMO	$1,238.27	$1,052.53
61538			REMOVAL OF SKULL BONE FOR REMO	$1,340.35	$1,139.29
61539			REMOVAL OF SKULL BONE FOR REMO	$1,192.44	$1,013.57
61540			REMOVAL OF SKULL BONE FOR REMO	$1,100.82	$935.69
61541			REMOVAL OF SKULL BONE FOR INCI	$1,087.84	$924.66
61543			REMOVAL OF SKULL BONE FOR PART	$1,099.59	$934.65
61544			REMOVAL OF SKULL BONE FOR REMO	$961.00	$816.85
61545			REMOVAL OF SKULL BONE WITH BON	$1,608.00	$1,366.80
61546			REMOVAL OF SKULL BONE FOR REMO	$1,166.63	$991.64
61548			REMOVAL OF GROWTH OF PITUITARY	$791.35	$672.64
61550			REMOVAL OF SKULL BONE FOR REPA	$612.41	$520.55
61552			REMOVAL OF SKULL BONE FOR REPA	$756.65	$643.15
61556			REMOVAL OF SKULL BONE FOR INCI	$866.99	$736.94
61557			REMOVAL OF FRONTAL SKULL BONE	$857.81	$729.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61558			EXTENSIVE REMOVAL OF SKULL BON	$955.35	$812.05
61559			EXTENSIVE REMOVAL OF SKULL BON	$1,215.12	$1,032.85
61563			REMOVAL OF GROWTH OF SKULL BON	$1,003.71	$853.15
61564			REMOVAL OF GROWTH OF SKULL BON	$1,216.64	$1,034.14
61566			REMOVAL OF SKULL BONE FOR REMO	$1,132.59	$962.70
61567			REMOVAL OF SKULL BONE FOR INCI	$1,289.88	$1,096.39
61570			REMOVAL OF FOREIGN BODY IN BRA	$949.15	$806.77
61571			SURGERY FOR PENETRATING BRAIN	$1,008.90	$857.56
61575			BIOPSY, RELEASE OF PRESSURE, O	$1,264.27	$1,074.63
61576			BIOPSY OF BRAIN STEM OR UPPER	$2,108.11	$1,791.89
61580			REMOVAL OF NASAL SINUSES TO AP	$1,248.22	$1,060.98
61581			REMOVAL OF NASAL SINUSES TO AP	$1,359.22	$1,155.34
61582			REMOVAL OF FACIAL BONE TO APPR	$1,521.75	$1,293.48
61583			REMOVAL OF FACIAL BONE TO APPR	$1,474.95	$1,253.70
61584			REMOVAL OF FACIAL BONE TO APPR	$1,454.60	$1,236.41
61585			REMOVAL OF FACIAL BONE AND EYE	$1,657.49	$1,408.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61586			REMOVAL OF FACIAL BONE TO APPR	$1,287.01	$1,093.95
61590			REMOVAL OF JAW BONE TO APPROAC	$1,508.67	$1,282.37
61591			REMOVAL OF SKULL BONE BEHIND E	$1,536.14	$1,305.71
61592			REMOVAL OF CHEEK BONE AND SKUL	$1,600.11	$1,360.09
61595			REMOVAL OF SKULL BONE BEHIND E	$1,202.75	$1,022.34
61596			REMOVAL OF SKULL BONE BEHIND E	$1,214.92	$1,032.68
61597			REMOVAL OF BASE SKULL BONE TO	$1,496.56	$1,272.07
61598			REMOVAL OF SKULL BONE TO APPRO	$1,444.07	$1,227.46
61600			REMOVAL OF GROWTH OR TISSUE OF	$1,065.77	$905.90
61601			REMOVAL OF GROWTH OR TISSUE OF	$1,231.37	$1,046.66
61605			REMOVAL OF GROWTH OR TISSUE OF	$1,083.73	$921.17
61606			REMOVAL OF GROWTH OR TISSUE OF	$1,460.87	$1,241.74
61607			REMOVAL OF GROWTH OR TISSUE OF	$1,534.29	$1,304.15
61608			REMOVAL OF GROWTH OR TISSUE OF	$1,654.13	$1,406.01
61611			TRANSECTION CAROTID ARTERY PET	$232.38	$197.52
61613			OBLITERATION CAROTID ANEURYSM	$1,657.73	$1,409.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61615			REMOVAL OF GROWTH OR TISSUE OF	$1,425.07	$1,211.31
61616			REMOVAL OF GROWTH OR TISSUE OF	$1,683.57	$1,431.03
61618			SECOND.REPAIR DURA CSF LEAK W	$649.93	$552.44
61619			SEOND.REPAIR DURA CSF LEAK W G	$719.98	$611.98
61623			BALLOON OCCLUSION OF HEAD OR N	$284.91	$242.17
61624			OCCLUSION OF CENTRAL NERVOUS S	$574.47	$488.30
61626			OCCLUSION OF HEAD OR NECK ARTE	$444.74	$378.03
61630			BALLOON DILATION OF BLOOD VESS	$678.30	$576.56
61635			INSERTION OF STENT IN BLOOD VE	$736.34	$625.88
61640			BALLOON DILATION OF BLOOD VESS	BY REPORT	BY REPORT
61641			BALLOON DILATION OF ADDITIONAL	BY REPORT	BY REPORT
61642			BALLOON DILATION OF ADDITIONAL	BY REPORT	BY REPORT
61645			REMOVAL OF BLOOD CLOT AND INJE	$415.64	$353.29
61650			INFUSION OF CHEMICAL AGENT INT	$287.88	$244.69
61651			INFUSION OF CHEMICAL AGENT INT	$122.96	$104.52
61680			SIMPLE REPAIR OF ABNORMAL ARTE	$1,148.12	$975.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61682			COMPLEX REPAIR OF ABNORMAL ART	$2,092.43	$1,778.56
61684			SIMPLE REPAIR OF ABNORMAL ARTE	$1,433.29	$1,218.30
61686			COMPLEX REPAIR OF ABNORMAL ART	$2,254.06	$1,915.95
61690			SIMPLE REPAIR OF ABNORMAL ARTE	$1,104.03	$938.42
61692			COMPLEX REPAIR OF ABNORMAL ART	$1,833.42	$1,558.41
61697			REPAIR OF COMPLEX ANEURYSM OF	$2,121.26	$1,803.07
61698			REPAIR OF COMPLEX ANEURYSM OF	$2,320.76	$1,972.65
61700			REPAIR OF SIMPLE ANEURYSM OF N	$1,717.00	$1,459.45
61702			REPAIR OF SIMPLE ANEURYSM OF B	$2,019.54	$1,716.60
61703			REPAIR OF ANEURYSM OF NECK ART	$691.88	$588.10
61705			REPAIR OF ABNORMAL BLOOD VESSE	$1,312.60	$1,115.71
61708			REPAIR OF ABNORMAL BLOOD VESSE	$1,284.80	$1,092.08
61710			REPAIR OF ABNORMAL BLOOD VESSE	$1,084.14	$921.51
61711			CONNECTION OF ARTERIES OF HEAD	$1,315.23	$1,117.95
61720			COMPUTER-ASSISTED CREATION OF	$647.23	$550.15
61735			COMPUTER-ASSISTED CREATION OF	$810.65	$689.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61736			LASER INTERSTITIAL THERMAL THE	$604.14	$513.52
61737			LASER INTERSTITIAL THERMAL THE	$727.86	$618.68
61750			COMPUTER-ASSISTED BIOPSY, ASPI	$714.55	$607.37
61751			COMPUTER-ASSISTED BIOPSY, ASPI	$706.87	$600.84
61760			COMPUTER-ASSISTED IMPLANTATION	$799.85	$679.87
61770			COMPUTER-ASSISTED INSERTION OF	$822.00	$698.70
61781			COMPUTER-ASSISTED PROCEDURE IN	$117.18	$99.60
61782			COMPUTER-ASSISTED PROCEDURE OU	$84.81	$72.09
61783			STEREOTACTIC COMPUTER-ASSISTED	$114.71	$97.50
61790			COMPUTER-ASSISTED CREATION OF	$450.38	$382.82
61791			COMPUTER-ASSISTED CREATION OF	$574.28	$488.14
61796			COMPUTER-ASSISTED RADIOSURGERY	$518.68	$440.87
61797			COMPUTER-ASSISTED RADIOSURGERY	$109.24	$92.85
61798			COMPUTER-ASSISTED RADIOSURGERY	$699.82	$594.84
61799			COMPUTER-ASSISTED RADIOSURGERY	$150.95	$128.30
61800			COMPUTER-ASSISTED RADIOSURGERY	$75.32	$64.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
61850			CREATION OF OPENING IN SKULL F	$503.21	$427.72
61860			REMOVAL OF SKULL BONE FOR INSE	$792.72	$673.81
61863			REMOVAL OF SKULL BONE WITH COM	$765.90	$651.01
61864			REMOVAL OF SKULL BONE WITH COM	$140.52	$119.44
61867			REMOVAL OF SKULL BONE WITH COM	$1,152.87	$979.94
61868			REMOVAL OF SKULL BONE WITH COM	$248.27	$211.03
61880			REVISE/REMOVE NEUROELECTRODE	$301.77	$256.50
61885			INSERTION OF BRAIN NEUROSTIMUL	$271.28	$230.58
61886			INSERTION OF BRAIN NEUROSTIMUL	$452.73	$384.82
61888			REMOVAL OF BRAIN NEUROSTIMULAT	$202.95	$172.51
62000			ELEVATION OF SIMPLE DEPRESSED	$527.95	$448.75
62005			ELEVATION OF COMPLICATED DEPRE	$647.73	$550.57
62010			ELEVATION OF DEPRESSED BROKEN	$781.52	$664.29
62100			REMOVAL OF SKULL BONE FOR REPA	$794.44	$675.27
62115			REDUCTION OF ENLARGED SKULL BO	$858.82	$729.99
62117			REDUCTION AND RESHAPING OF ENL	$994.02	$844.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62120			REPAIR OF HERNIATED BRAIN AND	$1,056.98	$898.43
62121			REMOVAL OF SKULL BONE FOR REPA	$783.93	$666.34
62140			REPAIR OF SKULL BONE DEFECT, 5	$518.46	$440.69
62141			REPAIR OF SKULL BONE DEFECT, M	$580.53	$493.45
62142			REMOVAL OF SKULL BONE FLAP OR	$455.53	$387.20
62143			REPLACEMENT OF SKULL BONE FLAP	$531.74	$451.98
62145			REPAIR OF SKULL BONE DEFECT AN	$721.13	$612.96
62146			REPAIR OF SKULL BONE WITH GRAF	$636.47	$541.00
62147			REPAIR OF SKULL BONE WITH GRAF	$717.11	$609.54
62148			INCISION AND RETRIEVAL OF SKUL	$62.56	$53.18
62160			INSERTION OF TUBE IN BRAIN USI	$93.50	$79.48
62161			REMOVAL OF BRAIN SCAR TISSUE O	$775.23	$658.95
62162			DRAINAGE OF CYST OF BRAIN AND	$958.08	$814.37
62164			REMOVAL OF GROWTH OF BRAIN AND	$1,062.53	$903.15
62165			REMOVAL OF GROWTH OF PITUITARY	$763.42	$648.91
62180			CREATION OF CEREBROSPINAL FLUI	$812.09	$690.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62190			CREATION OF BRAIN FLUID DRAINA	$475.92	$404.53
62192			CREATION OF BRAIN FLUID DRAINA	$507.39	$431.28
62194			REPLACEMENT OR IRRIGATION OF T	$254.52	$216.34
62200			CREATION OF SPINAL FLUID DRAIN	$699.54	$594.60
62201			COMPUTER-ASSISTED CREATION OF	$620.14	$527.11
62220			CREATION OF BRAIN FLUID DRAINA	$494.52	$420.34
62223			CREATION OF BRAIN FLUID DRAINA	$525.91	$447.02
62225			REPLACEMENT OR IRRIGATION OF T	$276.22	$234.78
62230			INSERTION OR REVISION OF CEREB	$428.50	$364.23
62252			REPROGRAMMING OF CEREBROSPINAL	$43.66	$37.11
62252	TC		REPROGRAM OF PROGRAMMABLE CSF	NA	$20.00
62252	26		REPROGRAM OF PROGRAMMABLE CSF	$22.68	$19.27
62256			REMOVAL OF CEREBROSPINAL FLUID	$314.66	$267.46
62258			REMOVAL AND INSERTION OF CEREB	$566.31	$481.36
62263			REMOVAL OF SPINAL CANAL SCAR T	$328.80	$279.48
62264			REMOVAL OF SPINAL CANAL SCAR T	$221.90	$188.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62264	26		PERC LYSIS EPIDUR ADHES MULT S	$120.75	$102.64
62267			ASPIRATION OF SPINAL DISC TISS	$132.57	$112.68
62267	26		PERCUTANEOUS ASPIRATION WITHIN	$75.11	$63.84
62268			ASPIRATION OF FLUID FROM CYST	$165.50	$140.68
62269			BIOPSY OF SPINAL CORD WITH NEE	$126.36	$107.40
62270			REMOVAL OF CEREBROSPINAL FLUID	$74.15	$63.03
62272			REMOVAL OF CEREBROSPINAL FLUID	$93.81	$79.74
62273			TREAT LUMBAR SPINE LESION	$84.43	$71.77
62280			INJECTION OF SUBSTANCE INTO SP	$166.84	$141.81
62281			INJECTION OF SUBSTANCE INTO SP	$121.25	$103.06
62282			INJECTION OF SUBSTANCE INTO SP	$158.05	$134.34
62284			INJECTION OF CONTRAST FOR IMAG	$94.70	$80.50
62287			REMOVAL OF LOWER SPINE DISC TI	$301.65	$256.40
62290			INJECTION OF CONTRAST FOR IMAG	$173.70	$147.65
62291			INJECTION OF CONTRAST FOR IMAG	$156.09	$132.67
62292			INJECTION FOR REMOVAL OF LOWER	$290.59	$247.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62294			INJECTION OF SUBSTANCE TO OCCL	$486.59	$413.60
62302			X-RAY OF UPPER SPINAL CANAL WI	$128.16	$108.94
62302	26		X-RAY OF UPPER SPINAL CANAL WI	$57.98	$49.28
62303			X-RAY OF MIDDLE SPINAL CANAL W	$130.40	$110.84
62303	26		X-RAY OF MIDDLE SPINAL CANAL W	$57.98	$49.28
62304			X-RAY OF LOWER SPINAL CANAL WI	$127.51	$108.38
62304	26		X-RAY OF LOWER SPINAL CANAL WI	$57.33	$48.73
62305			X-RAY OF MULTIPLE REGIONS OF S	$138.94	$118.10
62305	26		X-RAY OF LOWER SPINAL CANAL WI	$59.46	$50.54
62320			INJECTION OF SUBSTANCE INTO MI	$82.70	$70.30
62320	26		INJECTION OF SUBSTANCE INTO SP	$49.33	$41.93
62321			INJECTION OF SUBSTANCE INTO MI	$133.68	$113.62
62321	26		INJECTION OF SUBSTANCE INTO SP	$53.00	$45.05
62322			INJECTION OF SUBSTANCE INTO LO	$68.20	$57.97
62322	26		INJECTION OF SUBSTANCE INTO SP	$38.96	$33.11
62323			INJECTION OF SUBSTANCE INTO LO	$131.60	$111.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62323	26		INJECTION OF SUBSTANCE INTO SP	$49.03	$41.67
62324			INSERTION OF TUBE AND INJECTIO	$68.73	$58.42
62324	26		INSERTION OF DWELLIN CATHETER	$43.44	$36.92
62325			INSERTION OF TUBE AND INJECTIO	$126.71	$107.70
62325	26		INSERTION OF INDWELLING CATHET	$54.12	$46.00
62326			INSERTION OF TUBE AND INJECTIO	$69.01	$58.66
62326	26		NJX INSERTION OF INDWELLING CA	$41.66	$35.41
62327			INSERTION OF TUBE AND INJECTIO	$138.88	$118.05
62327	26		INSERTION OF INDWELLING CA THE	$53.04	$45.08
62328			REMOVAL OF SPINAL FLUID WITH L	$112.41	$95.54
62328	26		DIAGNOSTIC SPINAL TAP OF LOWER	$41.53	$35.30
62329			REMOVAL OF CEREBROSPINAL FLUID	$132.50	$112.63
62329	26		THERAPEUTIC SPINAL TAP OF LOWE	$50.97	$43.32
62350			INSERTION, REVISION, OR REPOSI	$200.40	$170.34
62351			INSERTION, REVISION, OR REPOSI	$465.32	$395.52
62355			REMOVAL OF IMPLANTED TUBE IN S	$140.13	$119.11

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
62360			INSERTION OF SPINAL CANAL DRUG	$157.00	$133.45
62361			INSERTION OF SPINAL CANAL DRUG	$223.65	$190.10
62362			INSERTION OF PROGRAMMABLE SPIN	$194.59	$165.40
62365			REMOVAL OF SPINAL CANAL DRUG I	$151.36	$128.66
62367			ELECT ANAL PROGRAM PUMP W/O RE	$16.01	$13.60
62368			ELEC ANAL PROG IMPL PUMP W/REP	$22.17	$18.84
62369			ELECTRONIC ANALYSIS OF PROGRAM	$46.94	$39.89
62369	26		ELECTRONIC ANALYSIS OF PROGRAM	$17.18	$14.60
62370			ELECTRONIC ANALYSIS OF PROGRAM	$46.70	$39.69
62370	26		ELECTRONIC ANALYSIS OF PROGRAM	$22.45	$19.08
62380			RELEASE OF LOWER SPINAL CORD A	$687.02	$583.97
63001			PARTIAL REMOVAL OF SPINE BONE	$622.83	$529.41
63003			PARTIAL REMOVAL OF SPINE BONE	$625.12	$531.35
63005			PARTIAL REMOVAL OF SPINE BONE	$609.76	$518.30
63011			PARTIAL REMOVAL OF SPINE BONE	$549.58	$467.14
63012			PARTIAL REMOVAL OF SPINE BONE	$604.55	$513.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63015			PARTIAL REMOVAL OF SPINE BONE	$751.04	$638.38
63016			PARTIAL REMOVAL OF SPINE BONE	$771.63	$655.88
63017			PARTIAL REMOVAL OF SPINE BONE	$642.79	$546.37
63020			PARTIAL REMOVAL OF SPINE BONE	$556.90	$473.36
63020	50		LAMINOTOMY:ONE INTERSPACE,CERV	$899.00	$764.00
63030			PARTIAL REMOVAL OF SPINE BONE	$464.89	$395.16
63030	50		LAMINOTOMY:ONE INERSP,LUMBAR:B	$899.00	$764.00
63035			PARTIAL REMOVAL OF SPINE BONE	$115.54	$98.20
63040			PARTIAL REMOVAL OF SPINE BONE	$694.25	$590.11
63042			PARTIAL REMOVAL OF SPINE BONE	$653.96	$555.87
63043			PARTIAL REMOVAL OF SPINE BONE	$133.00	$113.00
63044			PARTIAL REMOVAL OF SPINE BONE	$133.00	$113.00
63045			PARTIAL REMOVAL OF SPINE BONE	$652.77	$554.85
63046			PARTIAL REMOVAL OF SPINE BONE	$622.86	$529.43
63047			PARTIAL REMOVAL OF SPINE BONE	$560.04	$476.03
63048			PARTIAL REMOVAL OF SPINE BONE	$104.28	$88.64

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63050			RECONSTRUCTION OF UPPER SPINE	$737.93	$627.24
63051			RECONSTRUCTION OF UPPER SPINE	$850.29	$722.75
63052			PARTIAL REMOVAL OF BONE OF SIN	$127.79	$108.62
63053			PARTIAL REMOVAL OF BONE OF ADD	$113.55	$96.52
63055			RELEASE OF MIDDLE SPINAL CORD	$821.00	$697.85
63056			RELEASE OF LOWER SPINAL CORD A	$751.25	$638.56
63057			RELEASE OF MIDDLE OR LOWER SPI	$159.23	$135.35
63064			RELEASE OF MIDDLE SPINAL CORD	$895.87	$761.49
63066			RELEASE OF MIDDLE SPINAL CORD	$102.12	$86.80
63075			REMOVAL OF UPPER SPINE DISC AN	$682.82	$580.39
63076			REMOVAL OF UPPER SPINE DISC AN	$119.50	$101.58
63077			REMOVAL OF MIDDLE SPINE DISC A	$729.86	$620.38
63078			REMOVAL OF MIDDLE SPINE DISC A	$102.78	$87.36
63081			REMOVAL OF UPPER SPINE BONE WI	$887.75	$754.59
63082			REMOVAL OF UPPER SPINE BONE WI	$131.76	$112.00
63085			REMOVAL OF MIDDLE SPINE BONE W	$976.46	$829.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63086			REMOVAL OF MIDDLE SPINE BONE W	$94.79	$80.57
63087			REMOVAL OF MIDDLE OR LOWER SPI	$1,213.30	$1,031.31
63088			REMOVAL OF MIDDLE OR LOWER SPI	$128.19	$108.96
63090			REMOVAL OF MIDDLE, LOWER, OR S	$973.43	$827.42
63091			REMOVAL OF MIDDLE, LOWER, OR S	$86.50	$73.52
63101			REMOVAL OF MIDDLE SPINE BONE W	$1,171.96	$996.17
63102			REMOVAL OF LOWER SPINE BONE WI	$1,149.50	$977.07
63103			REMOVAL OF MIDDLE OR LOWER SPI	$145.34	$123.53
63170			REMOVAL OF SPINE BONE WITH INC	$810.32	$688.77
63172			REMOVAL OF SPINE BONE WITH DRA	$718.39	$610.63
63173			REMOVAL OF SPINE BONE WITH DRA	$876.69	$745.19
63185			REMOVAL OF SPINE BONE WITH SEV	$627.31	$533.21
63190			REMOVAL OF SPINE BONE WITH SEV	$621.63	$528.38
63191			LAMINECTOMY/SEC.SPINE ASS.NERV	$703.78	$598.21
63191	50		LAMINECTOMY/SECT.SPINE ASS.NER	$899.00	$764.00
63197			PARTIAL REMOVAL OF SPINE BONE	$869.24	$738.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63200			LAMINECTOMY,RELEASE TETHER...L	$778.26	$661.52
63250			REMOVAL OF UPPER SPINE BONE AN	$1,493.34	$1,269.34
63251			REMOVAL OF MIDDLE SPINE BONE A	$1,527.13	$1,298.06
63252			REMOVAL OF MIDDLE AND LOWER SP	$1,526.97	$1,297.92
63265			REMOVAL OF UPPER SPINE BONE AN	$845.93	$719.04
63266			REMOVAL OF GROWTH OF MIDDLE SP	$868.03	$737.83
63267			REMOVAL OF GROWTH OF LOWER SPI	$694.77	$590.55
63268			REMOVAL OF GROWTH OF SACRAL SP	$744.91	$633.17
63270			REMOVAL OF UPPER SPINE BONE AN	$1,052.09	$894.27
63271			REMOVAL OF GROWTH OF MIDDLE SP	$1,048.82	$891.50
63272			REMOVAL OF GROWTH OF LOWER SPI	$945.94	$804.04
63273			REMOVAL OF GROWTH OF SACRAL SP	$947.82	$805.65
63275			REMOVAL OR BIOPSY OF GROWTH OF	$910.88	$774.24
63276			REMOVAL OR BIOPSY OF GROWTH OF	$905.21	$769.43
63277			REMOVAL OR BIOPSY OF GROWTH OF	$789.84	$671.36
63278			REMOVAL OR BIOPSY OF GROWTH OF	$810.95	$689.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63280			REMOVAL OR BIOPSY OF GROWTH OF	$1,073.40	$912.39
63281			REMOVAL OR BIOPSY OF GROWTH OF	$1,064.66	$904.96
63282			REMOVAL OR BIOPSY OF GROWTH OF	$1,003.70	$853.15
63283			REMOVAL OR BIOPSY OF GROWTH OF	$966.39	$821.43
63285			REMOVAL OR BIOPSY OF GROWTH OF	$1,320.75	$1,122.63
63286			REMOVAL OR BIOPSY OF GROWTH OF	$1,299.12	$1,104.25
63287			REMOVAL OR BIOPSY OF GROWTH OF	$1,384.30	$1,176.65
63290			REMOVAL OR BIOPSY OF GROWTH OF	$1,407.47	$1,196.35
63295			OSTEOPLASTIC RECONSTRUCTION OF	$163.53	$139.00
63300			REMOVAL OF GROWTH OF UPPER SPI	$913.33	$776.33
63301			REMOVAL OF GROWTH OF MIDDLE SP	$1,117.34	$949.73
63302			REMOVAL OF GROWTH OF MIDDLE SP	$1,104.09	$938.48
63303			REMOVAL OF GROWTH OF LOWER OR	$1,169.94	$994.44
63304			REMOVAL OF GROWTH OF UPPER SPI	$1,188.50	$1,010.23
63305			REMOVAL OF GROWTH OF MIDDLE SP	$1,263.81	$1,074.23
63306			REMOVAL OF GROWTH OF MIDDLE SP	$1,241.96	$1,055.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63307			REMOVAL OF GROWTH OF LOWER OR	$1,215.68	$1,033.32
63308			REMOVAL OF GROWTH OF SPINE BON	$159.03	$135.18
63600			COMPUTER-ASSISTED CREATION OF	$557.09	$473.53
63610			COMPUTER-ASSISTED STIMULATION	$290.62	$247.03
63620			COMPUTER-ASSISTED RADIOSURGERY	$572.84	$486.91
63621			COMPUTER-ASSISTED RADIOSURGERY	$125.46	$106.64
63650			INSERTION OF SPINAL NEUROSTIMU	$1,167.32	$992.22
63655			REMOVAL OF SPINE BONE FOR INSE	$427.31	$363.21
63661			INSERTION OF SPINAL NEUROSTIMU	$349.07	$296.71
63661	26		REMOVAL SPINAL NEUROSTIM ELECT	$165.52	$140.69
63662			REMOVAL OF SPINAL NEUROSTIMULA	$433.88	$368.79
63663			REVISION OF SPINAL NEUROSTIMUL	$458.67	$389.87
63663	26		REVISION INCLUDING REPLACEMENT	$224.89	$191.16
63664			REVISION OF SPINAL NEUROSTIMUL	$451.48	$383.75
63685			INSERTION OR REPLACEMENT OF SP	$171.04	$145.38
63688			REMOVAL OR REVISION OF SPINAL	$151.46	$128.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
63700			REPAIR OF SPINAL CORD DEFECT,	$670.12	$569.60
63702			REPAIR OF SPINAL CORD DEFECT,	$730.87	$621.24
63704			REPAIR OF SPINA BIFIDA, 5.0 CM	$850.30	$722.75
63706			REPAIR OF SPINA BIFIDA, MORE T	$942.15	$800.83
63707			REPAIR OF CEREBROSPINAL FLUID	$476.75	$405.23
63709			REPAIR OF CEREBROSPINAL FLUID	$564.64	$479.94
63710			GRAFT REPAIR OF SPINE DEFECT	$548.17	$465.94
63740			CREATION OF CEREBROSPINAL FLUI	$504.95	$429.21
63741			CREATION OF CEREBROSPINAL FLUI	$348.20	$295.97
63744			REPLACEMENT, IRRIGATION, OR RE	$349.86	$297.38
63746			REMOVAL OF SPINAL SHUNT	$314.53	$267.35
64400			INJECTION OF ANESTHETIC AGENT	$57.97	$49.27
64402			INJECTION OF ANESTHETIC AGENT,	$18.00	$16.00
64405			INJECTION OF ANESTHETIC AGENT	$37.99	$32.29
64408			INJECTION OF ANESTHETIC AGENT	$41.34	$35.13
64415			INJECTION OF ANESTHETIC AGENT	$67.59	$57.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64416			CONTINUOUS INFUSION OF ANESTHE	$37.35	$31.74
64417			INJECTION OF ANESTHETIC AGENT	$81.37	$69.16
64418			INJECTION OF ANESTHETIC AGENT	$43.39	$36.88
64420			INJECTION OF ANESTHETIC AGENT	$49.45	$42.03
64421			INJECTION OF ANESTHETIC AGENT	$16.68	$14.17
64425			INJECTION OF ANESTHETIC AGENT	$56.06	$47.65
64430			INJECTION OF ANESTHETIC AGENT	$49.68	$42.23
64435			INJECTION OF ANESTHETIC AGENT	$40.81	$34.68
64435	UD		INJECTION FOR NERVE BLOCK	$146.90	$124.86
64445			INJECTION OF ANESTHETIC AGENT	$80.42	$68.36
64446			CONTINUOUS INFUSION OF ANESTHE	$36.53	$31.05
64447			INJECTION OF ANESTHETIC AGENT	$58.47	$49.70
64448			CONTINUOUS INFUSION OF ANESTHE	$34.89	$29.66
64449			INJECTION BY CONTINUOUS INFUSI	$31.17	$26.49
64450			INJECTION OF ANESTHETIC AGENT	$38.08	$32.37
64451			INJECTION OF ANESTHETIC AGENT	$116.07	$98.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64454			INJECTION OF ANESTHETIC AGENT	$112.98	$96.03
64455			INJECTION OF ANESTHETIC AND/OR	$25.03	$21.27
64455	26		INJECTION(S) ANESTHETIC AGENT	$16.25	$13.81
64461			INJECTION OF ANESTHETIC AGENT	$67.32	$57.22
64461	26		INJECTION OF ANESTHETIC AGENT,	$37.91	$32.22
64462			INJECTION OF ANESTHETIC AGENT	$35.49	$30.17
64462	26		INJECTION OF ANESTHETIC AGENT,	$23.45	$19.93
64463			INJECTION OF ANESTHETIC AGENT	$115.51	$98.18
64463	26		INJECTION OF ANESTHETIC AGENT,	$39.48	$33.55
64479			INJECTION OF ANESTHETIC AND/OR	$134.87	$114.64
64480			INJECTION OF ANESTHETIC AND/OR	$68.24	$58.00
64483			INJECTION OF ANESTHETIC AND/OR	$125.30	$106.51
64484			INJECTION OF ANESTHETIC AND/OR	$56.40	$47.94
64486			INJECTION OF LOCAL ANESTHETIC	$56.13	$47.71
64486	26		INJECTIONS OF LOCAL ANESTHETIC	$26.72	$22.71
64487			CONTINUOUS INFUSION OF LOCAL A	$108.38	$92.12

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64487	26		CONTINUOUS INFUSIONS OF LOCAL	$30.63	$26.04
64488			INJECTION OF LOCAL ANESTHETIC	$69.21	$58.83
64488	26		INJECTIONS OF LOCAL ANESTHETIC	$33.26	$28.27
64489			CONTINUOUS INFUSION OF LOCAL A	$176.34	$149.88
64489	26		CONTINUOUS INFUSIONS OF LOCAL	$37.35	$31.74
64490			INJECTION OF UPPER OR MIDDLE S	$97.69	$83.03
64490	26		INJECTION(S),DIAGNOSTIC/THERAP	$52.10	$44.29
64491			INJECTION OF UPPER OR MIDDLE S	$49.01	$41.65
64491	26		INJECTION(S),DIAGNOSTIC/THERAP	$29.05	$24.69
64492			INJECTION OF UPPER OR MIDDLE S	$49.18	$41.80
64492	26		INJECTION(S),DIAGNOSTIC/THERAP	$29.57	$25.13
64493			INJECTION OF LOWER OR SACRAL S	$90.09	$76.58
64493	26		INJECTION(S),DIAGNOSTIC/THERAP	$44.85	$38.12
64494			INJECTION OF LOWER OR SACRAL S	$45.91	$39.02
64494	26		INJECTION(S), DIAGNOSTIC/THERA	$24.93	$21.19
64495			INJECTION OF LOWER OR SACRAL S	$45.91	$39.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64495	26		INJECTION(S),DIAGNOSTIC/THERAP	$25.44	$21.62
64505			INJECTION OF ANESTHETIC AGENT,	$73.61	$62.56
64510			INJECTION OF ANESTHETIC AGENT	$74.41	$63.24
64517			INJECTION OF ANESTHETIC AGENT	$98.17	$83.44
64517	26		INJECT ANESTH AGENT SUP HYPOGA	$62.38	$53.02
64520			INJECTION OF ANESTHETIC AGENT	$117.62	$99.98
64530			INJECTION OF ANESTHETIC AGENT	$116.35	$98.89
64553			INSERTION OF CRANIAL NERVE NEU	$1,988.75	$1,690.43
64555			INSERTION OF PERIPHERAL NERVE	$1,089.00	$925.65
64561			INSERTION OF SACRAL NERVE NEUR	$372.61	$316.72
64566			INSERTION OF LOWER LEG NEUROST	$59.57	$50.63
64566	26		POSTERIOR TIBIAL NEUROSTIMULAT	$14.84	$12.61
64568			INSERTION OF CRANIAL NERVE NEU	$303.53	$258.00
64569			REVISION OF CRANIAL NERVE NEUR	$390.77	$332.15
64570			REMOVAL OF CRANIAL NERVE (EG,	$377.54	$320.90
64575			INSERTION OF PERIPHERAL NERVE	$158.24	$134.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64580			INSERTION OF MUSCLE NEUROSTIMU	$159.31	$135.41
64581			INSERTION OF SACRAL NERVE NEUR	$324.40	$275.74
64582			INSERTION OF HYPOGLOSSAL NERVE	$417.18	$354.60
64583			REVISION OR REPLACEMENT OF HYP	$430.57	$365.98
64584			REMOVAL OF HYPOGLOSSAL NERVE N	$363.61	$309.07
64585			REVISION OF PERIPHERAL NEUROST	$122.96	$104.52
64590			INSERTION OR REPLACEMENT OF PE	$222.78	$189.36
64595			REMOVAL OR REVISION OF A PERIP	$184.10	$156.48
64610			DESTRUCTION OF FACE NERVE BRAN	$392.13	$333.31
64611			INJECTION OF CHEMICAL FOR PARA	$67.73	$57.57
64611	26		CHEMODENERVATION OF PAROTID &	$57.75	$49.08
64612			INJECTION OF CHEMICAL FOR PARA	$69.99	$59.49
64615			INJECTION OF CHEMICAL FOR PARA	$77.62	$65.97
64615	26		CHEMODENERVATION OF MUSCLE(S)	$61.45	$52.23
64616			INJECTION OF CHEMICAL FOR PARA	$70.26	$59.72
64616	26		INJECTION OF CHEMICAL FOR DEST	$55.12	$46.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64617			INJECTION OF CHEMICAL FOR PARA	$81.73	$69.47
64617	26		INJECTION OF CHEMICAL FOR DEST	$53.69	$45.64
64620			INJ TREATMENT INTERCOSTAL NERV	$105.65	$89.80
64624			DESTRUCTION OF NERVE BRANCHES	$197.96	$168.26
64624	26		DESTRUCTION OF GENICULAR NERVE	$72.38	$61.52
64625			DESTRUCTION OF NERVES SUPPLYIN	$240.54	$204.46
64625	26		RADIOFREQUENCY DESTRUCTION OF	$96.90	$82.37
64628			HEAT DESTRUCTION OF INTRAOSSEO	$205.16	$174.38
64629			HEAT DESTRUCTION OF INTRAOSSEO	$96.59	$82.10
64630			DESTRUCTION OF EXTERNAL GENITA	$129.31	$109.91
64632			DESTRUCTION OF FOOT NERVE	$45.68	$38.83
64632	26		DESTRUCTION BY NEUROLYTIC AGEN	$33.30	$28.30
64633			DESTRUCTION OF UPPER OR MIDDLE	$222.72	$189.31
64633	26		DESTRUCTION BY NEUROLYTIC AGEN	$95.25	$80.96
64633	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$174.91	$148.67
64633	50		DESTRUCTION BY NEUROLYTIC AGEN	$332.18	$282.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64634			DESTRUCTION OF UPPER OR MIDDLE	$130.56	$110.97
64634	26		DESTRUCTION BY NEUROLYTIC AGEN	$32.84	$27.91
64634	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$52.58	$44.70
64634	50		DESTRUCTION BY NEUROLYTIC AGEN	$150.52	$127.94
64635			DESTRUCTION OF LOWER OR SACRAL	$224.62	$190.92
64635	26		DESTRUCTION BY NEUROLYTIC AGEN	$95.43	$81.11
64635	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$172.51	$146.63
64635	50		DESTRUCTION NY NEUROLYTIC AGEN	$328.64	$279.34
64636			DESTRUCTION OF LOWER OR SACRAL	$122.64	$104.24
64636	26		DESTRUCTION BY NEUROLYTIC AGEN	$28.72	$24.41
64636	26	50	DESTRUCTION BY NEUROLYTIC AGEN	$45.89	$39.00
64636	50		DESTRUCTION BY NEUROLYTIC AGEN	$136.91	$116.37
64640			DESTRUCTION OF OTHER PERIPHERA	$126.24	$107.30
64642			INJECTION OF CHEMICAL FOR PARA	$77.60	$65.96
64642	26		INJECTION OF CHEMICAL FOR DEST	$53.52	$45.49
64643			INJECTION OF CHEMICAL FOR PARA	$46.99	$39.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64643	26		INJECTION OF CHEMICAL FOR DEST	$34.60	$29.41
64644			INJECTION OF CHEMICAL FOR PARA	$90.16	$76.64
64644	26		INJECTION OF CHEMICAL FOR DEST	$57.82	$49.15
64645			INJECTION OF CHEMICAL FOR PARA	$60.87	$51.74
64645	26		INJECTION OF CHEMICAL FOR DEST	$40.23	$34.20
64646			INJECTION OF CHEMICAL FOR PARA	$81.70	$69.45
64646	26		INJECTION OF CHEMICAL FOR DEST	$57.96	$49.27
64647			INJECTION OF CHEMICAL FOR PARA	$93.04	$79.08
64647	26		INJECTION OF CHEMICAL FOR DEST	$66.72	$56.71
64650			INJECTION OF CHEMICAL FOR PARA	$45.17	$38.39
64653			INJECTION OF CHEMICAL FOR PARA	$53.03	$45.08
64680			INJECTION OF AGENT TO DESTROY	$173.17	$147.19
64681			INJECTION OF AGENT TO DESTROY	$229.13	$194.76
64681	26		DESTRUCT BY NEURO AGENT SUP HY	$108.20	$91.97
64702			RELEASE OF FINGER NERVE	$262.67	$223.27
64704			RELEASE OF HAND OR FOOT NERVE	$164.29	$139.64

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64708			RELEASE OF ARM OR LEG NERVE	$259.20	$220.32
64712			RELEASE OF SCIATIC NERVE	$301.66	$256.41
64713			RELEASE OF MAJOR ARM OR LEG NE	$404.93	$344.19
64714			RELEASE OF UPPER LEG NERVE	$387.51	$329.38
64716			REVISION OF CRANIAL NERVE	$258.83	$220.00
64718			RELEASE AND/OR RELOCATION OF E	$308.61	$262.32
64719			RELEASE AND/OR RELOCATION OF W	$208.84	$177.51
64721			RELEASE AND/OR RELOCATION OF H	$228.43	$194.16
64722			RELIEVE PRESSURE ON NERVE(S)	$188.98	$160.63
64726			RELEASE OF SOLE OF FOOT NERVE	$135.38	$115.07
64727			RELEASE OF NERVE USING OPERATI	$88.24	$75.00
64732			INCISION OR REMOVAL OF FOREHEA	$234.80	$199.58
64734			INCISION OR REMOVAL OF LOWER E	$264.95	$225.20
64736			INCISION OR REMOVAL OF CHIN, L	$166.02	$141.11
64738			INCISION OR REMOVAL OF TEETH A	$225.52	$191.69
64740			INCISION AND REMOVAL OF TONGUE	$230.50	$195.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64742			INCISION OR REMOVAL OF FACE NE	$247.99	$210.79
64744			INCISION OR REMOVAL OF SCALP A	$260.78	$221.66
64746			INCISION OR REMOVAL OF ABDOMEN	$215.82	$183.45
64755			INCISION OR REMOVAL OF STOMACH	$459.47	$390.55
64760			INCISION OR REMOVAL OF ABDOMEN	$262.60	$223.21
64763			INCISION OR REMOVAL OF OUTSIDE	$259.72	$220.76
64763	50		TRANSECT/AVULSION OBTURATOR NE	$225.00	$191.00
64766			INCISION OR REMOVAL OF INSIDE	$320.15	$272.12
64766	50		TRANSECT/AVULSION OBTURATOR NE	$360.00	$306.00
64771			INCISE CRANIAL NERVE,EXTRADURA	$292.21	$248.37
64772			INCISION OF SPINAL NERVE	$282.56	$240.17
64776			REMOVAL OF GROWTH OF FINGER OR	$205.64	$174.79
64778			REMOVAL OF GROWTH OF FINGER OR	$88.57	$75.28
64782			REMOVAL OF GROWTH OF NERVE OF	$229.83	$195.36
64783			REMOVAL OF GROWTH OF NERVE OF	$105.62	$89.78
64784			REMOVE NERVE LESION	$364.79	$310.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64786			REMOVAL OR GROWTH OF SCIATIC N	$501.79	$426.52
64787			INSERT CAP ON NERVE END	$114.69	$97.49
64788			REMOVE SKIN NERVE LESION	$208.17	$176.94
64790			REMOVAL OF GROWTH OF MAJOR PER	$429.27	$364.88
64792			REMOVAL OF GROWTH OF MAJOR PER	$541.46	$460.24
64795			BIOPSY OF NERVE	$97.31	$82.71
64802			REMOVE SYMPATHETIC NERVES	$434.29	$369.14
64802	50		SYMPATHECTOMY,CERVICAL:BILATER	$453.00	$385.00
64804			SYMPATHECTOMY,CERVIOTHORACIC	$608.24	$517.00
64804	50		SYMPATHECTOMY,CERVIOTHORACIC:B	$482.00	$410.00
64809			REMOVE SYMPATHETIC NERVES	$555.70	$472.35
64809	50		SYMPATHECTOMY,THORACOLUMBAR:BI	$635.00	$540.00
64818			REMOVE SYMPATHETIC NERVES	$391.97	$333.17
64818	50		SYMPATHECTOMY,LUMBAR:BILATERAL	$393.00	$334.00
64820			SYMPATHECTOMY DIGID ARTERY-EAC	$387.77	$329.60
64821			REMOVAL OF LOWER ARM RADIAL AR	$354.98	$301.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64822			REMOVAL OF LOWER ARM ULNAR ART	$354.98	$301.73
64823			REMOVAL OF HAND SYMPATHETIC NE	$401.01	$340.86
64831			SUTURE OF HAND OR FOOT DIGITAL	$352.01	$299.20
64832			SUTURE OF HAND OR FOOT DIGITAL	$163.54	$139.01
64834			REPAIR OF HAND OR FOOT NERVE	$375.40	$319.09
64835			SUTURE OF HAND MEDIAN MOTOR NE	$411.66	$349.91
64836			SUTURE OF FOREARM AND HAND NER	$411.66	$349.91
64837			SUTURE OF HAND OR FOOT NERVE,	$178.31	$151.56
64840			SUTURE OF POSTERIOR TIBIAL NER	$483.94	$411.35
64856			SUTURE AND RELOCATION OF ARM O	$504.43	$428.77
64857			SUTURE OF ARM OR LEG PERIPHERA	$527.22	$448.13
64858			REPAIR SCIATIC NERVE	$588.07	$499.86
64859			SUTURE @ ADD MAJOR PERIPHERAL	$121.18	$103.00
64861			SUTURE OF ARM NERVE BUNDLE	$773.93	$657.84
64862			REPAIR OF LOW BACK NERVES	$685.58	$582.74
64864			SUTURE OF FACE NERVE OUTSIDE S	$429.04	$364.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64865			SUTURE OF FACE NERVE AT TEMPLE	$543.26	$461.77
64866			CONNECTION OF FACE-SPINAL NERV	$622.58	$529.19
64868			CONNECTION OF FACE-HYPOGLOSSAL	$498.27	$423.53
64872			SUBSEQUENT REPAIR OF NERVE	$56.62	$48.13
64874			REPAIR & REVISE NERVE	$84.93	$72.19
64876			REPAIR NERVE: SHORTEN BONE	$96.19	$81.76
64885			GRAFT OF HEAD OR NECK NERVE, 4	$535.77	$455.40
64886			GRAFT OF HEAD OR NECK NERVE, M	$641.43	$545.22
64890			GRAFT OF HAND OR FOOT NERVE ,	$540.46	$459.39
64891			GRAFT OF HAND OR FOOT NERVE, M	$574.49	$488.31
64892			GRAFT OF ARM OR LEG NERVE, 4.0	$526.22	$447.28
64893			GRAFT OF ARM OR LEG NERVE, MOR	$560.74	$476.63
64895			GRAFT OF MULTIPLE HAND OR FOOT	$660.90	$561.77
64896			GRAFT OF MULTIPLE HAND OR FOOT	$712.99	$606.04
64897			GRAFT OF MULTIPLE ARM OR LEG N	$632.27	$537.43
64898			GRAFT OF MULTIPLE ARM OR LEG N	$684.68	$581.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
64901			GRAFT OF SINGLE STRAND OF NERV	$291.05	$247.39
64902			GRAFT OF MULTIPLE NERVE SECTIO	$336.74	$286.22
64905			TRANSFER OF NERVE TO INJURED N	$501.22	$426.03
64910			NERVE REPAIR: WITH SYNTHETIC C	$383.79	$326.22
64911			NERVE REPAIR: WITH AUTOGENOUS	$514.76	$437.55
64912			REPAIR OF NERVE USING NERVE GR	$450.49	$382.92
64913			REPAIR OF NERVE USING NERVE GR	$84.79	$72.07
64999			OTHER PROCEDURE ON NERVOUS SYS	BY REPORT	BY REPORT
65091			REMOVAL OF EYE CONTENTS	$374.86	$318.63
65093			EVISCERATION EYE WITH IMPLANT	$371.98	$316.18
65101			REMOVAL OF EYE	$429.16	$364.78
65103			REMOVAL OF EYEBALL WITH INSERT	$442.69	$376.29
65105			REMOVAL OF EYEBALL WITH INSERT	$480.96	$408.82
65110			REMOVAL OF EYE CONTENTS AND EY	$660.92	$561.78
65112			REMOVAL OF EYE CONTENTS AND TH	$756.38	$642.92
65114			REMOVE EYE, REVISE SOCKET	$788.74	$670.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
65125			PLACEMENT OR REPLACEMENT OF PE	$230.72	$196.11
65130			INSERTION OF EYE IMPLANT IN SC	$430.58	$365.99
65135			INSERTION OF EYE IMPLANT AFTER	$435.72	$370.36
65140			INSERTION OF EYE IMPLANT ATTAC	$467.69	$397.54
65150			REINSERTION OF EYE IMPLANT	$354.39	$301.23
65155			REINSERTION OF EYE IMPLANT USI	$485.95	$413.05
65175			REMOVAL OF EYE IMPLANT	$393.46	$334.44
65205			REMOVAL OF FOREIGN BODY FROM E	$14.12	$12.00
65210			REMOVAL OF FOREIGN BODY FROM E	$18.99	$16.14
65220			REMOVAL OF FOREIGN BODY IN COR	$30.55	$25.96
65222			REMOVAL OF FOREIGN BODY IN COR	$34.06	$28.95
65235			REMOVAL OF FOREIGN BODY IN EYE	$365.80	$310.93
65260			REMOVAL OF FOREIGN BODY IN EYE	$488.74	$415.42
65265			REMOVAL OF FOREIGN BODY IN EYE	$549.82	$467.34
65270			REPAIR OF EYE WOUND	$144.19	$122.56
65272			REPAIR OF EYE WOUND	$266.65	$226.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
65273			REPAIR OF LACERATED CONJUNCTIV	$188.51	$160.23
65275			REPAIR OF CORNEA LACERATION NO	$296.22	$251.78
65280			REPAIR OF PERFORATING LACERATI	$332.85	$282.92
65285			REPAIR OF PERFORATING LACERATI	$547.90	$465.71
65286			REPAIR OF LACERATED CORNEA AND	$351.25	$298.56
65290			REPAIR OF WOUND OF EYE MUSCLE	$243.50	$206.98
65400			REMOVAL OF EYE LESION	$348.28	$296.04
65410			BIOPSY OF CORNEA	$72.09	$61.28
65420			REMOVAL OR RELOCATION OF CORNE	$272.77	$231.85
65426			REMOVAL OR RELOCATION OF CORNE	$337.75	$287.09
65430			CORNEAL SMEAR	$57.48	$48.85
65435			REMOVAL OF OUTER LAYER OF CORN	$41.37	$35.16
65436			REMOVAL OF OUTER LAYER OF CORN	$194.02	$164.91
65600			REVISION OF CORNEA	$220.64	$187.54
65710			TRANSPLANTATION OF TISSUE FROM	$567.27	$482.18
65730			PENETRATING TRANSPLANTATION OF	$622.74	$529.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
65750			PENETRATING TRANSPLANTATION OF	$625.79	$531.92
65755			PENETRATING TRANSPLANTATION OF	$624.00	$530.40
65756			TRANSPLANTATION OF OUTER LAYER	$584.73	$497.02
65757			BACKBENCH PREPARATION OF CORNE	$162.84	$138.41
65765			KERATOPHAKIA	BY REPORT	BY REPORT
65767			EPIKERATOPLASTY	BY REPORT	BY REPORT
65770			INSERTION OF CORNEA PROSTHESIS	$697.14	$592.56
65772			INCISION OF CORNEA TO CORRECT	$229.17	$194.79
65775			REMOVAL OF CORNEAL TISSUE TO C	$286.97	$243.92
65778			PLACEMENT OF AMNIOTIC MEMBRANE	$560.62	$476.53
65778	26		PLACEMENT OF AMNIOTIC MEMBRANE	$21.51	$18.28
65779			PLACEMENT OF AMNIOTIC MEMBRANE	$594.58	$505.39
65779	26		PLACEMENT OF AMNIOTIC MEMBRANE	$58.21	$49.48
65780			OCULAR SURFACE RECONSTRUCTION	$295.62	$251.28
65781			LIMBAL STEM CELL ALLOGRAFT	$657.68	$559.03
65782			TRANSPLANTATION OF STEM CELLS	$568.47	$483.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
65785			IMPLANTATION OF CORNEAL RING S	$1,087.59	$924.45
65785	26		IMPLANTATION OF CORNEAL RING S	$221.64	$188.39
65800			REMOVAL OF EYE FLUID	$59.65	$50.70
65810			COMPLEX REMOVAL OF EYE FLUID	$231.68	$196.93
65815			REMOVAL OF BLOOD FROM EYE	$323.53	$275.00
65820			RELIEVE INNER EYE PRESSURE	$412.87	$350.94
65850			TRABECULOTOMY AB EXTERNO	$418.89	$356.06
65855			LASER REPAIR TO IMPROVE EYE FL	$122.62	$104.23
65860			LASER REMOVAL OF SCAR TISSUE O	$154.18	$131.05
65865			REMOVAL OF SCAR TISSUE IN EYE	$239.13	$203.26
65870			REMOVAL OF SCAR TISSUE IN EYE	$296.63	$252.13
65875			REMOVAL OF SCAR TISSUE IN EYE	$316.83	$269.30
65880			INCISE INNER EYE ADHESIONS	$332.59	$282.70
65900			REMOVE EYE LESION	$493.76	$419.69
65920			REMOVAL OF IMPLANTED LENS OF E	$394.72	$335.51
65930			REMOVAL OF BLOOD CLOT OF EYE	$319.66	$271.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
66020			INJECTION,ANTERIOR CHAMBER:AIR	$99.79	$84.82
66030			INJECTION TTREATMENT OF EYE	$90.17	$76.64
66130			REMOVE EYE LESION	$353.45	$300.43
66150			PARTIAL REMOVAL OF IRIS AND CR	$438.54	$372.76
66155			PARTIAL REMOVAL OF IRIS USING	$438.38	$372.62
66160			REMOVAL OF SCLERA AND IRIS AND	$491.82	$418.04
66170			CREATION OF EYE FLUID DRAINAGE	$545.25	$463.46
66172			CREATION OF EYE FLUID DRAINAGE	$595.92	$506.53
66174			DILATION OF FLUID OUTFLOW DRAI	$311.52	$264.79
66175			DILATION OF FLUID OUTFLOW DRAI	$361.16	$306.98
66179			CREATION OF SHUNT TO IMPROVE E	$538.13	$457.41
66179	26		CREATION OF SHUNT TO IMPROVE E	$487.20	$414.12
66180			CREATION OF SHUNT TO IMPROVE E	$566.51	$481.53
66183			INSERTION OF EYE FLUID DRAINAG	$512.99	$436.04
66184			REVISION OF EYE FLUID DRAINAGE	$395.66	$336.31
66184	26		REVISION OF SHUNT TO IMPROVE E	$340.04	$289.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
66185			REVISION OF EYE FLUID DRAINAGE	$424.38	$360.72
66225			REPAIR OF PROTRUSION OF INNER	$464.90	$395.16
66250			FOLLOW-UP SURGERY OF EYE	$378.46	$321.69
66500			INCISION OF IRIS	$198.83	$169.01
66505			INCISION AND DRAINAGE OF EYE F	$216.14	$183.72
66600			REMOVE IRIS AND LESION	$453.24	$385.25
66605			REMOVAL OF IRIS AND EYELID BOR	$541.69	$460.43
66625			REMOVAL OF MARGIN OF IRIS TO I	$214.16	$182.04
66630			REMOVAL OF SECTION OF IRIS TO	$282.63	$240.23
66635			PARTIAL REMOVAL OF IRIS AND EY	$285.12	$242.35
66680			REPAIR OF IRIS AND LENS	$260.34	$221.28
66682			SUTURE OF IRIS AND LENS	$357.75	$304.09
66700			CILIARY BODY DESTR.:DIATHERMY	$227.23	$193.14
66710			CILIARY BODY DESTR.:CYCLOPHOTO	$221.90	$188.61
66711			DESTRUCTION OF TISSUE ENCIRCLI	$253.91	$215.82
66720			CILIARY BODY DESTR.:CRYOTHERAP	$236.06	$200.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
66740			CILIARY BODY DESTR.:CYCLODIALY	$220.52	$187.44
66761			CREATION OF EYE FLUID DRAINAGE	$150.49	$127.92
66762			CREATION OF OPENING OF IRIS FO	$239.54	$203.61
66770			DESTRUCTION OF GROWTH OF IRIS	$265.59	$225.75
66820			REMOVAL OF RECURRING CATARACT	$236.83	$201.31
66820	52		RE-INCISION OF LENS	$90.00	$79.00
66821			REMOVAL OF RECURRING CATARACT	$168.13	$142.91
66825			REP. INTR. LENS PROSTH. REQ.IN	$417.58	$354.94
66830			REMOVAL OF RECURRING CATARACT	$352.77	$299.85
66840			ASPIRATION OF LENS MATERIAL BY	$344.47	$292.80
66850			ASPIRATION OF LENS MATERIAL BY	$391.56	$332.82
66852			REMOV LENS MAT: PARS PIANA APP	$416.29	$353.84
66920			EXTRACTION OF LENS	$371.69	$315.94
66930			EXTRACTION OF LENS	$425.54	$361.71
66940			EXTRACTION OF LENS	$390.03	$331.52
66982			COMPLEX REMOVAL OF CATARACT WI	$369.69	$314.23

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
66983			REMOVAL OF CATARACT AND CAPSUL	$513.00	$446.00
66984			REMOVAL OF CATARACT WITH INSER	$270.01	$229.51
66985			INSERTION OF PROSTHETIC LENS	$382.70	$325.29
66986			EXCHANGE OF PROSTHETIC LENS	$447.75	$380.58
66987			COMPLEX REMOVAL OF CATARACT WI	$432.77	$367.85
66988			REMOVAL OF CATARACT WITH INSER	$361.81	$307.54
66989			COMPLEX EXTRACAPSULAR REMOVAL	$423.80	$360.23
66990			EXAM OF EYE USING AN ENDOSCOPE	$43.16	$36.68
66991			EXTRACAPSULAR REMOVAL OF CATAR	$339.27	$288.38
66999			OTHER PROCEDURE ON FRONT OF EY	BY REPORT	BY REPORT
67005			PARTIAL REMOVAL OF EYE FLUID B	$238.32	$202.57
67010			PARTIAL REMOVAL OF EYE FLUID B	$272.02	$231.22
67015			ASPIRATION OR RELEASE OF EYE F	$302.22	$256.88
67025			REPLACE EYE FLUID	$371.39	$315.68
67027			IMPLANT INTRAVITREAL DRUG DELI	$420.20	$357.17
67028			INTRAVITREAL INJ,PHARMCOLOGIC	$56.48	$48.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67030			CUTTING OF STRANDS OF EYE FLUI	$279.72	$237.76
67031			RELEASE OF SCAR TISSUE BETWEEN	$194.56	$165.37
67036			REMOVAL OF EYE FLUID (VITREOUS	$444.78	$378.06
67039			DESTRUCTION OF EYE FLUID (VITR	$475.49	$404.16
67040			DESTRUCTION OF EYE FLUID (VITR	$512.67	$435.77
67041			REMOVAL OF MEMBRANE OF RETINA	$564.62	$479.92
67042			REMOVAL OF MEMBRANE OF RETINA	$564.62	$479.92
67043			REMOVAL OF MEMBRANE OF RETINA	$595.16	$505.88
67101			REPAIR OF DETACHED RETINA BY C	$168.39	$143.13
67105			REPAIR OF DETACHED RETINA USIN	$148.54	$126.26
67107			REPAIR OF DETACHED RETINA AND	$555.15	$471.88
67108			REPAIR OF DETACHED RETINA WITH	$587.35	$499.25
67110			REPAIR RETI DETA,1/MORE SESS:W	$445.37	$378.56
67113			COMPLEX REPAIR OF DETACHED RET	$656.79	$558.27
67115			RELEASE OF MATERIAL USED FOR R	$249.10	$211.74
67120			REMOVAL OF IMPLANT MATERIAL FR	$336.49	$286.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67121			REMOVAL OF IMPLANT MATERIAL FR	$448.27	$381.03
67141			HEAT OR FREEZING TREATMENT TO	$136.02	$115.61
67145			PHOTOCOAGULATION TREATMENT TO	$122.26	$103.92
67208			DESTRUCTION OF GROWTH OF RETIN	$300.31	$255.26
67210			DESTRUCTION OF GROWTH OF RETIN	$257.27	$218.68
67218			DESTRUCTION OF GROWTH OF RETIN	$686.51	$583.53
67220			DESTRUCTION OF VASCULAR GROWTH	$265.01	$225.25
67221			DESTRUCTION OF VASCULAR GROWTH	$135.41	$115.10
67225			DESTRUCTION OF VASCULAR GROWTH	$14.30	$12.16
67227			DESTRUCTION OF LEAKING BLOOD V	$147.74	$125.58
67228			DESTRUCTION OF LEAKING BLOOD V	$169.34	$143.94
67229			DESTRUCTION OF LEAKING BLOOD V	$572.73	$486.82
67229	50		TREATMENT OF EXTENSIVE OR PROG	$910.62	$774.03
67250			REPAIR OF DEFECT OF SCLERA	$454.12	$386.00
67255			REINFORCE/GRAFT EYE WALL	$344.10	$292.48
67299			OTHER PROCEDURE ON BACK OF EYE	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67311			REALIGNMENT OF HORIZONTAL EYE	$226.92	$192.88
67312			REALIGNMENT OF EYE BY REPAIR O	$329.17	$279.79
67314			REALIGNMENT OF VERTICAL EYE MU	$226.92	$192.88
67316			REALIGNMENT OF MULTIPLE VERTIC	$352.76	$299.85
67318			REALIGNMENT OF EYE MUSCLE AT U	$341.42	$290.21
67320			RELOCATION OF EYE MUSCLE TO RE	$85.47	$72.65
67331			REALIGNMENT OF EYE MUSCLE FOLL	$77.22	$65.64
67332			REALIGNMENT OF EYE MUSCLE COMP	$99.41	$84.49
67334			REALIGNMENT OF EYE MUSCLE BY S	$75.96	$64.56
67335			PLACEMENT OF ADJUSTABLE SUTURE	$91.26	$77.57
67340			REALIGNMENT AND REPAIR OF DETA	$142.74	$121.33
67343			RELEASE OF EXTENSIVE SCAR TISS	$335.90	$285.51
67345			DESTRUCTION OF EYE MUSCLE BY I	$121.64	$103.39
67346			BIOPSY OF EXTRAOCULAR MUSCLE	$95.06	$80.80
67399			OTHER PROCEDURE ON EYE MUSCLE	BY REPORT	BY REPORT
67400			EXPLORATION OF CAVITY BEHIND E	$520.56	$442.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67405			ORBITOTOMY:..WITH DRAINAGE ONL	$455.74	$387.38
67412			REMOVAL OF GROWTH OF CAVITY BE	$497.06	$422.50
67413			ORBITOTOMY...:W REMOVAL FOREIG	$484.07	$411.46
67414			REMOVAL OF BONE CAVITY BEHIND	$725.84	$616.96
67415			TRANSCONJUNCTIVAL OR ASPIRATIO	$50.29	$42.75
67420			REMOVAL OF BONE AND GROWTH OF	$866.55	$736.56
67430			EXPLORE/TREAT EYE SOCKET	$695.22	$590.94
67440			EXPLORE/DRAIN EYE SOCKET	$674.36	$573.21
67445			REMOVAL OF BONE FROM CAVITY BE	$762.71	$648.30
67450			EXPLORATION OF CAVITY BEHIND E	$698.54	$593.75
67500			INJECTION OF DRUG INTO CAVITY	$38.51	$32.73
67505			INJECT EYE SOCKET FOR XRAY	$42.81	$36.39
67515			INJECTION OF DRUG OR SUBSTANCE	$25.54	$21.70
67550			ORBITAL IMPLANT:INSERTION	$544.39	$462.73
67560			ORBITAL IMPLANT:REMOVAL OR REV	$556.50	$473.02
67570			OPTIC NERVE DECOMPRESSION....	$637.83	$542.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67599			OTHER PROCEDURE ON BONE CAVITY	BY REPORT	BY REPORT
67710			INCISION OF EYELID	$123.60	$105.06
67800			REMOVAL OF CHRONIC GROWTH OF E	$64.94	$55.19
67801			REMOVAL OF MULTIPLE CHRONIC GR	$81.96	$69.67
67805			REMOVAL OF MULTIPLE CHRONIC GR	$102.57	$87.18
67808			REMOVAL OF CHRONIC EYELID GROW	$183.74	$156.18
67820			REMOVAL OF EYELASHES USING FOR	$9.31	$7.91
67825			REVISE EYELASHES	$67.84	$57.66
67830			REMOVAL OF EYELASHES BY INCISI	$136.83	$116.31
67835			REMOVAL OF EYELASHES WITH GRAF	$219.77	$186.80
67850			DESTRUCTION OF GROWTH OF EYELI	$109.48	$93.05
67875			TEMPORARY CLOSURE EYELIDS BY S	$92.17	$78.34
67880			REVISION OF EYELID	$235.86	$200.48
67882			REVISION OF EYELID	$287.55	$244.41
67900			REPAIR BROW PTOSIS....	$327.78	$278.61
67901			REPAIR OF UPPER EYELID MUSCLE	$400.64	$340.54

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67901	50		REPAIR EYELID DEFECT	$408.00	$347.00
67902			REPAIR OF UPPER EYELID MUSCLE	$360.32	$306.27
67902	50		REPAIR EYELID DEFECT	$273.00	$232.00
67903			REPAIR BLEPHAROPTOSIS:..INTERN	$303.38	$257.87
67904			REPAIR BLEPHAROPTOSIS:...EXTER	$372.19	$316.36
67906			REPAIR BLEPHAROPTOSIS:...W FAS	$250.48	$212.91
67908			REMOVAL OF TISSUE, MUSCLE, AND	$273.17	$232.19
67909			REVISION OF SURGERY TO CORRECT	$276.31	$234.86
67911			REVISE EYELID DEFECT	$278.08	$236.37
67912			RESTORATION OF EYELID BLINKING	$455.50	$387.17
67912	26		CORRECT LAGOPHTHAL W/IMPL UP E	$242.02	$205.71
67916			REPAIR ECTROPIAN:BLEPHAROPLAST	$307.71	$261.55
67917			REPAIR ECTROPIAN:BLEPHAROPLAST	$314.47	$267.30
67923			REPAIR OF TURNING-INWARD EYELI	$307.89	$261.70
67924			EXTENSIVE REPAIR OF TURNING-IN	$327.54	$278.41
67938			REMOVE EYELID FOREIGN BODY	$137.57	$116.93

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
67950			RECONSTRUCTION OF EYELID MARGI	$294.61	$250.41
67961			REMOVAL OF UP TO 1/4 OF EYELID	$296.65	$252.15
67966			REMOVAL OF OVER 1/4 OF EYELID	$389.91	$331.42
67971			RECONSTRUCTION OF UP TO 2/3 OF	$356.14	$302.72
67973			RECONSTRUCTION OF EYELID	$457.81	$389.13
67974			RECONSTRUCTION OF UPPER EYELID	$456.66	$388.16
67999			OTHER PROCEDURE ON EYELID	BY REPORT	BY REPORT
68020			INCISION AND DRAINAGE OF CYST	$60.97	$51.82
68040			REMOVAL OF SCARS OF EYELID LIN	$31.13	$26.46
68100			BIOPSY OF EYELID LINING	$90.97	$77.32
68110			REMOVAL OF GROWTH OF EYELID LI	$119.73	$101.77
68200			TREAT EYELID BY INJECTION	$20.82	$17.70
68320			REPAIR OF EYELID LINING WITH G	$375.15	$318.87
68325			REPAIR OF CONJUNCTIVA WITH GRA	$326.12	$277.20
68326			RECONSTRUCTION OF CONJUNCTIVA	$320.48	$272.40
68328			RECONSTRUCTION OF CONJUNCTIVA	$349.52	$297.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
68330			REVISE EYELID LINING	$314.30	$267.15
68335			RELEASE OF SCAR TISSUE FROM EY	$321.30	$273.10
68340			RELEASE OF SCAR TISSUE FROM EY	$304.77	$259.05
68360			PARTIAL RELOCATION OF CONJUNCT	$273.65	$232.60
68362			RELOCATION OF CONJUNCTIVAL FLA	$325.62	$276.78
68371			HARVEST CONJUNCT ALLOGRAFT LIV	$205.78	$174.91
68399			OTHER PROCEDURE ON CONJUNCTIVA	BY REPORT	BY REPORT
68400			INCISION AND DRAINAGE OF TEAR	$150.94	$128.30
68420			INCISION AND DRAINAGE OF TEAR	$168.02	$142.81
68440			SNIP INCISION OF TEAR DUCT AT	$52.98	$45.03
68500			REMOVAL OF TEAR PRODUCING GLAN	$531.15	$451.48
68505			PARTIAL REMOVAL OF TEAR PRODUC	$528.83	$449.50
68520			REMOVAL OF TEAR SAC	$369.47	$314.05
68525			BIOPSY OF TEAR SAC	$126.11	$107.19
68530			REMOVAL OF FOREIGN BODY OR STO	$219.09	$186.22
68540			REMOVAL OF GROWTH OF TEAR PROD	$491.18	$417.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
68550			REMOVAL OF GROWTH OF TEAR PROD	$611.41	$519.69
68700			PLASTIC REPAIR OF TEAR DUCT	$299.73	$254.77
68720			CREATION OF DRAINAGE TRACT FRO	$404.88	$344.14
68745			CREATION OF TEAR DRAINAGE TRAC	$407.20	$346.12
68750			CREATION OF TEAR DRAINAGE TRAC	$430.69	$366.08
68760			REPAIR TEAR DUCT OPENING BY HE	$111.00	$94.35
68761			CLOSE LACR. PUNCT., PLUG, EACH	$73.56	$62.52
68770			CLOSURE OF ABNORMAL TEAR DRAIN	$311.51	$264.78
68801	50		DILATION LACRIMAL PUNCTUM W/WO	$14.66	$12.46
68810	50		PROBING NASOLACRIMAL DUCT W/WO	$30.00	$25.00
68811			INSERTION OF PROBE INTO NASAL	$67.34	$57.23
68811	50		PROBING NASOLAC DUCT W/WO IRRI	$75.00	$65.00
68815			PROBING OF NASAL TEAR DUCT WIT	$190.03	$161.52
68815	50		PROBING NASOLAC DUCT W INSERT	$78.00	$66.00
68816			PROBING OF NASAL TEAR DUCT WIT	$433.03	$368.07
68816	50		PROBING OF NASOLACRIMAL DUCT B	$134.01	$113.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
68841			INSERTION OF DRUG DELIVERY IMP	$19.10	$16.24
68841	26		INJECTION OF DRUG DELIVERY IMP	$16.01	$13.60
68850			INJECTION OF CONTRAST FOR IMAG	$29.10	$24.73
68899			OTHER PROCEDURE ON TEAR PRODUC	BY REPORT	BY REPORT
69000			SIMPLE DRAINAGE OF ABSCESS OR	$95.05	$80.79
69005			COMPLICATED DRAINAGE OF EXTERN	$111.71	$94.95
69100			BIOPSY OF EXTERNAL EAR	$48.51	$41.23
69105			BIOPSY EXTERNAL EAR CANAL	$73.92	$62.83
69110			PARTIAL REMOVAL OF EXTERNAL EA	$239.94	$203.95
69120			REMOVAL OF EXTERNAL EAR	$196.99	$167.44
69140			REMOVE EAR CANAL LESION(S)	$459.28	$390.38
69150			REMOVAL OF GROWTH OF EAR CANAL	$506.84	$430.81
69155			REMOVAL OF GROWTH OF EAR CANAL	$817.53	$694.90
69200	SA		CLEAR OUTER EAR CANAL	NA	$10.50
69205			REMOVAL OF FOREIGN BODY IN EAR	$48.24	$41.00
69209			REMOVAL OF IMPACTED EAR WAX BY	$8.25	$7.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69210			REMOVAL OF IMPACTED EAR WAX	$24.12	$20.50
69210	SA		REMOVE IMPACTED CERUMEN 1-2 EA	NA	$11.00
69220			SIMPLE REMOVAL OF SKIN DEBRIS	$39.70	$33.75
69220	50		DEBRIDEMENT,MASTOID CAVITY,SIM	$27.00	$23.00
69222			COMPLEX REMOVAL OF SKIN DEBRIS	$110.77	$94.15
69222	50		DEBRID,MASTOID,CAV,COMPLEX/W A	$53.00	$45.00
69300			REVISE EXTERNAL EAR	$331.24	$281.55
69300	50		OTOPLASTY,PROTRUD EAR/W/WO/SZ	$182.00	$155.00
69310			RECONSTRUCT EXTERNAL EAR CANAL	$566.80	$481.78
69320			CREATION OF EAR CANAL	$788.76	$670.44
69399			OTHER PROCEDURE ON EXTERNAL EA	BY REPORT	BY REPORT
69420			INCISION, ASPIRATION, AND/OR I	$97.77	$83.10
69421			INCISION, ASPIRATION, AND INFL	$77.04	$65.48
69424			VENT TUBE REMOVAL:UNILATERAL	$65.15	$55.38
69424	50		VENT TUBE REMOVAL:BILATERAL	$27.00	$23.00
69433			OFFICE TYMPANOSTOMY, UNILAT	$103.41	$87.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69433	50		TYMPANOSTOMY LOCAL/TOPICAL ANE	$56.00	$48.00
69436			INCISION OF EARDRUM WITH PLACE	$81.09	$68.93
69440			EXPLORATION OF MIDDLE EAR	$351.88	$299.09
69450			TYMPANOLYSIS, TRANSCANAL	$279.23	$237.35
69501			MASTOIDECTOMY	$359.22	$305.34
69502			REMOVAL OF MIDDLE EAR (MASTOID	$476.54	$405.05
69505			REMOVAL OF MIDDLE EAR BONE AND	$622.10	$528.79
69511			EXTENSIVE REMOVAL OF MASTOID B	$636.49	$541.01
69530			EXTENSIVE REMOVAL OF BONES ARO	$844.49	$717.81
69535			REMOVAL OF SKULL BONE SURROUND	$1,334.78	$1,134.56
69540			REMOVAL OF POLYP OF OUTER EAR	$108.40	$92.14
69550			REMOVAL OF GROWTH OF OUTER EAR	$538.79	$457.97
69552			REMOVAL OF GROWTH OF OUTER EAR	$799.00	$679.15
69554			REMOVAL OF GROWTH OF OUTER EAR	$1,268.72	$1,078.41
69601			REVISION OF OPERATION OF MIDDL	$513.59	$436.55
69602			REVISION OF PREVIOUS MASTOID B	$550.24	$467.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69603			EXTENSIVE REVISION OF PREVIOUS	$649.71	$552.25
69604			REVISION OF OPERATION OF MIDDL	$561.81	$477.53
69610	50		TYMPAN MEMBRANE PATCH W/TISSUE	$63.37	$53.86
69620			REPAIR OF DEFECT OR TEAR OF EA	$378.64	$321.84
69631			REPAIR EARDRUM STRUCTURES	$451.71	$383.95
69632			REPAIR OF EARDRUM, EAR CANAL,	$547.00	$464.95
69633			REPAIR OF EARDRUM, EAR CANAL,	$533.19	$453.21
69635			REPAIR OF EARDRUM AND EAR CANA	$648.63	$551.34
69636			REPAIR OF EARDRUM, EAR CANAL,	$712.38	$605.52
69637			REPAIR OF EARDRUM, EAR CANAL,	$709.57	$603.13
69641			COMPLEX REPAIR OF EARDRUM AND	$526.76	$447.74
69642			REPAIR OF EARDRUM, EAR CANAL,	$675.53	$574.20
69643			REPAIR OF EARDRUM AND EAR CANA	$617.26	$524.67
69644			REPAIR OF EARDRUM, EAR CANAL,	$760.67	$646.57
69645			EXTENSIVE REPAIR OF EARDRUM AN	$746.60	$634.61
69646			EXTENSIVE REPAIR AND RECONSTRU	$793.62	$674.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69650			RELEASE MIDDLE EAR BONE	$406.92	$345.88
69660			INCISION OR REMOVAL OF MIDDLE	$466.61	$396.61
69661			INCISION OR REMOVAL OF EAR BON	$607.44	$516.32
69662			REVISION OF OPERATION OF EAR B	$583.12	$495.65
69666			REPAIR OF OPENING OF MIDDLE TO	$409.40	$347.99
69667			REPAIR OF OPENING TO COCHLEA	$410.74	$349.13
69670			REMOVE MASTOID AIR CELLS	$477.26	$405.67
69676			TYMPANIC NEURECTOMY: UNILATERA	$423.03	$359.58
69676	50		TYMPANIC NEVRETOMY:BILATERAL	$386.00	$328.00
69700			CLOSURE OF DRAINAGE TRACT OF M	$337.07	$286.51
69705			DILATION OF CANAL BETWEEN MIDD	$1,382.40	$1,175.04
69705	26		DILATION OF CANAL BETWEEN MIDD	$86.05	$73.14
69706			DILATION OF CANAL BETWEEN MIDD	$1,426.79	$1,212.77
69706	26		DILATION OF CANAL BETWEEN MIDD	$120.11	$102.09
69714			IMPLANTATION OF COCHLEAR STIMU	$249.61	$212.17
69716			IMPLANTATION OF COCHLEAR STIMU	$311.60	$264.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69717			REPLACEMENT OF COCHLEAR STIMUL	$282.34	$239.99
69719			REPLACEMENT OF COCHLEAR STIMUL	$323.52	$274.99
69720			RELEASE OF FACE NERVE THROUGH	$594.46	$505.29
69725			RELEASE OF FACE NERVE THROUGH	$936.24	$795.80
69726			REMOVAL OF ENTIRE COCHLEAR STI	$240.68	$204.57
69727			REMOVAL OF ENTIRE COCHLEAR STI	$268.13	$227.91
69728			REMOVAL OF ENTIRE COCHLEAR STI	$302.96	$257.52
69729			IMPLANTATION OF COCHLEAR STIMU	$337.74	$287.07
69730			REPLACEMENT OF COCHLEAR STIMUL	$350.25	$297.71
69740			REPAIR OF FACIAL NERVE EXTERNA	$583.49	$495.97
69745			REPAIR OF FACIAL NERVE INTERNA	$622.25	$528.91
69799			OTHER PROCEDURE ON MIDDLE EAR	BY REPORT	BY REPORT
69801			INCISION OF FLUID CANAL OF INN	$115.96	$98.56
69805			OPERATION OF INNER EAR	$517.39	$439.78
69806			OPERATION OF INNER EAR WITH IN	$464.08	$394.47
69905			REMOVE INNER EAR	$464.70	$394.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
69910			REMOVAL OF INNER EAR CANAL AND	$498.47	$423.70
69915			SEVERING OF EAR CANAL NERVE TH	$752.44	$639.57
69930			INSERTION OF COCHLEAR DEVICE	$609.77	$518.30
69949			OTHER PROCEDURE ON INNER EAR	BY REPORT	BY REPORT
69950			INCISE INNER EAR NERVE	$871.58	$740.84
69955			RELEASE OF FACE NERVE	$984.21	$836.57
69960			RELEASE OF EAR CANAL	$941.38	$800.17
69970			REMOVAL OF GROWTH FROM SKULL B	$1,063.22	$903.73
69979			OTHER PROCEDURE ON SKULL BONE	BY REPORT	BY REPORT
69990			USE OF OPERATING MICROSCOPE	$107.91	$91.72
70010			REVIEW BY RADIOLOGIST OF LOWER	NA	$28.34
70010	TC		REVIEW BY RADIOLOGIST OF LOWER	NA	$17.00
70010	26		REVIEW BY RADIOLOGIST OF LOWER	NA	$11.34
70015			REVIEW BY RADIOLOGIST OF BRAIN	NA	$84.44
70015	TC		REVIEW BY RADIOLOGIST OF BRAIN	NA	$56.94
70015	26		REVIEW BY RADIOLOGIST OF BRAIN	NA	$27.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70030			X-RAY OF EYE FOR DETECTION OF	NA	$16.67
70030	TC		X-RAY OF EYE FOR DETECTION OF	NA	$12.55
70030	26		X-RAY OF EYE FOR DETECTION OF	NA	$4.12
70100			X-RAY OF PART OF LOWER JAW, 1-	NA	$19.94
70100	TC		X-RAY OF PART OF LOWER JAW, 1-	NA	$15.65
70100	26		X-RAY OF PART OF LOWER JAW, 1-	NA	$4.29
70110			X-RAY OF LOWER JAW, MINIMUM OF	NA	$22.28
70110	TC		X-RAY OF LOWER JAW, MINIMUM OF	NA	$16.51
70110	26		X-RAY OF LOWER JAW, MINIMUM OF	NA	$5.77
70120			X-RAY OF BONE BEHIND THE EAR,	NA	$19.60
70120	TC		X-RAY OF BONE BEHIND THE EAR,	NA	$15.31
70120	26		X-RAY OF BONE BEHIND THE EAR,	NA	$4.29
70130			X-RAY OF BONE BEHIND THE EAR,	NA	$31.64
70130	TC		X-RAY OF BONE BEHIND THE EAR,	NA	$23.73
70130	26		X-RAY OF BONE BEHIND THE EAR,	NA	$7.91
70134			X-RAY OF INSIDE OF EAR CANAL	NA	$31.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70134	TC		X-RAY OF INSIDE OF EAR CANAL	NA	$23.22
70134	26		X-RAY OF INSIDE OF EAR CANAL	NA	$8.43
70140			X-RAY OF FACE BONES, 1-2 VIEWS	NA	$16.31
70140	TC		X-RAY OF FACE BONES, 1-2 VIEWS	NA	$11.69
70140	26		X-RAY OF FACE BONES, 1-2 VIEWS	NA	$4.62
70150			X-RAY OF FACE BONES, MINIMUM O	NA	$24.16
70150	TC		X-RAY OF FACE BONES, MINIMUM O	NA	$18.06
70150	26		X-RAY OF FACE BONES, MINIMUM O	NA	$6.10
70160			X-RAY OF NOSE BONES, MINIMUM O	NA	$19.26
70160	TC		X-RAY OF NOSE BONES, MINIMUM O	NA	$15.31
70160	26		X-RAY OF NOSE BONES, MINIMUM O	NA	$3.95
70170			REVIEW BY RADIOLOGIST OF TEAR	NA	$20.00
70170	TC		REVIEW BY RADIOLOGIST OF TEAR	NA	$12.80
70170	26		REVIEW BY RADIOLOGIST OF TEAR	NA	$7.20
70190			X-RAY OF EYE CANAL	NA	$19.22
70190	TC		X-RAY OF EYE CANAL	NA	$13.93

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70190	26		X-RAY OF EYE CANAL	NA	$5.29
70200			X-RAY OF EYE SOCKET, MINIMUM O	NA	$24.48
70200	TC		X-RAY OF EYE SOCKET, MINIMUM O	NA	$17.89
70200	26		X-RAY OF EYE SOCKET, MINIMUM O	NA	$6.60
70210			X-RAY OF PARANASAL SINUS, 1-2	NA	$16.51
70210	TC		X-RAY OF PARANASAL SINUS, 1-2	NA	$12.38
70210	26		X-RAY OF PARANASAL SINUS, 1-2	NA	$4.13
70220			X-RAY OF PARANASAL SINUS, MINI	NA	$19.21
70220	TC		X-RAY OF PARANASAL SINUS, MINI	NA	$14.10
70220	26		X-RAY OF PARANASAL SINUS, MINI	NA	$5.11
70240			X-RAY SELLA TURCICA	NA	$16.83
70240	TC		X-RAY SELLA TURCICA	NA	$12.38
70240	26		X-RAY SELLA TURCICA	NA	$4.45
70250			X-RAY OF SKULL, 1-3 VIEWS	NA	$18.39
70250	TC		X-RAY OF SKULL, 1-3 VIEWS	NA	$14.10
70250	26		X-RAY OF SKULL, 1-3 VIEWS	NA	$4.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70260			X-RAY OF SKULL, MINIMUM OF 4 V	NA	$22.76
70260	TC		X-RAY OF SKULL, MINIMUM OF 4 V	NA	$16.17
70260	26		X-RAY OF SKULL, MINIMUM OF 4 V	NA	$6.60
70300			X-RAY OF TEETH, 1 VIEW	NA	$6.60
70300	TC		X-RAY OF TEETH, 1 VIEW	NA	$4.13
70300	26		X-RAY OF TEETH, 1 VIEW	NA	$2.48
70310			X-RAY OF TEETH, LESS THAN FULL	NA	$20.82
70310	TC		X-RAY OF TEETH, LESS THAN FULL	NA	$16.86
70310	26		X-RAY OF TEETH, LESS THAN FULL	NA	$3.96
70320			X-RAY OF TEETH, FULL MOUTH	NA	$27.30
70320	TC		X-RAY OF TEETH, FULL MOUTH	NA	$22.01
70320	26		X-RAY OF TEETH, FULL MOUTH	NA	$5.28
70328			X-RAY OF JAW JOINT ON 1 SIDE O	NA	$17.70
70328	TC		X-RAY OF JAW JOINT ON 1 SIDE O	NA	$13.42
70328	26		X-RAY OF JAW JOINT ON 1 SIDE O	NA	$4.29
70330			X-RAY OF JAW JOINTS ON BOTH SI	NA	$27.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70330	TC		X-RAY OF JAW JOINTS ON BOTH SI	NA	$21.50
70330	26		X-RAY OF JAW JOINTS ON BOTH SI	NA	$5.61
70332			REVIEW BY RADIOLOGIST OF HINGE	NA	$42.10
70332	TC		REVIEW BY RADIOLOGIST OF HINGE	NA	$29.59
70332	26		REVIEW BY RADIOLOGIST OF HINGE	NA	$12.52
70336			MRI SCAN OF JAW JOINT	NA	$138.67
70336	TC		MRI SCAN OF JAW JOINT	NA	$104.58
70336	26		MRI SCAN OF JAW JOINT	NA	$34.09
70350			IMAGING OF JAWS AND SKULL	NA	$8.42
70350	TC		IMAGING OF JAWS AND SKULL	NA	$4.30
70350	26		IMAGING OF JAWS AND SKULL	NA	$4.13
70355			X-RAY OF LOWER JAWS, UPPER JAW	NA	$9.25
70355	TC		X-RAY OF LOWER JAWS, UPPER JAW	NA	$4.47
70355	26		X-RAY OF LOWER JAWS, UPPER JAW	NA	$4.79
70360			X-RAY NECK: SOFT TISSUE	NA	$15.98
70360	TC		X-RAY NECK: SOFT TISSUE	NA	$11.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70360	26		X-RAY NECK: SOFT TISSUE	NA	$4.29
70370			X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$52.82
70370	TC		X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$45.41
70370	26		X-RAY PHARYNX/LARYNX W/FLUROSC	NA	$7.41
70371			COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$55.56
70371	TC		COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$35.26
70371	26		COMPLEX DYNAMIC PHARYNGEAL/SPE	NA	$20.30
70380			X-RAY OF SALIVA GLAND	NA	$19.26
70380	TC		X-RAY OF SALIVA GLAND	NA	$15.31
70380	26		X-RAY OF SALIVA GLAND	NA	$3.95
70390			REVIEW BY RADIOLOGIST OF SALIV	NA	$59.30
70390	TC		REVIEW BY RADIOLOGIST OF SALIV	NA	$50.57
70390	26		REVIEW BY RADIOLOGIST OF SALIV	NA	$8.73
70450			CT SCAN HEAD OR BRAIN WITHOUT	NA	$55.21
70450	TC		CT SCAN HEAD OR BRAIN WITHOUT	NA	$35.60
70450	26		CT SCAN HEAD OR BRAIN WITHOUT	NA	$19.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70460			CAT,HEAD/BRAIN:W/CONTRAST	NA	$77.28
70460	TC		CAT,HEAD/BRAIN:W/CONTRAST	NA	$51.09
70460	26		CAT,HEAD/BRAIN:W/CONTRAST	NA	$26.19
70470			CT SCAN OF HEAD OR BRAIN BEFOR	NA	$90.55
70470	TC		CT SCAN OF HEAD OR BRAIN BEFOR	NA	$61.06
70470	26		CT SCAN OF HEAD OR BRAIN BEFOR	NA	$29.49
70470	52		CAT,HEAD/BRAIN:W/OUT-W/CONTRAS	$75.00	$54.00
70480			CT SCAN OF CRANIAL CAVITY WITH	NA	$82.80
70480	TC		CT SCAN OF CRANIAL CAVITY WITH	NA	$52.97
70480	26		CT SCAN OF CRANIAL CAVITY WITH	NA	$29.82
70481			TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$94.48
70481	TC		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$68.28
70481	26		TOMOGRAPHY:ORBIT,ETC,WITH/CONT	NA	$26.19
70482			CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$110.33
70482	TC		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$81.01
70482	26		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	NA	$29.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70482	52		CAT,ORBIT,ETC.,W/OUT-W/ CONTRA	$75.00	$54.00
70486			CT SCAN OF FACE WITHOUT CONTRA	NA	$66.91
70486	TC		CT SCAN OF FACE WITHOUT CONTRA	NA	$47.13
70486	26		CT SCAN OF FACE WITHOUT CONTRA	NA	$19.78
70487			TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$79.34
70487	TC		TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$53.32
70487	26		TOMOGRAPHY:MAXILLOFAC,WITH CON	NA	$26.02
70488			CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$96.22
70488	TC		CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$66.91
70488	26		CAT:MAXILL.:W/OUT-W/ CONTRAST	NA	$29.32
70488	52		CAT:MAXILL.:W/OUT-W/ CONTRAST	$75.00	$54.00
70490			CT SCAN OF SOFT TISSUE OF NECK	NA	$77.98
70490	TC		CT SCAN OF SOFT TISSUE OF NECK	NA	$48.33
70490	26		CT SCAN OF SOFT TISSUE OF NECK	NA	$29.65
70491			CT SCAN OF SOFT TISSUE OF NECK	NA	$96.11
70491	TC		CT SCAN OF SOFT TISSUE OF NECK	NA	$64.16

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70491	26		CT SCAN OF SOFT TISSUE OF NECK	NA	$31.96
70492			CT SCAN OF SOFT TISSUE OF NECK	NA	$115.31
70492	TC		CT SCAN OF SOFT TISSUE OF NECK	NA	$78.09
70492	26		CT SCAN OF SOFT TISSUE OF NECK	NA	$37.22
70492	52		CAT,NECK:W/OUT-W/ CONTRAST MAT	$75.00	$54.00
70496			CT SCAN OF BLOOD VESSELS OF HE	NA	$132.37
70496	TC		CT SCAN OF BLOOD VESSELS OF HE	NA	$92.01
70496	26		CT SCAN OF BLOOD VESSELS OF HE	NA	$40.35
70498			CT SCAN OF BLOOD VESSELS OF NE	NA	$132.37
70498	TC		CT SCAN OF BLOOD VESSELS OF NE	NA	$92.01
70498	26		CT SCAN OF BLOOD VESSELS OF NE	NA	$40.35
70540			MRI SCAN OF BONE OF EYE SOCKET	NA	$118.68
70540	TC		MRI SCAN OF BONE OF EYE SOCKET	NA	$87.55
70540	26		MRI SCAN OF BONE OF EYE SOCKET	NA	$31.13
70542			MRI SCAN OF BONE OF EYE SOCKET	NA	$140.76
70542	TC		MRI SCAN OF BONE OF EYE SOCKET	NA	$103.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70542	26		MRI SCAN OF BONE OF EYE SOCKET	NA	$37.39
70543			MRI SCAN OF BONE OF EYE SOCKET	NA	$177.54
70543	TC		MRI SCAN OF BONE OF EYE SOCKET	NA	$127.97
70543	26		MRI SCAN OF BONE OF EYE SOCKET	NA	$49.58
70544			MRI SCAN OF BLOOD VESSELS OF H	NA	$113.15
70544	TC		MRI SCAN OF BLOOD VESSELS OF H	NA	$85.48
70544	26		MRI SCAN OF BLOOD VESSELS OF H	NA	$27.67
70545			MRI SCAN OF BLOOD VESSELS OF H	NA	$119.34
70545	TC		MRI SCAN OF BLOOD VESSELS OF H	NA	$91.67
70545	26		MRI SCAN OF BLOOD VESSELS OF H	NA	$27.67
70546			MRI SCAN OF BLOOD VESSELS OF H	NA	$173.58
70546	TC		MRI SCAN OF BLOOD VESSELS OF H	NA	$139.32
70546	26		MRI SCAN OF BLOOD VESSELS OF H	NA	$34.26
70547			MRI SCAN OF BLOOD VESSELS OF N	NA	$113.32
70547	TC		MRI SCAN OF BLOOD VESSELS OF N	NA	$85.65
70547	26		MRI SCAN OF BLOOD VESSELS OF N	NA	$27.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70548			MRI SCAN OF BLOOD VESSELS OF N	NA	$129.01
70548	TC		MRI SCAN OF BLOOD VESSELS OF N	NA	$94.25
70548	26		MRI SCAN OF BLOOD VESSELS OF N	NA	$34.76
70549			MRI SCAN OF BLOOD VESSELS OF N	NA	$181.51
70549	TC		MRI SCAN OF BLOOD VESSELS OF N	NA	$140.00
70549	26		MRI SCAN OF BLOOD VESSELS OF N	NA	$41.51
70551			MRI SCAN OF BRAIN WITHOUT CONT	NA	$102.55
70551	TC		MRI SCAN OF BRAIN WITHOUT CONT	NA	$68.28
70551	26		MRI SCAN OF BRAIN WITHOUT CONT	NA	$34.26
70552			MRI,BRAIN...WITH CONTRAST MATE	NA	$141.63
70552	TC		MRI,BRAIN...WITH CONTRAST MATE	NA	$100.45
70552	26		MRI,BRAIN...WITH CONTRAST MATE	NA	$41.19
70553			MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$166.56
70553	TC		MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$113.69
70553	26		MRI,BRAIN:WO CONTRAST MAT.FOLL	NA	$52.87
70554			MAGNETIC RESONANCE IMAGING, BR	NA	$199.59

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
70554	TC		MAGNETIC RESONANCE IMAGING, BR	NA	$150.50
70554	26		MAGNETIC RESONANCE IMAGING, BR	NA	$49.09
70555			FUNCTIONAL MRI SCAN OF BRAIN W	NA	$98.16
70555	TC		FUNCTIONAL MRI SCAN OF BRAIN W	NA	$0.00
70555	26		FUNCTIONAL MRI SCAN OF BRAIN W	NA	$98.16
70557			MRI SCAN OF BRAIN WITHOUT CONT	NA	$62.00
70557	TC		MRI SCAN OF BRAIN WITHOUT CONT	NA	$0.00
70557	26		MRI SCAN OF BRAIN WITHOUT CONT	NA	$62.00
70558			MRI SCAN OF BRAIN WITH CONTRAS	NA	$68.00
70558	TC		MRI SCAN OF BRAIN WITH CONTRAS	NA	$0.00
70558	26		MRI SCAN OF BRAIN WITH CONTRAS	NA	$68.00
70559			MRI SCAN OF BRAIN BEFORE AND A	NA	$68.00
70559	TC		MRI SCAN OF BRAIN BEFORE AND A	NA	$0.00
70559	26		MRI SCAN OF BRAIN BEFORE AND A	NA	$68.00
71045			X-RAY OF CHEST, 1 VIEW	NA	$13.06
71045	TC		X-RAY OF CHEST, 1 VIEW	NA	$8.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
71045	26		X-RAY OF CHEST, 1 VIEW	NA	$4.12
71046			X-RAY OF CHEST, 2 VIEWS	NA	$17.15
71046	TC		X-RAY OF CHEST, 2 VIEWS	NA	$12.04
71046	26		X-RAY OF CHEST, 2 VIEWS	NA	$5.11
71047			X-RAY OF CHEST, 3 VIEWS	NA	$21.57
71047	TC		X-RAY OF CHEST, 3 VIEWS	NA	$15.14
71047	26		X-RAY OF CHEST, 3 VIEWS	NA	$6.44
71048			X-RAY OF CHEST, MINIMUM OF 4 V	NA	$23.25
71048	TC		X-RAY OF CHEST, MINIMUM OF 4 V	NA	$16.17
71048	26		X-RAY OF CHEST, MINIMUM OF 4 V	NA	$7.08
71100			X-RAY OF RIBS ON SIDE OF BODY,	NA	$18.69
71100	TC		X-RAY OF RIBS ON SIDE OF BODY,	NA	$13.59
71100	26		X-RAY OF RIBS ON SIDE OF BODY,	NA	$5.11
71101			X-RAY OF RIBS ON SIDE OF BODY,	NA	$21.57
71101	TC		X-RAY OF RIBS ON SIDE OF BODY,	NA	$15.31
71101	26		X-RAY OF RIBS ON SIDE OF BODY,	NA	$6.26

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
71110			X-RAY OF RIBS ON BOTH SIDES OF	NA	$22.41
71110	TC		X-RAY OF RIBS ON BOTH SIDES OF	NA	$15.65
71110	26		X-RAY OF RIBS ON BOTH SIDES OF	NA	$6.76
71111			X-RAY OF RIBS ON BOTH SIDES OF	NA	$26.84
71111	TC		X-RAY OF RIBS ON BOTH SIDES OF	NA	$19.26
71111	26		X-RAY OF RIBS ON BOTH SIDES OF	NA	$7.58
71120			X-RAY OF CHEST BONE, MINIMUM O	NA	$17.16
71120	TC		X-RAY OF CHEST BONE, MINIMUM O	NA	$12.55
71120	26		X-RAY OF CHEST BONE, MINIMUM O	NA	$4.61
71130			X-RAY OF JOINT BETWEEN BREAST	NA	$21.10
71130	TC		X-RAY OF JOINT BETWEEN BREAST	NA	$16.00
71130	26		X-RAY OF JOINT BETWEEN BREAST	NA	$5.11
71250			CT SCAN OF CHEST WITHOUT CONTR	NA	$69.24
71250	TC		CT SCAN OF CHEST WITHOUT CONTR	NA	$44.21
71250	26		CT SCAN OF CHEST WITHOUT CONTR	NA	$25.04
71260			CT SCAN OF CHEST WITH CONTRAST	NA	$87.22

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
71260	TC		CT SCAN OF CHEST WITH CONTRAST	NA	$60.20
71260	26		CT SCAN OF CHEST WITH CONTRAST	NA	$27.03
71270			CT SCAN OF CHEST BEFORE AND AF	NA	$102.61
71270	TC		CT SCAN OF CHEST BEFORE AND AF	NA	$73.79
71270	26		CT SCAN OF CHEST BEFORE AND AF	NA	$28.83
71270	52		CAT,THORAX:W/OUT-W/ CONTRAST M	$75.00	$54.00
71271			LOW DOSE CT SCAN OF CHEST FOR	NA	$71.65
71271	TC		LOW DOSE CT SCAN OF CHEST FOR	NA	$46.61
71271	26		LOW DOSE CT SCAN OF CHEST FOR	NA	$25.04
71275			CT SCAN OF BLOOD VESSELS OF CH	NA	$134.01
71275	TC		CT SCAN OF BLOOD VESSELS OF CH	NA	$92.01
71275	26		CT SCAN OF BLOOD VESSELS OF CH	NA	$42.00
71550			MRI SCAN OF CHEST WITHOUT CONT	NA	$156.40
71550	TC		MRI SCAN OF CHEST WITHOUT CONT	NA	$122.64
71550	26		MRI SCAN OF CHEST WITHOUT CONT	NA	$33.77
71551			MRI-CHEST WITH CONTRAST MATERI	NA	$196.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
71551	TC		MRI-CHEST WITH CONTRAST MATERI	NA	$156.52
71551	26		MRI-CHEST WITH CONTRAST MATERI	NA	$40.03
71552			MRI CHEST WITHOUT/WITH CONTRAS	NA	$244.68
71552	TC		MRI CHEST WITHOUT/WITH CONTRAS	NA	$192.47
71552	26		MRI CHEST WITHOUT/WITH CONTRAS	NA	$52.21
71555			MRI ANGIOGRAPHY CHEST W/WO CON	NA	$175.31
71555	TC		MRI ANGIOGRAPHY CHEST W/WO CON	NA	$133.99
71555	26		MRI ANGIOGRAPHY CHEST W/WO CON	NA	$41.33
72020			X-RAY OF SPINE, 1 VIEW	NA	$12.39
72020	TC		X-RAY OF SPINE, 1 VIEW	NA	$8.60
72020	26		X-RAY OF SPINE, 1 VIEW	NA	$3.79
72040			X-RAY OF UPPER SPINE, 2-3 VIEW	NA	$20.24
72040	TC		X-RAY OF UPPER SPINE, 2-3 VIEW	NA	$14.97
72040	26		X-RAY OF UPPER SPINE, 2-3 VIEW	NA	$5.28
72050			X-RAY OF UPPER SPINE, 4-5 VIEW	NA	$27.42
72050	TC		X-RAY OF UPPER SPINE, 4-5 VIEW	NA	$21.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72050	26		X-RAY OF UPPER SPINE, 4-5 VIEW	NA	$6.26
72052			X-RAY OF UPPER SPINE, 6 OR MOR	NA	$32.03
72052	TC		X-RAY OF UPPER SPINE, 6 OR MOR	NA	$24.94
72052	26		X-RAY OF UPPER SPINE, 6 OR MOR	NA	$7.09
72070			X-RAY OF MIDDLE SPINE, 2 VIEWS	NA	$16.82
72070	TC		X-RAY OF MIDDLE SPINE, 2 VIEWS	NA	$12.04
72070	26		X-RAY OF MIDDLE SPINE, 2 VIEWS	NA	$4.79
72072			X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$20.23
72072	TC		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$14.97
72072	26		X-RAY OF MIDDLE SPINE, 3 VIEWS	NA	$5.27
72074			X-RAY OF MIDDLE SPINE, MINIMUM	NA	$22.79
72074	TC		X-RAY OF MIDDLE SPINE, MINIMUM	NA	$17.03
72074	26		X-RAY OF MIDDLE SPINE, MINIMUM	NA	$5.77
72080			X-RAY OF MIDDLE AND LOWER SPIN	NA	$17.67
72080	TC		X-RAY OF MIDDLE AND LOWER SPIN	NA	$12.73
72080	26		X-RAY OF MIDDLE AND LOWER SPIN	NA	$4.95

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72081			X-RAY OF ENTIRE MIDDLE AND LOW	NA	$21.75
72081	TC		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$15.65
72081	26		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$6.10
72082			X-RAY OF ENTIRE MIDDLE AND LOW	NA	$35.97
72082	TC		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$28.55
72082	26		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$7.42
72083			X-RAY OF ENTIRE MIDDLE AND LOW	NA	$40.58
72083	TC		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$32.16
72083	26		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$8.42
72084			X-RAY OF ENTIRE MIDDLE AND LOW	NA	$50.49
72084	TC		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$40.76
72084	26		X-RAY OF ENTIRE MIDDLE AND LOW	NA	$9.73
72100			X-RAY OF LOWER AND SACRAL SPIN	NA	$20.41
72100	TC		X-RAY OF LOWER AND SACRAL SPIN	NA	$15.14
72100	26		X-RAY OF LOWER AND SACRAL SPIN	NA	$5.28
72110			X-RAY OF LOWER AND SACRAL SPIN	NA	$26.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72110	TC		X-RAY OF LOWER AND SACRAL SPIN	NA	$20.47
72110	26		X-RAY OF LOWER AND SACRAL SPIN	NA	$6.10
72114			X-RAY LOWER AND SACRAL SPINE,	NA	$31.34
72114	TC		X-RAY LOWER AND SACRAL SPINE,	NA	$24.25
72114	26		X-RAY LOWER AND SACRAL SPINE,	NA	$7.09
72120			X-RAY LOWER AND SACRAL SPINE,	NA	$20.76
72120	TC		X-RAY LOWER AND SACRAL SPINE,	NA	$15.48
72120	26		X-RAY LOWER AND SACRAL SPINE,	NA	$5.28
72125			CT SCAN OF UPPER SPINE WITHOUT	NA	$67.78
72125	TC		CT SCAN OF UPPER SPINE WITHOUT	NA	$44.72
72125	26		CT SCAN OF UPPER SPINE WITHOUT	NA	$23.06
72126			CAT SCAN CERVICAL SPINE W/CONT	NA	$88.02
72126	TC		CAT SCAN CERVICAL SPINE W/CONT	NA	$59.85
72126	26		CAT SCAN CERVICAL SPINE W/CONT	NA	$28.17
72127			CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$103.28
72127	TC		CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$73.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72127	26		CAT-CERVICAL SPINE:W/O,W/ CONT	NA	$29.32
72128			CT SCAN OF MIDDLE SPINE WITHOU	NA	$67.61
72128	TC		CT SCAN OF MIDDLE SPINE WITHOU	NA	$44.55
72128	26		CT SCAN OF MIDDLE SPINE WITHOU	NA	$23.06
72129			CAT SCAN,THORACIC SPINE W/CON	NA	$88.70
72129	TC		CAT SCAN,THORACIC SPINE W/CON	NA	$60.37
72129	26		CAT SCAN,THORACIC SPINE W/CON	NA	$28.34
72130			CAT-THORACIC SPINE:W/OUT,W/CON	NA	$103.97
72130	TC		CAT-THORACIC SPINE:W/OUT,W/CON	NA	$74.48
72130	26		CAT-THORACIC SPINE:W/OUT,W/CON	NA	$29.49
72131			CT SCAN OF LOWER SPINE WITHOUT	NA	$67.27
72131	TC		CT SCAN OF LOWER SPINE WITHOUT	NA	$44.21
72131	26		CT SCAN OF LOWER SPINE WITHOUT	NA	$23.06
72132			CAT SCAN LUMBAR SPINE W/CONT M	NA	$88.19
72132	TC		CAT SCAN LUMBAR SPINE W/CONT M	NA	$60.03
72132	26		CAT SCAN LUMBAR SPINE W/CONT M	NA	$28.17

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72133			CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$103.45
72133	TC		CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$74.13
72133	26		CAT-LUMBAR SPINE:W/OUT,W/CONTR	NA	$29.32
72141			MRI SCAN OF UPPER SPINAL CANAL	NA	$99.62
72141	TC		MRI SCAN OF UPPER SPINAL CANAL	NA	$65.36
72141	26		MRI SCAN OF UPPER SPINAL CANAL	NA	$34.26
72142			MRI,SPINAL CANAL...W CONTRAST	NA	$144.37
72142	TC		MRI,SPINAL CANAL...W CONTRAST	NA	$102.85
72142	26		MRI,SPINAL CANAL...W CONTRAST	NA	$41.52
72146			MRI SCAN OF MIDDLE SPINAL CANA	NA	$99.45
72146	TC		MRI SCAN OF MIDDLE SPINAL CANA	NA	$65.19
72146	26		MRI SCAN OF MIDDLE SPINAL CANA	NA	$34.26
72147			MRI,SPINAL CANAL,THORACIC W CO	NA	$143.01
72147	TC		MRI,SPINAL CANAL,THORACIC W CO	NA	$101.82
72147	26		MRI,SPINAL CANAL,THORACIC W CO	NA	$41.19
72148			MRI SCAN OF LOWER SPINAL CANAL	NA	$99.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72148	TC		MRI SCAN OF LOWER SPINAL CANAL	NA	$65.53
72148	26		MRI SCAN OF LOWER SPINAL CANAL	NA	$34.44
72149			MRI,SPINAL CANAL,LUMBAR WITH C	NA	$141.79
72149	TC		MRI,SPINAL CANAL,LUMBAR WITH C	NA	$100.45
72149	26		MRI,SPINAL CANAL,LUMBAR WITH C	NA	$41.35
72156			MRI,SPINAL CANAL/WO CONT.MAT./	NA	$167.42
72156	TC		MRI,SPINAL CANAL/WO CONT.MAT./	NA	$114.38
72156	26		MRI,SPINAL CANAL/WO CONT.MAT./	NA	$53.05
72157			MRI,SPINAL CANAL....THORACIC	NA	$167.77
72157	TC		MRI,SPINAL CANAL....THORACIC	NA	$114.72
72157	26		MRI,SPINAL CANAL....THORACIC	NA	$53.05
72158			MRI,SPINAL CANAL....LUMBAR	NA	$167.08
72158	TC		MRI,SPINAL CANAL....LUMBAR	NA	$114.04
72158	26		MRI,SPINAL CANAL....LUMBAR	NA	$53.05
72159			MRI SCAN OF BLOOD VESSELS OF S	NA	$181.51
72159	TC		MRI SCAN OF BLOOD VESSELS OF S	NA	$139.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72159	26		MRI SCAN OF BLOOD VESSELS OF S	NA	$41.68
72170			X-RAY OF PELVIS, 1-2 VIEWS	NA	$14.27
72170	TC		X-RAY OF PELVIS, 1-2 VIEWS	NA	$10.14
72170	26		X-RAY OF PELVIS, 1-2 VIEWS	NA	$4.13
72190			X-RAY OF PELVIS, MINIMUM OF 3	NA	$21.59
72190	TC		X-RAY OF PELVIS, MINIMUM OF 3	NA	$15.65
72190	26		X-RAY OF PELVIS, MINIMUM OF 3	NA	$5.94
72191			CT SCAN OF BLOOD VESSELS OF PE	NA	$133.17
72191	TC		CT SCAN OF BLOOD VESSELS OF PE	NA	$91.85
72191	26		CT SCAN OF BLOOD VESSELS OF PE	NA	$41.32
72192			CT SCAN OF PELVIS WITHOUT CONT	NA	$69.23
72192	TC		CT SCAN OF PELVIS WITHOUT CONT	NA	$44.04
72192	26		CT SCAN OF PELVIS WITHOUT CONT	NA	$25.20
72193			CT SCAN OF PELVIS WITH CONTRAS	NA	$118.87
72193	TC		CT SCAN OF PELVIS WITH CONTRAS	NA	$92.02
72193	26		CT SCAN OF PELVIS WITH CONTRAS	NA	$26.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72194			CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$120.02
72194	TC		CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$92.02
72194	26		CAT,PELVIS:W/OUT-W/ CONTRAST M	NA	$28.00
72194	52		CAT,PELVIS:W/OUT-W/ CONTRAST M	$75.00	$54.00
72195			MRI SCAN OF PELVIS WITHOUT CON	NA	$120.11
72195	TC		MRI SCAN OF PELVIS WITHOUT CON	NA	$86.17
72195	26		MRI SCAN OF PELVIS WITHOUT CON	NA	$33.94
72196			MRI,PELVIS	NA	$140.65
72196	TC		MRI,PELVIS	NA	$100.79
72196	26		MRI,PELVIS	NA	$39.86
72197			MRI PELVIS WITHOUT/WITH CONTRA	NA	$176.46
72197	TC		MRI PELVIS WITHOUT/WITH CONTRA	NA	$125.74
72197	26		MRI PELVIS WITHOUT/WITH CONTRA	NA	$50.73
72198			MRI SCAN OF BLOOD VESSELS OF P	NA	$177.55
72198	TC		MRI SCAN OF BLOOD VESSELS OF P	NA	$136.39
72198	26		MRI SCAN OF BLOOD VESSELS OF P	NA	$41.17

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72200			X-RAY OF JOINT BETWEEN LOWER S	NA	$17.02
72200	TC		X-RAY OF JOINT BETWEEN LOWER S	NA	$13.07
72200	26		X-RAY OF JOINT BETWEEN LOWER S	NA	$3.95
72202			X-RAY OF JOINT BETWEEN LOWER S	NA	$20.06
72202	TC		X-RAY OF JOINT BETWEEN LOWER S	NA	$14.79
72202	26		X-RAY OF JOINT BETWEEN LOWER S	NA	$5.27
72220			X-RAY OF SACRUM AND TAILBONE,	NA	$16.68
72220	TC		X-RAY OF SACRUM AND TAILBONE,	NA	$12.55
72220	26		X-RAY OF SACRUM AND TAILBONE,	NA	$4.13
72240			REVIEW BY RADIOLOGIST OF UPPER	NA	$56.86
72240	TC		REVIEW BY RADIOLOGIST OF UPPER	NA	$35.60
72240	26		REVIEW BY RADIOLOGIST OF UPPER	NA	$21.25
72255			REVIEW BY RADIOLOGIST OF MIDDL	NA	$54.63
72255	TC		REVIEW BY RADIOLOGIST OF MIDDL	NA	$33.54
72255	26		REVIEW BY RADIOLOGIST OF MIDDL	NA	$21.09
72265			REVIEW BY RADIOLOGIST OF LOWER	NA	$55.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
72265	TC		REVIEW BY RADIOLOGIST OF LOWER	NA	$35.95
72265	26		REVIEW BY RADIOLOGIST OF LOWER	NA	$19.45
72270			REVIEW BY RADIOLOGIST OF MULTI	NA	$77.41
72270	TC		REVIEW BY RADIOLOGIST OF MULTI	NA	$45.58
72270	26		REVIEW BY RADIOLOGIST OF MULTI	NA	$31.83
72285			REVIEW BY RADIOLOGIST OF DISC	NA	$66.94
72285	TC		REVIEW BY RADIOLOGIST OF DISC	NA	$39.73
72285	26		REVIEW BY RADIOLOGIST OF DISC	NA	$27.21
72295			REVIEW BY RADIOLOGIST OF DISC	NA	$56.60
72295	TC		REVIEW BY RADIOLOGIST OF DISC	NA	$37.32
72295	26		REVIEW BY RADIOLOGIST OF DISC	NA	$19.28
73000			RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$16.69
73000	TC		RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$12.73
73000	26		RADIOLOGIC EXAM:CLAVICAL,COMPL	NA	$3.96
73010			RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$12.21
73010	TC		RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$7.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73010	26		RADIOLOGIC EXAM:SCAPULA,COMPLE	NA	$4.30
73020			X-RAY OF SHOULDER, 1 VIEW	NA	$11.02
73020	TC		X-RAY OF SHOULDER, 1 VIEW	NA	$7.39
73020	26		X-RAY OF SHOULDER, 1 VIEW	NA	$3.63
73030			X-RAY OF SHOULDER, MINIMUM OF	NA	$17.87
73030	TC		X-RAY OF SHOULDER, MINIMUM OF	NA	$13.42
73030	26		X-RAY OF SHOULDER, MINIMUM OF	NA	$4.46
73040			REVIEW BY RADIOLOGIST OF SHOUL	NA	$67.39
73040	TC		REVIEW BY RADIOLOGIST OF SHOUL	NA	$54.36
73040	26		REVIEW BY RADIOLOGIST OF SHOUL	NA	$13.04
73050			X-RAY OF BOTH COLLAR BONES JOI	NA	$14.78
73050	TC		X-RAY OF BOTH COLLAR BONES JOI	NA	$10.32
73050	26		X-RAY OF BOTH COLLAR BONES JOI	NA	$4.46
73060			X-RAY OF UPPER ARM, MINIMUM OF	NA	$16.35
73060	TC		X-RAY OF UPPER ARM, MINIMUM OF	NA	$12.55
73060	26		X-RAY OF UPPER ARM, MINIMUM OF	NA	$3.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73070			X-RAY OF ELBOW, 2 VIEWS	NA	$14.97
73070	TC		X-RAY OF ELBOW, 2 VIEWS	NA	$11.01
73070	26		X-RAY OF ELBOW, 2 VIEWS	NA	$3.96
73080			X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$16.85
73080	TC		X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$12.73
73080	26		X-RAY OF ELBOW, MINIMUM OF 3 V	NA	$4.13
73085			REVIEW BY RADIOLOGIST OF ELBOW	NA	$51.05
73085	TC		REVIEW BY RADIOLOGIST OF ELBOW	NA	$38.53
73085	26		REVIEW BY RADIOLOGIST OF ELBOW	NA	$12.52
73090			X-RAY OF FOREARM, 2 VIEWS	NA	$14.97
73090	TC		X-RAY OF FOREARM, 2 VIEWS	NA	$11.18
73090	26		X-RAY OF FOREARM, 2 VIEWS	NA	$3.79
73100			X-RAY OF WRIST, 2 VIEWS	NA	$17.38
73100	TC		X-RAY OF WRIST, 2 VIEWS	NA	$13.42
73100	26		X-RAY OF WRIST, 2 VIEWS	NA	$3.96
73110			X-RAY OF WRIST, MINIMUM OF 3 V	NA	$21.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73110	TC		X-RAY OF WRIST, MINIMUM OF 3 V	NA	$17.03
73110	26		X-RAY OF WRIST, MINIMUM OF 3 V	NA	$4.13
73115			REVIEW BY RADIOLOGIST OF WRIST	NA	$69.11
73115	TC		REVIEW BY RADIOLOGIST OF WRIST	NA	$55.91
73115	26		REVIEW BY RADIOLOGIST OF WRIST	NA	$13.21
73120			X-RAY OF HAND, 2 VIEWS	NA	$16.17
73120	TC		X-RAY OF HAND, 2 VIEWS	NA	$12.21
73120	26		X-RAY OF HAND, 2 VIEWS	NA	$3.96
73130			X-RAY OF HAND, MINIMUM OF 3 VI	NA	$19.09
73130	TC		X-RAY OF HAND, MINIMUM OF 3 VI	NA	$14.97
73130	26		X-RAY OF HAND, MINIMUM OF 3 VI	NA	$4.13
73140			X-RAY OF FINGER, MINIMUM OF 2	NA	$19.64
73140	TC		X-RAY OF FINGER, MINIMUM OF 2	NA	$16.34
73140	26		X-RAY OF FINGER, MINIMUM OF 2	NA	$3.31
73200			CT SCAN OF ARM WITHOUT CONTRAS	NA	$78.10
73200	TC		CT SCAN OF ARM WITHOUT CONTRAS	NA	$55.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73200	26		CT SCAN OF ARM WITHOUT CONTRAS	NA	$23.06
73201			CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$105.11
73201	TC		CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$78.26
73201	26		CAT,UPPER EXTREMITY:W/ CONTRAS	NA	$26.85
73202			CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$120.02
73202	TC		CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$92.02
73202	26		CAT,UPPER EXT.:W/OUT-W/ CONTRA	NA	$28.00
73206			CT SCAN OF BLOOD VESSELS OF AR	NA	$133.17
73206	TC		CT SCAN OF BLOOD VESSELS OF AR	NA	$91.85
73206	26		CT SCAN OF BLOOD VESSELS OF AR	NA	$41.32
73218			MRI SCAN OF ARM WITHOUT CONTRA	NA	$154.11
73218	TC		MRI SCAN OF ARM WITHOUT CONTRA	NA	$122.64
73218	26		MRI SCAN OF ARM WITHOUT CONTRA	NA	$31.48
73219			MRI UPPER EXTREMITY WITH CONTR	NA	$174.30
73219	TC		MRI UPPER EXTREMITY WITH CONTR	NA	$136.74
73219	26		MRI UPPER EXTREMITY WITH CONTR	NA	$37.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73220			MRI-UPPER EXTREMITY	NA	$215.39
73220	TC		MRI-UPPER EXTREMITY	NA	$165.64
73220	26		MRI-UPPER EXTREMITY	NA	$49.75
73221			MRI SCAN OF ARM JOINT WITHOUT	NA	$106.29
73221	TC		MRI SCAN OF ARM JOINT WITHOUT	NA	$74.82
73221	26		MRI SCAN OF ARM JOINT WITHOUT	NA	$31.48
73222			MRI ANY JOINT UP EXTREM WITH C	NA	$164.67
73222	TC		MRI ANY JOINT UP EXTREM WITH C	NA	$126.94
73222	26		MRI ANY JOINT UP EXTREM WITH C	NA	$37.74
73223			MRI UPPER EXTREM JOINT WO/W CO	NA	$203.35
73223	TC		MRI UPPER EXTREM JOINT WO/W CO	NA	$153.43
73223	26		MRI UPPER EXTREM JOINT WO/W CO	NA	$49.92
73225			MRI SCAN OF BLOOD VESSELS OF A	NA	$179.86
73225	TC		MRI SCAN OF BLOOD VESSELS OF A	NA	$139.83
73225	26		MRI SCAN OF BLOOD VESSELS OF A	NA	$40.03
73501			X-RAY OF HIP, 1 VIEW	NA	$16.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73501	TC		X-RAY OF HIP, 1 VIEW	NA	$12.38
73501	26		X-RAY OF HIP, 1 VIEW	NA	$4.46
73502			X-RAY OF HIP, 2-3 VIEWS	NA	$24.37
73502	TC		X-RAY OF HIP, 2-3 VIEWS	NA	$19.09
73502	26		X-RAY OF HIP, 2-3 VIEWS	NA	$5.28
73503			X-RAY OF HIP, MINIMUM OF 4 VIE	NA	$30.69
73503	TC		X-RAY OF HIP, MINIMUM OF 4 VIE	NA	$24.25
73503	26		X-RAY OF HIP, MINIMUM OF 4 VIE	NA	$6.44
73521			X-RAY OF BOTH HIPS, 2 VIEWS	NA	$21.10
73521	TC		X-RAY OF BOTH HIPS, 2 VIEWS	NA	$15.82
73521	26		X-RAY OF BOTH HIPS, 2 VIEWS	NA	$5.28
73522			X-RAY OF BOTH HIPS, 3-4 VIEWS	NA	$27.57
73522	TC		X-RAY OF BOTH HIPS, 3-4 VIEWS	NA	$20.64
73522	26		X-RAY OF BOTH HIPS, 3-4 VIEWS	NA	$6.93
73523			X-RAY OF BOTH HIPS, MINIMUM OF	NA	$31.67
73523	TC		X-RAY OF BOTH HIPS, MINIMUM OF	NA	$24.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73523	26		X-RAY OF BOTH HIPS, MINIMUM OF	NA	$7.42
73525			REVIEW BY RADIOLOGIST OF HIP J	NA	$66.00
73525	TC		REVIEW BY RADIOLOGIST OF HIP J	NA	$52.12
73525	26		REVIEW BY RADIOLOGIST OF HIP J	NA	$13.89
73551			X-RAY OF THIGH BONE, 1 VIEW	NA	$14.97
73551	TC		X-RAY OF THIGH BONE, 1 VIEW	NA	$11.01
73551	26		X-RAY OF THIGH BONE, 1 VIEW	NA	$3.96
73552			X-RAY OF THIGH BONE, MINIMUM 2	NA	$18.22
73552	TC		X-RAY OF THIGH BONE, MINIMUM 2	NA	$13.93
73552	26		X-RAY OF THIGH BONE, MINIMUM 2	NA	$4.29
73560			X-RAY OF KNEE, 1-2 VIEWS	NA	$17.55
73560	TC		X-RAY OF KNEE, 1-2 VIEWS	NA	$13.59
73560	26		X-RAY OF KNEE, 1-2 VIEWS	NA	$3.96
73562			X-RAY OF KNEE, 3 VIEWS	NA	$20.97
73562	TC		X-RAY OF KNEE, 3 VIEWS	NA	$16.51
73562	26		X-RAY OF KNEE, 3 VIEWS	NA	$4.46

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73564			X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$24.20
73564	TC		X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$18.75
73564	26		X-RAY OF KNEE, 4 OR MORE VIEWS	NA	$5.46
73565			X-RAY OF BOTH KNEES WHILE STAN	NA	$20.48
73565	TC		X-RAY OF BOTH KNEES WHILE STAN	NA	$16.51
73565	26		X-RAY OF BOTH KNEES WHILE STAN	NA	$3.96
73580			REVIEW BY RADIOLOGIST OF KNEE	NA	$56.48
73580	TC		REVIEW BY RADIOLOGIST OF KNEE	NA	$41.46
73580	26		REVIEW BY RADIOLOGIST OF KNEE	NA	$15.04
73590			X-RAY OF LOWER LEG, 2 VIEWS	NA	$16.17
73590	TC		X-RAY OF LOWER LEG, 2 VIEWS	NA	$12.38
73590	26		X-RAY OF LOWER LEG, 2 VIEWS	NA	$3.79
73600			X-RAY OF ANKLE, 2 VIEWS	NA	$16.52
73600	TC		X-RAY OF ANKLE, 2 VIEWS	NA	$12.73
73600	26		X-RAY OF ANKLE, 2 VIEWS	NA	$3.79
73610			X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$18.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73610	TC		X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$14.62
73610	26		X-RAY OF ANKLE, MINIMUM OF 3 V	NA	$4.13
73615			REVIEW BY RADIOLOGIST OF ANKLE	NA	$65.50
73615	TC		REVIEW BY RADIOLOGIST OF ANKLE	NA	$52.12
73615	26		REVIEW BY RADIOLOGIST OF ANKLE	NA	$13.38
73620			X-RAY OF FOOT, 2 VIEWS	NA	$14.63
73620	TC		X-RAY OF FOOT, 2 VIEWS	NA	$11.01
73620	26		X-RAY OF FOOT, 2 VIEWS	NA	$3.62
73630			X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$17.54
73630	TC		X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$13.59
73630	26		X-RAY OF FOOT, MINIMUM OF 3 VI	NA	$3.95
73650			X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$14.63
73650	TC		X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$10.83
73650	26		X-RAY OF HEEL, MINIMUM OF 2 VI	NA	$3.79
73660			X-RAY OF TOE, MINIMUM OF 2 VIE	NA	$15.00
73660	TC		X-RAY OF TOE, MINIMUM OF 2 VIE	NA	$11.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73660	26		X-RAY OF TOE, MINIMUM OF 2 VIE	NA	$3.14
73700			CT SCAN OF LEG WITHOUT CONTRAS	NA	$67.44
73700	TC		CT SCAN OF LEG WITHOUT CONTRAS	NA	$44.38
73700	26		CT SCAN OF LEG WITHOUT CONTRAS	NA	$23.06
73701			CT SCAN OF LEG WITH CONTRAST M	NA	$87.05
73701	TC		CT SCAN OF LEG WITH CONTRAST M	NA	$60.20
73701	26		CT SCAN OF LEG WITH CONTRAST M	NA	$26.85
73702			CT SCAN OF LEG BEFORE AND AFTE	NA	$102.13
73702	TC		CT SCAN OF LEG BEFORE AND AFTE	NA	$74.13
73702	26		CT SCAN OF LEG BEFORE AND AFTE	NA	$28.00
73706			CT SCAN OF BLOOD VESSELS OF LO	NA	$135.48
73706	TC		CT SCAN OF BLOOD VESSELS OF LO	NA	$92.01
73706	26		CT SCAN OF BLOOD VESSELS OF LO	NA	$43.47
73718			MRI SCAN OF LEG WITHOUT CONTRA	NA	$117.13
73718	TC		MRI SCAN OF LEG WITHOUT CONTRA	NA	$86.00
73718	26		MRI SCAN OF LEG WITHOUT CONTRA	NA	$31.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73719			MRI LOWER EXTREMITY W/CONTRAST	NA	$138.01
73719	TC		MRI LOWER EXTREMITY W/CONTRAST	NA	$100.62
73719	26		MRI LOWER EXTREMITY W/CONTRAST	NA	$37.39
73720			MRI-LOWER EXTREMITY,OTHER THAN	NA	$176.68
73720	TC		MRI-LOWER EXTREMITY,OTHER THAN	NA	$127.11
73720	26		MRI-LOWER EXTREMITY,OTHER THAN	NA	$49.58
73721			MRI SCAN OF LEG JOINT WITHOUT	NA	$106.12
73721	TC		MRI SCAN OF LEG JOINT WITHOUT	NA	$74.65
73721	26		MRI SCAN OF LEG JOINT WITHOUT	NA	$31.48
73722			MRI LOWER EXTREMITY JOINT W/CO	NA	$164.84
73722	TC		MRI LOWER EXTREMITY JOINT W/CO	NA	$127.28
73722	26		MRI LOWER EXTREMITY JOINT W/CO	NA	$37.57
73723			MRI LOWER EXTREMITY JOINT WO/W	NA	$202.49
73723	TC		MRI LOWER EXTREMITY JOINT WO/W	NA	$152.74
73723	26		MRI LOWER EXTREMITY JOINT WO/W	NA	$49.75
73725			MRI SCAN OF BLOOD VESSELS OF L	NA	$176.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
73725	TC		MRI SCAN OF BLOOD VESSELS OF L	NA	$134.85
73725	26		MRI SCAN OF BLOOD VESSELS OF L	NA	$41.48
74018			X-RAY OF ABDOMEN, 1 VIEW	NA	$15.46
74018	TC		X-RAY OF ABDOMEN, 1 VIEW	NA	$11.18
74018	26		X-RAY OF ABDOMEN, 1 VIEW	NA	$4.29
74019			X-RAY OF ABDOMEN, 2 VIEWS	NA	$18.68
74019	TC		X-RAY OF ABDOMEN, 2 VIEWS	NA	$13.42
74019	26		X-RAY OF ABDOMEN, 2 VIEWS	NA	$5.27
74021			X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$21.91
74021	TC		X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$15.65
74021	26		X-RAY OF ABDOMEN, MINIMUM OF 3	NA	$6.26
74022			X-RAY SERIES OF ABDOMEN WITH S	NA	$25.47
74022	TC		X-RAY SERIES OF ABDOMEN WITH S	NA	$18.06
74022	26		X-RAY SERIES OF ABDOMEN WITH S	NA	$7.41
74150			CT SCAN OF ABDOMEN WITHOUT CON	NA	$71.02
74150	TC		CT SCAN OF ABDOMEN WITHOUT CON	NA	$43.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74150	26		CT SCAN OF ABDOMEN WITHOUT CON	NA	$27.51
74160			CT SCAN OF ABDOMEN WITH CONTRA	NA	$121.51
74160	TC		CT SCAN OF ABDOMEN WITH CONTRA	NA	$92.02
74160	26		CT SCAN OF ABDOMEN WITH CONTRA	NA	$29.49
74170			CT SCAN OF ABDOMEN BEFORE AND	NA	$124.31
74170	TC		CT SCAN OF ABDOMEN BEFORE AND	NA	$92.02
74170	26		CT SCAN OF ABDOMEN BEFORE AND	NA	$32.28
74170	52		CAT,ABDOMEN:W/OUT-W/CONTRAST M	$75.00	$54.00
74174			CT SCAN OF BLOOD VESSELS OF AB	NA	$199.16
74174	TC		CT SCAN OF BLOOD VESSELS OF AB	NA	$148.61
74174	26		CT SCAN OF BLOOD VESSELS OF AB	NA	$50.55
74175			CT SCAN OF BLOOD VESSELS OF AB	NA	$133.68
74175	TC		CT SCAN OF BLOOD VESSELS OF AB	NA	$91.85
74175	26		CT SCAN OF BLOOD VESSELS OF AB	NA	$41.83
74176			CT SCAN OF ABDOMEN AND PELVIS	NA	$95.05
74176	TC		CT SCAN OF ABDOMEN AND PELVIS	NA	$54.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74176	26		CT SCAN OF ABDOMEN AND PELVIS	NA	$40.19
74177			COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$158.80
74177	TC		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$116.80
74177	26		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$42.01
74178			COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$178.20
74178	TC		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$131.92
74178	26		COMPUTED TOMOGRAPHY, ABDOMEN A	NA	$46.28
74181			MRI SCAN OF ABDOMEN WITHOUT CO	NA	$102.39
74181	TC		MRI SCAN OF ABDOMEN WITHOUT CO	NA	$68.63
74181	26		MRI SCAN OF ABDOMEN WITHOUT CO	NA	$33.77
74182			MRI ABDOMEN WITH CONTRAST	NA	$158.71
74182	TC		MRI ABDOMEN WITH CONTRAST	NA	$118.85
74182	26		MRI ABDOMEN WITH CONTRAST	NA	$39.86
74183			MRI ABDOMEN WO/W CONTRAST	NA	$177.15
74183	TC		MRI ABDOMEN WO/W CONTRAST	NA	$126.42
74183	26		MRI ABDOMEN WO/W CONTRAST	NA	$50.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74185			MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$176.87
74185	TC		MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$135.71
74185	26		MRI ANGIOGRAPHY ABDOMEN W/WO C	NA	$41.17
74190			REVIEW BY RADIOLOGIST OF ABDOM	NA	$53.00
74190	TC		REVIEW BY RADIOLOGIST OF ABDOM	NA	$38.00
74190	26		REVIEW BY RADIOLOGIST OF ABDOM	NA	$15.00
74210			X-RAY OF VOICE BOX AND/OR ESOP	NA	$48.25
74210	TC		X-RAY OF VOICE BOX AND/OR ESOP	NA	$34.74
74210	26		X-RAY OF VOICE BOX AND/OR ESOP	NA	$13.50
74220			SINGLE CONTRAST X-RAY OF ESOPH	NA	$49.61
74220	TC		SINGLE CONTRAST X-RAY OF ESOPH	NA	$35.78
74220	26		SINGLE CONTRAST X-RAY OF ESOPH	NA	$13.84
74221			DOUBLE CONTRAST X-RAY OF ESOPH	NA	$55.87
74221	TC		DOUBLE CONTRAST X-RAY OF ESOPH	NA	$39.73
74221	26		DOUBLE CONTRAST X-RAY OF ESOPH	NA	$16.14
74230			CINEMA XRAY THROAT/ESOPHAGUS	NA	$63.79

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74230	TC		CINEMA XRAY THROAT/ESOPHAGUS	NA	$51.43
74230	26		CINEMA XRAY THROAT/ESOPHAGUS	NA	$12.36
74235			REVIEW BY RADIOLOGIST OF IMAGI	NA	$46.10
74235	TC		REVIEW BY RADIOLOGIST OF IMAGI	NA	$0.00
74235	26		REVIEW BY RADIOLOGIST OF IMAGI	NA	$46.10
74240			SINGLE CONTRAST X-RAY OF UPPER	NA	$62.48
74240	TC		SINGLE CONTRAST X-RAY OF UPPER	NA	$43.86
74240	26		SINGLE CONTRAST X-RAY OF UPPER	NA	$18.62
74246			DOUBLE CONTRAST X-RAY OF UPPER	NA	$70.81
74246	TC		DOUBLE CONTRAST X-RAY OF UPPER	NA	$50.05
74246	26		DOUBLE CONTRAST X-RAY OF UPPER	NA	$20.75
74248			FOLLOW-THROUGH X-RAY OF SMALL	NA	$41.76
74248	TC		FOLLOW-THROUGH X-RAY OF SMALL	NA	$25.63
74248	26		FOLLOW-THROUGH X-RAY OF SMALL	NA	$16.14
74250			SINGLE CONTRAST X-RAY OF SMALL	NA	$61.96
74250	TC		SINGLE CONTRAST X-RAY OF SMALL	NA	$43.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74250	26		SINGLE CONTRAST X-RAY OF SMALL	NA	$18.61
74251			DOUBLE CONTRAST X-RAY OF SMALL	NA	$119.04
74251	TC		DOUBLE CONTRAST X-RAY OF SMALL	NA	$92.03
74251	26		DOUBLE CONTRAST X-RAY OF SMALL	NA	$27.02
74261			DIAGNOSTIC CT SCAN OF LARGE IN	NA	$110.38
74261	TC		DIAGNOSTIC CT SCAN OF LARGE IN	NA	$55.05
74261	26		DIAGNOSTIC CT SCAN OF LARGE IN	NA	$55.34
74262			DIAGNOSTIC CT SCAN OF LARGE IN	NA	$149.67
74262	TC		DIAGNOSTIC CT SCAN OF LARGE IN	NA	$91.86
74262	26		DIAGNOSTIC CT SCAN OF LARGE IN	NA	$57.82
74263			SCREENING CT SCAN OF LARGE INT	NA	$0.00
74263	TC		SCREENING CT SCAN OF LARGE INT	NA	$0.00
74263	26		SCREENING CT SCAN OF LARGE INT	NA	$0.00
74270			SINGLE CONTRAST X-RAY OF LARGE	NA	$78.06
74270	TC		SINGLE CONTRAST X-RAY OF LARGE	NA	$54.19
74270	26		SINGLE CONTRAST X-RAY OF LARGE	NA	$23.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74280			DOUBLE CONTRAST X-RAY OF LARGE	NA	$112.06
74280	TC		DOUBLE CONTRAST X-RAY OF LARGE	NA	$82.90
74280	26		DOUBLE CONTRAST X-RAY OF LARGE	NA	$29.16
74283			ENEMA USING AIR OR CONTRAST	NA	$129.35
74283	TC		ENEMA USING AIR OR CONTRAST	NA	$80.68
74283	26		ENEMA USING AIR OR CONTRAST	NA	$48.68
74290			CONTRAST X-RAY, GALLBLADDER	NA	$43.53
74290	TC		CONTRAST X-RAY, GALLBLADDER	NA	$36.12
74290	26		CONTRAST X-RAY, GALLBLADDER	NA	$7.41
74300			REVIEW BY RADIOLOGIST OF BILE	NA	$40.00
74300	TC		REVIEW BY RADIOLOGIST OF BILE	NA	$29.20
74300	26		REVIEW BY RADIOLOGIST OF BILE	NA	$10.80
74301			REVIEW BY RADIOLOGIST OF ADDIT	NA	$10.00
74301	TC		REVIEW BY RADIOLOGIST OF ADDIT	NA	$6.00
74301	26		REVIEW BY RADIOLOGIST OF ADDIT	NA	$4.00
74328			REVIEW BY RADIOLOGIST OF IMAGE	NA	$27.15

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74328	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
74328	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$27.15
74329			REVIEW BY RADIOLOGIST OF IMAGE	NA	$27.15
74329	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
74329	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$27.15
74330			REVIEW BY RADIOLOGIST OF IMAGE	NA	$76.00
74330	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$53.00
74330	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$23.00
74340			REVIEW BY RADIOLOGIST OF PLACE	NA	$40.00
74340	TC		REVIEW BY RADIOLOGIST OF PLACE	NA	$24.00
74340	26		REVIEW BY RADIOLOGIST OF PLACE	NA	$16.00
74355			REVIEW BY RADIOLOGIST OF PLACE	NA	$50.00
74355	TC		REVIEW BY RADIOLOGIST OF PLACE	NA	$30.00
74355	26		REVIEW BY RADIOLOGIST OF PLACE	NA	$20.00
74360			REVIEW BY RADIOLOGIST OF IMAGE	NA	$50.00
74360	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$30.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74360	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$20.00
74363			REVIEW BY RADIOLOGIST OF IMAGE	NA	$117.07
74363	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$79.14
74363	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$37.93
74400			CONTRAST X-RAY URINARY TRACT	NA	$69.15
74400	TC		CONTRAST X-RAY URINARY TRACT	NA	$57.79
74400	26		CONTRAST X-RAY URINARY TRACT	NA	$11.37
74410			CONTRAST X-RAY URINARY TRACT	NA	$72.60
74410	TC		CONTRAST X-RAY URINARY TRACT	NA	$61.40
74410	26		CONTRAST X-RAY URINARY TRACT	NA	$11.20
74415			CONTRAST X-RAY URINARY TRACT	NA	$77.42
74415	TC		CONTRAST X-RAY URINARY TRACT	NA	$66.22
74415	26		CONTRAST X-RAY URINARY TRACT	NA	$11.20
74420			IMAGING OF URINARY TRACT FOLLO	NA	$39.72
74420	TC		IMAGING OF URINARY TRACT FOLLO	NA	$27.87
74420	26		IMAGING OF URINARY TRACT FOLLO	NA	$11.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74425			REVIEW BY RADIOLOGIST OF UPPER	NA	$69.49
74425	TC		REVIEW BY RADIOLOGIST OF UPPER	NA	$57.97
74425	26		REVIEW BY RADIOLOGIST OF UPPER	NA	$11.53
74430			REVIEW BY RADIOLOGIST OF URINA	NA	$21.00
74430	TC		REVIEW BY RADIOLOGIST OF URINA	NA	$13.59
74430	26		REVIEW BY RADIOLOGIST OF URINA	NA	$7.41
74440			REVIEW BY RADIOLOGIST OF MALE	NA	$49.84
74440	TC		REVIEW BY RADIOLOGIST OF MALE	NA	$41.28
74440	26		REVIEW BY RADIOLOGIST OF MALE	NA	$8.56
74445			REVIEW BY RADIOLOGIST OF PENIS	NA	$43.00
74445	TC		REVIEW BY RADIOLOGIST OF PENIS	NA	$15.00
74445	26		REVIEW BY RADIOLOGIST OF PENIS	NA	$28.00
74450			REVIEW BY RADIOLOGIST OF URINA	NA	$20.00
74450	TC		REVIEW BY RADIOLOGIST OF URINA	NA	$11.00
74450	26		REVIEW BY RADIOLOGIST OF URINA	NA	$9.00
74455			REVIEW BY RADIOLOGIST OF URINA	NA	$53.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74455	TC		REVIEW BY RADIOLOGIST OF URINA	NA	$45.75
74455	26		REVIEW BY RADIOLOGIST OF URINA	NA	$7.58
74470			REVIEW BY RADIOLOGIST OF KIDNE	NA	$20.00
74470	TC		REVIEW BY RADIOLOGIST OF KIDNE	NA	$11.00
74470	26		REVIEW BY RADIOLOGIST OF KIDNE	NA	$9.00
74485			REVIEW BY RADIOLOGIST OF URETE	NA	$60.74
74485	TC		REVIEW BY RADIOLOGIST OF URETE	NA	$41.80
74485	26		REVIEW BY RADIOLOGIST OF URETE	NA	$18.94
74712			MRI SCAN OF FETUS FOR SINGLE O	NA	$192.16
74712	TC		MRI SCAN OF FETUS FOR SINGLE O	NA	$122.64
74712	26		MRI SCAN OF FETUS FOR SINGLE O	NA	$69.52
74713			MRI SCAN OF FETUS FOR EACH ADD	NA	$103.38
74713	TC		MRI SCAN OF FETUS FOR EACH ADD	NA	$60.55
74713	26		MRI SCAN OF FETUS FOR EACH ADD	NA	$42.83
74740			REVIEW BY RADIOLOGIST OF UTERI	NA	$47.94
74740	TC		REVIEW BY RADIOLOGIST OF UTERI	NA	$39.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
74740	26		REVIEW BY RADIOLOGIST OF UTERI	NA	$8.90
74742			REVIEW BY RADIOLOGIST OF IMAGE	NA	$57.00
74742	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$41.25
74742	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$15.75
74775			PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$30.00
74775	TC		PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$18.00
74775	26		PERINEOGRAM-DET.SEX/EXTENT ANO	NA	$12.00
75557			MRI SCAN OF HEART WITHOUT CONT	NA	$145.19
75557	TC		MRI SCAN OF HEART WITHOUT CONT	NA	$91.51
75557	26		MRI SCAN OF HEART WITHOUT CONT	NA	$53.69
75559			MRI SCAN OF HEART WITHOUT CONT	NA	$195.52
75559	TC		MRI SCAN OF HEART WITHOUT CONT	NA	$128.84
75559	26		MRI SCAN OF HEART WITHOUT CONT	NA	$66.68
75561			MRI SCAN OF HEART BEFORE AND A	NA	$190.17
75561	TC		MRI SCAN OF HEART BEFORE AND A	NA	$130.72
75561	26		MRI SCAN OF HEART BEFORE AND A	NA	$59.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75563			MRI SCAN OF HEART BEFORE AND A	NA	$221.77
75563	TC		MRI SCAN OF HEART BEFORE AND A	NA	$153.77
75563	26		MRI SCAN OF HEART BEFORE AND A	NA	$68.00
75565			MRI SCAN OF BLOOD FLOW OF HEAR	NA	$23.83
75565	TC		MRI SCAN OF BLOOD FLOW OF HEAR	NA	$18.07
75565	26		MRI SCAN OF BLOOD FLOW OF HEAR	NA	$5.77
75571			COMPUTED TOMOGRAPHY, HEART, WI	NA	$52.21
75571	TC		COMPUTED TOMOGRAPHY, HEART, WI	NA	$38.87
75571	26		COMPUTED TOMOGRAPHY, HEART, WI	NA	$13.34
75572			COMPUTED TOMOGRAPHY, HEART, WI	NA	$118.61
75572	TC		COMPUTED TOMOGRAPHY, HEART, WI	NA	$78.60
75572	26		COMPUTED TOMOGRAPHY, HEART, WI	NA	$40.02
75573			CT SCAN OF CONGENITAL HEART DI	NA	$150.47
75573	TC		CT SCAN OF CONGENITAL HEART DI	NA	$92.01
75573	26		CT SCAN OF CONGENITAL HEART DI	NA	$58.46
75574			CT SCAN OF BLOOD VESSELS AND G	NA	$146.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75574	TC		CT SCAN OF BLOOD VESSELS AND G	NA	$91.84
75574	26		CT SCAN OF BLOOD VESSELS AND G	NA	$55.01
75600			REVIEW BY RADIOLOGIST OF CHEST	NA	$93.56
75600	TC		REVIEW BY RADIOLOGIST OF CHEST	NA	$82.22
75600	26		REVIEW BY RADIOLOGIST OF CHEST	NA	$11.35
75605			REVIEW BY RADIOLOGIST OF CHEST	NA	$61.06
75605	TC		REVIEW BY RADIOLOGIST OF CHEST	NA	$35.26
75605	26		REVIEW BY RADIOLOGIST OF CHEST	NA	$25.81
75625			REVIEW BY RADIOLOGIST OF ABDOM	NA	$63.64
75625	TC		REVIEW BY RADIOLOGIST OF ABDOM	NA	$30.96
75625	26		REVIEW BY RADIOLOGIST OF ABDOM	NA	$32.68
75630			REVIEW BY RADIOLOGIST OF ABDOM	NA	$78.73
75630	TC		REVIEW BY RADIOLOGIST OF ABDOM	NA	$33.36
75630	26		REVIEW BY RADIOLOGIST OF ABDOM	NA	$45.37
75635			COMP TOMO ANGIO ABD AORTA/BIL	NA	$146.66
75635	TC		COMP TOMO ANGIO ABD AORTA/BIL	NA	$92.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75635	26		COMP TOMO ANGIO ABD AORTA/BIL	NA	$54.65
75705			REVIEW BY RADIOLOGIST OF SPINA	NA	$126.75
75705	TC		REVIEW BY RADIOLOGIST OF SPINA	NA	$70.00
75705	26		REVIEW BY RADIOLOGIST OF SPINA	NA	$56.76
75710			REVIEW BY RADIOLOGIST OF ARM O	NA	$75.53
75710	TC		REVIEW BY RADIOLOGIST OF ARM O	NA	$35.60
75710	26		REVIEW BY RADIOLOGIST OF ARM O	NA	$39.93
75716			REVIEW BY RADIOLOGIST OF BOTH	NA	$81.85
75716	TC		REVIEW BY RADIOLOGIST OF BOTH	NA	$37.15
75716	26		REVIEW BY RADIOLOGIST OF BOTH	NA	$44.71
75726			REVIEW BY RADIOLOGIST OF ABDOM	NA	$85.42
75726	TC		REVIEW BY RADIOLOGIST OF ABDOM	NA	$40.07
75726	26		REVIEW BY RADIOLOGIST OF ABDOM	NA	$45.36
75731			REVIEW BY RADIOLOGIST OF ADREN	NA	$77.95
75731	TC		REVIEW BY RADIOLOGIST OF ADREN	NA	$51.59
75731	26		REVIEW BY RADIOLOGIST OF ADREN	NA	$26.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75733			REVIEW BY RADIOLOGIST OF BOTH	NA	$87.59
75733	TC		REVIEW BY RADIOLOGIST OF BOTH	NA	$57.95
75733	26		REVIEW BY RADIOLOGIST OF BOTH	NA	$29.64
75736			REVIEW BY RADIOLOGIST OF PELVI	NA	$72.77
75736	TC		REVIEW BY RADIOLOGIST OF PELVI	NA	$47.64
75736	26		REVIEW BY RADIOLOGIST OF PELVI	NA	$25.13
75741			REVIEW BY RADIOLOGIST OF LUNG	NA	$65.55
75741	TC		REVIEW BY RADIOLOGIST OF LUNG	NA	$36.46
75741	26		REVIEW BY RADIOLOGIST OF LUNG	NA	$29.10
75743			REVIEW BY RADIOLOGIST OF ARTER	NA	$74.30
75743	TC		REVIEW BY RADIOLOGIST OF ARTER	NA	$37.15
75743	26		REVIEW BY RADIOLOGIST OF ARTER	NA	$37.16
75746			REVIEW BY RADIOLOGIST OF LUNG	NA	$68.31
75746	TC		REVIEW BY RADIOLOGIST OF LUNG	NA	$42.82
75746	26		REVIEW BY RADIOLOGIST OF LUNG	NA	$25.49
75756			REVIEW BY RADIOLOGIST OF BREAS	NA	$83.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75756	TC		REVIEW BY RADIOLOGIST OF BREAS	NA	$57.44
75756	26		REVIEW BY RADIOLOGIST OF BREAS	NA	$26.50
75774			REVIEW BY RADIOLOGIST OF ADDIT	NA	$48.66
75774	TC		REVIEW BY RADIOLOGIST OF ADDIT	NA	$26.32
75774	26		REVIEW BY RADIOLOGIST OF ADDIT	NA	$22.35
75801			REVIEW BY RADIOLOGIST OF LYMPH	NA	$60.00
75801	TC		REVIEW BY RADIOLOGIST OF LYMPH	NA	$42.00
75801	26		REVIEW BY RADIOLOGIST OF LYMPH	NA	$18.00
75803			REVIEW BY RADIOLOGIST OF LYMPH	NA	$90.00
75803	TC		REVIEW BY RADIOLOGIST OF LYMPH	NA	$67.50
75803	26		REVIEW BY RADIOLOGIST OF LYMPH	NA	$22.50
75805			REVIEW BY RADIOLOGIST OF LYMPH	NA	$75.60
75805	TC		REVIEW BY RADIOLOGIST OF LYMPH	NA	$54.00
75805	26		REVIEW BY RADIOLOGIST OF LYMPH	NA	$21.60
75807			REVIEW BY RADIOLOGIST OF LYMPH	NA	$94.70
75807	TC		REVIEW BY RADIOLOGIST OF LYMPH	NA	$65.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75807	26		REVIEW BY RADIOLOGIST OF LYMPH	NA	$29.70
75809			REVIEW BY RADIOLOGIST OF PREVI	NA	$41.66
75809	TC		REVIEW BY RADIOLOGIST OF PREVI	NA	$30.62
75809	26		REVIEW BY RADIOLOGIST OF PREVI	NA	$11.04
75810			REVIEW BY RADIOLOGIST OF SPLEE	NA	$62.50
75810	TC		REVIEW BY RADIOLOGIST OF SPLEE	NA	$40.00
75810	26		REVIEW BY RADIOLOGIST OF SPLEE	NA	$22.50
75820			REVIEW BY RADIOLOGIST OF 1 ARM	NA	$54.47
75820	TC		REVIEW BY RADIOLOGIST OF 1 ARM	NA	$30.62
75820	26		REVIEW BY RADIOLOGIST OF 1 ARM	NA	$23.85
75822			REVIEW BY RADIOLOGIST OF BOTH	NA	$67.26
75822	TC		REVIEW BY RADIOLOGIST OF BOTH	NA	$33.88
75822	26		REVIEW BY RADIOLOGIST OF BOTH	NA	$33.38
75825			REVIEW BY RADIOLOGIST OF MAJOR	NA	$57.61
75825	TC		REVIEW BY RADIOLOGIST OF MAJOR	NA	$31.82
75825	26		REVIEW BY RADIOLOGIST OF MAJOR	NA	$25.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75827			REVIEW BY RADIOLOGIST OF MAJOR	NA	$60.03
75827	TC		REVIEW BY RADIOLOGIST OF MAJOR	NA	$34.06
75827	26		REVIEW BY RADIOLOGIST OF MAJOR	NA	$25.97
75831			REVIEW BY RADIOLOGIST OF KIDNE	NA	$60.39
75831	TC		REVIEW BY RADIOLOGIST OF KIDNE	NA	$35.43
75831	26		REVIEW BY RADIOLOGIST OF KIDNE	NA	$24.96
75833			REVIEW BY RADIOLOGIST OF BOTH	NA	$74.78
75833	TC		REVIEW BY RADIOLOGIST OF BOTH	NA	$40.93
75833	26		REVIEW BY RADIOLOGIST OF BOTH	NA	$33.85
75840			REVIEW BY RADIOLOGIST OF ADREN	NA	$65.05
75840	TC		REVIEW BY RADIOLOGIST OF ADREN	NA	$38.70
75840	26		REVIEW BY RADIOLOGIST OF ADREN	NA	$26.36
75842			REVIEW BY RADIOLOGIST OF BOTH	NA	$80.34
75842	TC		REVIEW BY RADIOLOGIST OF BOTH	NA	$45.75
75842	26		REVIEW BY RADIOLOGIST OF BOTH	NA	$34.60
75860			REVIEW BY RADIOLOGIST OF HEAD	NA	$63.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75860	TC		REVIEW BY RADIOLOGIST OF HEAD	NA	$37.67
75860	26		REVIEW BY RADIOLOGIST OF HEAD	NA	$25.82
75870			REVIEW BY RADIOLOGIST OF HEAD	NA	$78.92
75870	TC		REVIEW BY RADIOLOGIST OF HEAD	NA	$50.57
75870	26		REVIEW BY RADIOLOGIST OF HEAD	NA	$28.36
75872			REVIEW BY RADIOLOGIST OF SPINA	NA	$65.05
75872	TC		REVIEW BY RADIOLOGIST OF SPINA	NA	$38.70
75872	26		REVIEW BY RADIOLOGIST OF SPINA	NA	$26.36
75880			REVIEW BY RADIOLOGIST OF EYE S	NA	$54.84
75880	TC		REVIEW BY RADIOLOGIST OF EYE S	NA	$38.53
75880	26		REVIEW BY RADIOLOGIST OF EYE S	NA	$16.31
75885			REVIEW BY RADIOLOGIST OF THE V	NA	$68.86
75885	TC		REVIEW BY RADIOLOGIST OF THE V	NA	$37.32
75885	26		REVIEW BY RADIOLOGIST OF THE V	NA	$31.54
75887			REVIEW BY RADIOLOGIST OF THE V	NA	$69.37
75887	TC		REVIEW BY RADIOLOGIST OF THE V	NA	$37.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75887	26		REVIEW BY RADIOLOGIST OF THE V	NA	$31.71
75889			REVIEW BY RADIOLOGIST OF LIVER	NA	$62.46
75889	TC		REVIEW BY RADIOLOGIST OF LIVER	NA	$37.32
75889	26		REVIEW BY RADIOLOGIST OF LIVER	NA	$25.14
75891			REVIEW BY RADIOLOGIST OF LIVER	NA	$62.81
75891	TC		REVIEW BY RADIOLOGIST OF LIVER	NA	$37.67
75891	26		REVIEW BY RADIOLOGIST OF LIVER	NA	$25.15
75893			REVIEW BY RADIOLOGIST OF IMAGI	NA	$53.61
75893	TC		REVIEW BY RADIOLOGIST OF IMAGI	NA	$41.28
75893	26		REVIEW BY RADIOLOGIST OF IMAGI	NA	$12.34
75894			REVIEW BY RADIOLOGIST OF IMAGE	NA	$149.57
75894	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$92.70
75894	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$56.87
75898			ANGIOGRAPHY THROUGH EXISTING C	NA	$100.00
75898	TC		ANGIOGRAPHY THROUGH EXISTING C	NA	$37.39
75898	26		ANGIOGRAPHY THROUGH EXISTING C	NA	$62.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75901			REVIEW BY RADIOLOGIST OF IMAGE	NA	$116.81
75901	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$105.96
75901	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$10.85
75902			REVIEW BY RADIOLOGIST OF IMAGE	NA	$44.83
75902	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$36.12
75902	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$8.71
75956			REVIEW BY RADIOLOGIST OF IMAGE	NA	$173.67
75956	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
75956	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$173.67
75957			REVIEW BY RADIOLOGIST OF IMAGE	NA	$148.89
75957	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
75957	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$148.89
75958			REVIEW BY RADIOLOGIST OF IMAGE	NA	$99.10
75958	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
75958	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$99.10
75959			REVIEW BY RADIOLOGIST OF IMAGE	NA	$86.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
75959	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$0.00
75959	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$86.92
75970			REVIEW BY RADIOLOGIST OF IMAGE	NA	$150.00
75970	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$120.00
75970	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$30.00
75984			REVIEW BY RADIOLOGIST OF IMAGE	NA	$48.33
75984	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$29.93
75984	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$18.41
75989			REVIEW BY RADIOLOGIST OF IMAGE	NA	$56.22
75989	TC		REVIEW BY RADIOLOGIST OF IMAGE	NA	$29.41
75989	26		REVIEW BY RADIOLOGIST OF IMAGE	NA	$26.81
76000			IMAGING GUIDANCE FOR PROCEDURE	NA	$21.70
76000	TC		IMAGING GUIDANCE FOR PROCEDURE	NA	$14.45
76000	26		IMAGING GUIDANCE FOR PROCEDURE	NA	$7.26
76010			X-RAY FROM NOSE TO RECTUM	NA	$14.95
76010	TC		X-RAY FROM NOSE TO RECTUM	NA	$10.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76010	26		X-RAY FROM NOSE TO RECTUM	NA	$4.12
76080			REVIEW BY RADIOLOGIST OF ABSCE	NA	$30.23
76080	TC		REVIEW BY RADIOLOGIST OF ABSCE	NA	$18.23
76080	26		REVIEW BY RADIOLOGIST OF ABSCE	NA	$12.00
76098			X-RAY OF SURGICAL SPECIMEN	NA	$21.70
76098	TC		X-RAY OF SURGICAL SPECIMEN	NA	$14.28
76098	26		X-RAY OF SURGICAL SPECIMEN	NA	$7.42
76100			X-RAY OF BODY PLANE	NA	$45.50
76100	TC		X-RAY OF BODY PLANE	NA	$31.99
76100	26		X-RAY OF BODY PLANE	NA	$13.51
76120			CINEMATIC X-RAYS	NA	$60.50
76120	TC		CINEMATIC X-RAYS	NA	$51.09
76120	26		CINEMATIC X-RAYS	NA	$9.41
76125			IMAGING OF ORGAN, COMPLIMENTIN	NA	$5.00
76125	TC		IMAGING OF ORGAN, COMPLIMENTIN	NA	$0.00
76125	26		IMAGING OF ORGAN, COMPLIMENTIN	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76145			MEDICAL PHYSICS DOSE EVALUATIO	NA	$467.41
76145	TC		MEDICAL PHYSICS DOSE EVALUATIO	NA	$280.45
76145	26		MEDICAL PHYSICS DOSE EVALUATIO	NA	$186.96
76376			3D RENDERING WITH INTERPRETATI	NA	$12.69
76376	TC		3D RENDERING WITH INTERPRETATI	NA	$8.08
76376	26		3D RENDERING WITH INTERPRETATI	NA	$4.61
76377			3D RENDERING WITH INTERPRETATI	NA	$39.43
76377	TC		3D RENDERING WITH INTERPRETATI	NA	$20.98
76377	26		3D RENDERING WITH INTERPRETATI	NA	$18.45
76380			LIMITED OR FOLLOW-UP CT SCAN	NA	$67.45
76380	TC		LIMITED OR FOLLOW-UP CT SCAN	NA	$45.41
76380	26		LIMITED OR FOLLOW-UP CT SCAN	NA	$22.04
76390			MRI STUDY FOR MEASURING BIOCHE	NA	$280.00
76390	TC		MRI STUDY FOR MEASURING BIOCHE	NA	$235.00
76390	26		MRI STUDY FOR MEASURING BIOCHE	NA	$45.00
76391			MAGNETIC RESONANCE (EG, VIBRAT	NA	$105.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76391	TC		MAGNETIC RESONANCE (EG, VIBRAT	NA	$79.98
76391	26		MAGNETIC RESONANCE (EG, VIBRAT	NA	$25.54
76496			OTHER FLUOROSCOPIC PROCEDURE	NA	$0.00
76496	TC		OTHER FLUOROSCOPIC PROCEDURE	NA	$0.00
76496	26		OTHER FLUOROSCOPIC PROCEDURE	NA	$0.00
76497			OTHER CT SCAN	NA	$0.00
76497	TC		OTHER CT SCAN	NA	$0.00
76497	26		OTHER CT SCAN	NA	$0.00
76498			OTHER MRI SCAN	NA	$0.00
76498	TC		OTHER MRI SCAN	NA	$0.00
76498	26		OTHER MRI SCAN	NA	$0.00
76499			OTHER DIAGNOSTIC IMAGING PROCE	NA	$0.00
76499	TC		OTHER DIAGNOSTIC IMAGING PROCE	NA	$0.00
76499	26		OTHER DIAGNOSTIC IMAGING PROCE	NA	$0.00
76506			ULTRASOUND SCAN OF BRAIN	NA	$57.65
76506	TC		ULTRASOUND SCAN OF BRAIN	NA	$42.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76506	26		ULTRASOUND SCAN OF BRAIN	NA	$15.16
76510			1D AND 2D ULTRASOUND SCAN OF E	NA	$34.73
76510	TC		1D AND 2D ULTRASOUND SCAN OF E	NA	$15.65
76510	26		1D AND 2D ULTRASOUND SCAN OF E	NA	$19.08
76511			1D ULTRASOUND SCAN OF EYE TISS	NA	$28.77
76511	TC		1D ULTRASOUND SCAN OF EYE TISS	NA	$11.35
76511	26		1D ULTRASOUND SCAN OF EYE TISS	NA	$17.42
76512			2D ULTRASOUND SCAN OF EYE TISS	NA	$24.20
76512	TC		2D ULTRASOUND SCAN OF EYE TISS	NA	$9.28
76512	26		2D ULTRASOUND SCAN OF EYE TISS	NA	$14.92
76513			ULTRASOUND SCAN OF EYE USING W	NA	$38.10
76513	TC		ULTRASOUND SCAN OF EYE USING W	NA	$22.36
76513	26		ULTRASOUND SCAN OF EYE USING W	NA	$15.74
76514			ULTRASOUND SCAN OF CORNEA TO D	NA	$5.70
76514	TC		ULTRASOUND SCAN OF CORNEA TO D	NA	$1.89
76514	26		ULTRASOUND SCAN OF CORNEA TO D	NA	$3.81

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76516			ULTRASOUND SCAN TO DETERMINE E	NA	$23.68
76516	TC		ULTRASOUND SCAN TO DETERMINE E	NA	$12.73
76516	26		ULTRASOUND SCAN TO DETERMINE E	NA	$10.95
76519			ULTRASOUND SCAN TO DETERMINE E	NA	$34.54
76519	TC		ULTRASOUND SCAN TO DETERMINE E	NA	$19.78
76519	26		ULTRASOUND SCAN TO DETERMINE E	NA	$14.77
76529			ULTRASOUND SCAN OF EYE FOR FOR	NA	$43.63
76529	TC		ULTRASOUND SCAN OF EYE FOR FOR	NA	$27.87
76529	26		ULTRASOUND SCAN OF EYE FOR FOR	NA	$15.77
76536			ULTRASOUND SCAN OF HEAD AND NE	NA	$56.36
76536	TC		ULTRASOUND SCAN OF HEAD AND NE	NA	$43.35
76536	26		ULTRASOUND SCAN OF HEAD AND NE	NA	$13.02
76604			ULTRASOUND SCAN OF CHEST	NA	$28.81
76604	TC		ULTRASOUND SCAN OF CHEST	NA	$15.65
76604	26		ULTRASOUND SCAN OF CHEST	NA	$13.16
76641			COMPLETE ULTRASOUND SCAN OF 1	NA	$52.23

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76641	TC		COMPLETE ULTRASOUND SCAN OF 1	NA	$35.26
76641	26		COMPLETE ULTRASOUND SCAN OF 1	NA	$16.97
76642			LIMITED ULTRASOUND SCAN OF 1 B	NA	$43.16
76642	TC		LIMITED ULTRASOUND SCAN OF 1 B	NA	$27.35
76642	26		LIMITED ULTRASOUND SCAN OF 1 B	NA	$15.82
76700			COMPLETE ULTRASOUND SCAN OF AB	NA	$59.20
76700	TC		COMPLETE ULTRASOUND SCAN OF AB	NA	$40.59
76700	26		COMPLETE ULTRASOUND SCAN OF AB	NA	$18.61
76705			LIMITED ULTRASOUND SCAN OF ABD	NA	$44.29
76705	TC		LIMITED ULTRASOUND SCAN OF ABD	NA	$30.79
76705	26		LIMITED ULTRASOUND SCAN OF ABD	NA	$13.50
76706			ULTRASOUND SCAN OF ABDOMINAL A	NA	$54.48
76706	TC		ULTRASOUND SCAN OF ABDOMINAL A	NA	$41.80
76706	26		ULTRASOUND SCAN OF ABDOMINAL A	NA	$12.69
76770			COMPLETE ULTRASOUND SCAN BEHIN	NA	$55.15
76770	TC		COMPLETE ULTRASOUND SCAN BEHIN	NA	$38.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76770	26		COMPLETE ULTRASOUND SCAN BEHIN	NA	$17.13
76775			LIMITED ULTRASOUND SCAN BEHIND	NA	$30.19
76775	TC		LIMITED ULTRASOUND SCAN BEHIND	NA	$16.86
76775	26		LIMITED ULTRASOUND SCAN BEHIND	NA	$13.34
76776			ULTRASOUND SCAN OF TRANSPLANTE	NA	$75.25
76776	TC		ULTRASOUND SCAN OF TRANSPLANTE	NA	$57.79
76776	26		ULTRASOUND SCAN OF TRANSPLANTE	NA	$17.46
76800			ULTRASOUND SCAN OF SPINAL CANA	NA	$85.46
76800	TC		ULTRASOUND SCAN OF SPINAL CANA	NA	$55.05
76800	26		ULTRASOUND SCAN OF SPINAL CANA	NA	$30.42
76801			ULTRASOUND SCAN OF PREGNANT UT	NA	$59.54
76801	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$36.64
76801	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$22.91
76801	UD		ULTRASOUND PREG UTERUS 1ST TRI	$214.33	$131.87
76802			ULTRASOUND SCAN OF PREGNANT UT	NA	$30.12
76802	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$10.84

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76802	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$19.29
76802	UD		ULTRASOUND PREG UTER 1ST TRIM	$108.43	$39.00
76805			ULTRASOUND SCAN OF PREGNANT UT	NA	$69.00
76805	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$45.92
76805	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$23.08
76805	UD		U/S PREG UTERUS >OR =14 WKS SI	$248.38	$165.31
76810			ULTRASOUND SCAN OF PREGNANT UT	NA	$44.08
76810	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$21.33
76810	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$22.76
76810	UD		U/S PREG UTERUS >OR=14 WKS ADD	$158.67	$76.75
76811			ULTRASOUND SCAN OF PREGNANT UT	NA	$89.59
76811	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$45.57
76811	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$44.02
76812			ULTRASOUND SCAN OF PREGNANT UT	NA	$97.11
76812	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$55.72
76812	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$41.38

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76813			ULTRASOUND SCAN OF PREGNANT UT	NA	$58.50
76813	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$31.13
76813	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$27.37
76814			ULTRASOUND SCAN OF PREGNANT UT	NA	$37.36
76814	TC		ULTRASOUND SCAN OF PREGNANT UT	NA	$14.45
76814	26		ULTRASOUND SCAN OF PREGNANT UT	NA	$22.92
76815			LIMITED ULTRASOUND OF PREGNANT	NA	$41.13
76815	TC		LIMITED ULTRASOUND OF PREGNANT	NA	$26.14
76815	26		LIMITED ULTRASOUND OF PREGNANT	NA	$14.99
76815	UD		U/S PREG UTERUS LIM 1 OR MORE	$148.07	$94.11
76816			FOLLOW-UP ULTRASOUND SCAN OF P	NA	$55.91
76816	TC		FOLLOW-UP ULTRASOUND SCAN OF P	NA	$36.12
76816	26		FOLLOW-UP ULTRASOUND SCAN OF P	NA	$19.79
76816	UD		ECHOGRAPHY..PG UTERUS:FOLLOW-U	$201.26	$130.03
76817			ULTRASOUND UTERUS TRANSVAGINAL	NA	$47.06
76817	TC		ULTRASOUND UTERUS TRANSVAGINAL	NA	$29.59

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76817	26		ULTRASOUND UTERUS TRANSVAGINAL	NA	$17.47
76817	UD		ULTRASOUND UTERUS TRANSVAGINAL	$169.40	$106.51
76818			FETAL BIOPHYSICAL PROFILE	NA	$60.17
76818	TC		FETAL BIOPHYSICAL PROFILE	NA	$35.77
76818	26		FETAL BIOPHYSICAL PROFILE	NA	$24.40
76819			ULTRASOUND SCAN OF FETUS	NA	$43.42
76819	TC		ULTRASOUND SCAN OF FETUS	NA	$25.62
76819	26		ULTRASOUND SCAN OF FETUS	NA	$17.80
76820			ULTRASOUND SCAN OF FETAL UMBIL	NA	$22.55
76820	TC		ULTRASOUND SCAN OF FETAL UMBIL	NA	$11.01
76820	26		ULTRASOUND SCAN OF FETAL UMBIL	NA	$11.54
76821			ULTRASOUND SCAN OF FETAL BRAIN	NA	$45.22
76821	TC		ULTRASOUND SCAN OF FETAL BRAIN	NA	$28.90
76821	26		ULTRASOUND SCAN OF FETAL BRAIN	NA	$16.32
76825			ULTRASOUND SCAN OF FETAL HEART	NA	$133.34
76825	TC		ULTRASOUND SCAN OF FETAL HEART	NA	$94.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76825	26		ULTRASOUND SCAN OF FETAL HEART	NA	$38.57
76826			FOLLOW-UP ULTRASOUND SCAN OF F	NA	$80.00
76826	TC		FOLLOW-UP ULTRASOUND SCAN OF F	NA	$60.89
76826	26		FOLLOW-UP ULTRASOUND SCAN OF F	NA	$19.12
76827			ULTRASOUND SCAN OF FETAL HEART	NA	$35.53
76827	TC		ULTRASOUND SCAN OF FETAL HEART	NA	$22.01
76827	26		ULTRASOUND SCAN OF FETAL HEART	NA	$13.52
76828			FOLLOW-UP ULTRASOUND SCAN OF F	NA	$24.55
76828	TC		FOLLOW-UP ULTRASOUND SCAN OF F	NA	$11.69
76828	26		FOLLOW-UP ULTRASOUND SCAN OF F	NA	$12.86
76830			ULTRASOUND SCAN OF UTERUS, OVA	NA	$60.87
76830	TC		ULTRASOUND SCAN OF UTERUS, OVA	NA	$44.89
76830	26		ULTRASOUND SCAN OF UTERUS, OVA	NA	$15.99
76830	UD		ECHOGRAPHY,TRANSVAGINAL	$219.11	$161.56
76831			ULTRASOUND SCAN OF UTERUS AND	NA	$59.31
76831	TC		ULTRASOUND SCAN OF UTERUS AND	NA	$42.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76831	26		ULTRASOUND SCAN OF UTERUS AND	NA	$16.82
76856			COMPLETE ULTRASOUND SCAN OF PE	NA	$53.65
76856	TC		COMPLETE ULTRASOUND SCAN OF PE	NA	$37.84
76856	26		COMPLETE ULTRASOUND SCAN OF PE	NA	$15.81
76857			LIMITED ULTRASOUND SCAN OF PEL	NA	$24.94
76857	TC		LIMITED ULTRASOUND SCAN OF PEL	NA	$13.59
76857	26		LIMITED ULTRASOUND SCAN OF PEL	NA	$11.36
76857	FP		ECHOGRAPHY, PELVIC, LIMITED, O	$97.31	$58.39
76857	SA		ECHOGRAPHY, PELVIC, LIMITED OR	$25.52	$13.40
76870			ULTRASOUND SCAN OF SCROTUM	NA	$50.95
76870	TC		ULTRASOUND SCAN OF SCROTUM	NA	$36.29
76870	26		ULTRASOUND SCAN OF SCROTUM	NA	$14.66
76872			ULTRASOUND SCAN OF PELVIC REGI	NA	$70.86
76872	TC		ULTRASOUND SCAN OF PELVIC REGI	NA	$55.05
76872	26		ULTRASOUND SCAN OF PELVIC REGI	NA	$15.82
76873			ULTRASOUND SCAN OF PROSTATE TH	NA	$89.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76873	TC		ULTRASOUND SCAN OF PROSTATE TH	NA	$51.77
76873	26		ULTRASOUND SCAN OF PROSTATE TH	NA	$37.30
76881			COMPLETE ULTRASOUND SCAN OF JO	NA	$26.77
76881	TC		COMPLETE ULTRASOUND SCAN OF JO	NA	$5.67
76881	26		COMPLETE ULTRASOUND SCAN OF JO	NA	$21.10
76882			LIMITED ULTRASOUND SCAN OF JOI	NA	$31.97
76882	TC		LIMITED ULTRASOUND SCAN OF JOI	NA	$16.00
76882	26		LIMITED ULTRASOUND SCAN OF JOI	NA	$15.98
76883			COMPREHENSIVE ULTRASOUND SCAN	NA	$35.57
76883	TC		COMPREHENSIVE ULTRASOUND SCAN	NA	$7.39
76883	26		COMPREHENSIVE ULTRASOUND SCAN	NA	$28.18
76885			ULTRASOUND SCAN OF INFANT HIP	NA	$62.71
76885	TC		ULTRASOUND SCAN OF INFANT HIP	NA	$45.58
76885	26		ULTRASOUND SCAN OF INFANT HIP	NA	$17.13
76886			ULTRASOUND SCAN OF INFANT HIP	NA	$50.80
76886	TC		ULTRASOUND SCAN OF INFANT HIP	NA	$36.46

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76886	26		ULTRASOUND SCAN OF INFANT HIP	NA	$14.33
76932			ULTRASONIC GUIDANCE FOR BIOPSY	NA	$42.00
76932	TC		ULTRASONIC GUIDANCE FOR BIOPSY	NA	$22.00
76932	26		ULTRASONIC GUIDANCE FOR BIOPSY	NA	$20.00
76936			ULTRASOUND GUIDED COMPRESSION	NA	$132.23
76936	TC		ULTRASOUND GUIDED COMPRESSION	NA	$86.86
76936	26		ULTRASOUND GUIDED COMPRESSION	NA	$45.38
76937			ULTRASONIC GUIDANCE FOR BLOOD	NA	$19.46
76937	TC		ULTRASONIC GUIDANCE FOR BLOOD	NA	$12.73
76937	26		ULTRASONIC GUIDANCE FOR BLOOD	NA	$6.74
76940			ULTRASOUND GUIDANCE FOR TISSUE	NA	$92.90
76940	TC		ULTRASOUND GUIDANCE FOR TISSUE	NA	$72.66
76940	26		ULTRASOUND GUIDANCE FOR TISSUE	NA	$20.24
76941			ULTRASONIC GUIDANCE FOR FETAL	NA	$57.00
76941	TC		ULTRASONIC GUIDANCE FOR FETAL	NA	$25.00
76941	26		ULTRASONIC GUIDANCE FOR FETAL	NA	$32.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76941	UD		INTRAUTERINE TRANSFUSN/CORDOCE	NA	$112.18
76942			ULTRASONIC GUIDANCE FOR NEEDLE	NA	$29.24
76942	TC		ULTRASONIC GUIDANCE FOR NEEDLE	NA	$14.62
76942	26		ULTRASONIC GUIDANCE FOR NEEDLE	NA	$14.63
76945			ULTRASONIC GUIDANCE FOR TESTIN	NA	$40.00
76945	TC		ULTRASONIC GUIDANCE FOR TESTIN	NA	$20.00
76945	26		ULTRASONIC GUIDANCE FOR TESTIN	NA	$20.00
76946			ULTRASONIC GUIDANCE FOR REMOVA	NA	$16.81
76946	TC		ULTRASONIC GUIDANCE FOR REMOVA	NA	$7.91
76946	26		ULTRASONIC GUIDANCE FOR REMOVA	NA	$8.91
76948			ULTRASONIC GUIDANCE FOR RETRIE	NA	$40.95
76948	TC		ULTRASONIC GUIDANCE FOR RETRIE	NA	$25.46
76948	26		ULTRASONIC GUIDANCE FOR RETRIE	NA	$15.50
76965			ULTRASON GUID INTERSTIT RADIOE	NA	$47.32
76965	TC		ULTRASON GUID INTERSTIT RADIOE	NA	$14.28
76965	26		ULTRASON GUID INTERSTIT RADIOE	NA	$33.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76975			REVIEW BY RADIOLOGIST OF ULTRA	NA	$60.00
76975	TC		REVIEW BY RADIOLOGIST OF ULTRA	NA	$33.00
76975	26		REVIEW BY RADIOLOGIST OF ULTRA	NA	$27.00
76977			ULTRASOUND SCAN OF BONE FOR ME	NA	$3.73
76977	TC		ULTRASOUND SCAN OF BONE FOR ME	NA	$2.41
76977	26		ULTRASOUND SCAN OF BONE FOR ME	NA	$1.32
76978			ULTRASOUND SCAN OF GROWTH USIN	NA	$112.72
76978	TC		ULTRASOUND SCAN OF GROWTH USIN	NA	$75.17
76978	26		ULTRASOUND SCAN OF GROWTH USIN	NA	$37.57
76979			ULTRASOUND SCAN OF GROWTH USIN	NA	$72.75
76979	TC		ULTRASOUND SCAN OF GROWTH USIN	NA	$53.15
76979	26		ULTRASOUND SCAN OF GROWTH USIN	NA	$19.61
76981			ULTRASOUND SCAN OF ORGAN TISSU	NA	$53.24
76981	TC		ULTRASOUND SCAN OF ORGAN TISSU	NA	$39.39
76981	26		ULTRASOUND SCAN OF ORGAN TISSU	NA	$13.85
76982			ULTRASOUND SCAN OF GROWTH FOR	NA	$47.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
76982	TC		ULTRASOUND SCAN OF GROWTH FOR	NA	$33.71
76982	26		ULTRASOUND SCAN OF GROWTH FOR	NA	$13.85
76983			ULTRASOUND SCAN OF GROWTH FOR	NA	$31.31
76983	TC		ULTRASOUND SCAN OF GROWTH FOR	NA	$19.09
76983	26		ULTRASOUND SCAN OF GROWTH FOR	NA	$12.22
76998			ULTRASONIC GUIDANCE, INTRAOPER	NA	$99.10
76998	TC		ULTRASONIC GUIDANCE, INTRAOPER	NA	$67.83
76998	26		ULTRASONIC GUIDANCE, INTRAOPER	NA	$31.27
76998	UD		ULTRASONIC GUIDANCE, INTRAOPER	NA	$81.88
76999			OTHER ULTRASOUND PROCEDURE	NA	$0.00
76999	TC		OTHER ULTRASOUND PROCEDURE	NA	$0.00
76999	26		OTHER ULTRASOUND PROCEDURE	NA	$0.00
77001			FLUOROSCOPIC GUIDANCE FOR INSE	NA	$50.51
77001	TC		FLUOROSCOPIC GUIDANCE FOR INSE	NA	$41.80
77001	26		FLUOROSCOPIC GUIDANCE FOR INSE	NA	$8.72
77002			FLUOROSCOPIC GUIDANCE FOR NEED	NA	$59.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77002	TC		FLUOROSCOPIC GUIDANCE FOR NEED	NA	$46.27
77002	26		FLUOROSCOPIC GUIDANCE FOR NEED	NA	$13.04
77003			FLUOROSCOPIC GUIDANCE FOR SPIN	NA	$53.73
77003	TC		FLUOROSCOPIC GUIDANCE FOR SPIN	NA	$39.73
77003	26		FLUOROSCOPIC GUIDANCE FOR SPIN	NA	$14.01
77011			CT GUIDANCE FOR NEEDLE OR TUBE	NA	$112.97
77011	TC		CT GUIDANCE FOR NEEDLE OR TUBE	NA	$82.91
77011	26		CT GUIDANCE FOR NEEDLE OR TUBE	NA	$30.06
77012			REVIEW BY RADIOLOGIST OF CT GU	NA	$70.18
77012	TC		REVIEW BY RADIOLOGIST OF CT GU	NA	$36.46
77012	26		REVIEW BY RADIOLOGIST OF CT GU	NA	$33.72
77013			CT GUIDANCE FOR TISSUE REMOVAL	NA	$148.63
77013	TC		CT GUIDANCE FOR TISSUE REMOVAL	NA	$0.00
77013	26		CT GUIDANCE FOR TISSUE REMOVAL	NA	$148.63
77014			CT GUIDANCE FOR INSERTION OF R	NA	$60.88
77014	TC		CT GUIDANCE FOR INSERTION OF R	NA	$38.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77014	26		CT GUIDANCE FOR INSERTION OF R	NA	$22.01
77021			REVIEW BY RADIOLOGIST OF MRI G	NA	$217.96
77021	TC		REVIEW BY RADIOLOGIST OF MRI G	NA	$183.54
77021	26		REVIEW BY RADIOLOGIST OF MRI G	NA	$34.43
77022			MRI GUIDANCE FOR TISSUE REMOVA	NA	$165.86
77022	TC		MRI GUIDANCE FOR TISSUE REMOVA	NA	$0.00
77022	26		MRI GUIDANCE FOR TISSUE REMOVA	NA	$165.86
77046			MRI SCAN OF 1 BREAST WITHOUT C	NA	$111.35
77046	TC		MRI SCAN OF 1 BREAST WITHOUT C	NA	$77.92
77046	26		MRI SCAN OF 1 BREAST WITHOUT C	NA	$33.44
77047			MRI SCAN OF BOTH BREASTS WITHO	NA	$114.47
77047	TC		MRI SCAN OF BOTH BREASTS WITHO	NA	$77.57
77047	26		MRI SCAN OF BOTH BREASTS WITHO	NA	$36.90
77048			MRI SCAN OF 1 BREAST	NA	$176.05
77048	TC		MRI SCAN OF 1 BREAST	NA	$127.45
77048	26		MRI SCAN OF 1 BREAST	NA	$48.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77049			MRI SCAN OF BOTH BREASTS	NA	$179.45
77049	TC		MRI SCAN OF BOTH BREASTS	NA	$126.25
77049	26		MRI SCAN OF BOTH BREASTS	NA	$53.21
77053			REVIEW BY RADIOLOGIST OF BREAS	NA	$27.50
77053	TC		REVIEW BY RADIOLOGIST OF BREAS	NA	$19.09
77053	26		REVIEW BY RADIOLOGIST OF BREAS	NA	$8.41
77054			REVIEW BY RADIOLOGIST OF BREAS	NA	$35.32
77054	TC		REVIEW BY RADIOLOGIST OF BREAS	NA	$24.94
77054	26		REVIEW BY RADIOLOGIST OF BREAS	NA	$10.38
77063			SCREENING 3D BREAST MAMMOGRAPH	NA	$26.22
77063	TC		SCREENING 3D BREAST MAMMOGRAPH	NA	$12.39
77063	26		SCREENING 3D BREAST MAMMOGRAPH	NA	$13.84
77065			DIAGNOSTIC MAMMOGRAPHY OF 1 BR	NA	$63.85
77065	TC		DIAGNOSTIC MAMMOGRAPHY OF 1 BR	NA	$45.07
77065	26		DIAGNOSTIC MAMMOGRAPHY OF 1 BR	NA	$18.78
77066			DIAGNOSTIC MAMMOGRAPHY OF BOTH	NA	$80.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77066	TC		DIAGNOSTIC MAMMOGRAPHY OF BOTH	NA	$57.79
77066	26		DIAGNOSTIC MAMMOGRAPHY OF BOTH	NA	$23.06
77067			SCREENING MAMMOGRAPHY	NA	$65.27
77067	TC		SCREENING MAMMOGRAPHY	NA	$47.65
77067	26		SCREENING MAMMOGRAPHY	NA	$17.63
77071			APPLICATION OF STRESS BY PHYSI	NA	$27.94
77071	TC		APPLICATION OF STRESS BY PHYSI	NA	$16.76
77071	26		APPLICATION OF STRESS BY PHYSI	NA	$11.17
77072			X-RAY FOR ESTIMATING BONE AGE	NA	$13.22
77072	TC		X-RAY FOR ESTIMATING BONE AGE	NA	$8.77
77072	26		X-RAY FOR ESTIMATING BONE AGE	NA	$4.45
77073			X-RAY FOR BONE LENGTH ASSESSME	NA	$23.12
77073	TC		X-RAY FOR BONE LENGTH ASSESSME	NA	$16.68
77073	26		X-RAY FOR BONE LENGTH ASSESSME	NA	$6.44
77074			LIMITED X-RAY OF BODY BONES	NA	$33.26
77074	TC		LIMITED X-RAY OF BODY BONES	NA	$23.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77074	26		LIMITED X-RAY OF BODY BONES	NA	$10.22
77075			COMPLETE X-RAY OF BODY BONES	NA	$50.86
77075	TC		COMPLETE X-RAY OF BODY BONES	NA	$38.01
77075	26		COMPLETE X-RAY OF BODY BONES	NA	$12.86
77076			X-RAY OF INFANT BODY BONES	NA	$54.66
77076	TC		X-RAY OF INFANT BODY BONES	NA	$38.35
77076	26		X-RAY OF INFANT BODY BONES	NA	$16.31
77077			X-RAY OF JOINTS, MULTIPLE	NA	$23.91
77077	TC		X-RAY OF JOINTS, MULTIPLE	NA	$15.82
77077	26		X-RAY OF JOINTS, MULTIPLE	NA	$8.09
77084			MAGNETIC RESONANCE (EG, PROTON	NA	$159.70
77084	TC		MAGNETIC RESONANCE (EG, PROTON	NA	$122.64
77084	26		MAGNETIC RESONANCE (EG, PROTON	NA	$37.07
77085			DXA BONE DENSITY MEASUREMENT O	NA	$27.21
77085	TC		DXA BONE DENSITY MEASUREMENT O	NA	$20.29
77085	26		DXA BONE DENSITY MEASUREMENT O	NA	$6.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77086			FRACTURE ASSESSMENT OF SPINE B	NA	$17.20
77086	TC		FRACTURE ASSESSMENT OF SPINE B	NA	$13.24
77086	26		FRACTURE ASSESSMENT OF SPINE B	NA	$3.95
77089			CALCULATION OF TRABECULAR BONE	NA	$20.60
77089	TC		CALCULATION OF TRABECULAR BONE	NA	$12.36
77089	26		CALCULATION OF TRABECULAR BONE	NA	$8.24
77090			TECHNICAL PREPARATION AND TRAN	NA	$1.38
77090	TC		TECHNICAL PREPARATION AND TRAN	NA	$0.83
77090	26		TECHNICAL PREPARATION AND TRAN	NA	$0.55
77091			TECHNICAL CALCULATION OF TRABE	NA	$14.45
77091	TC		TECHNICAL CALCULATION OF TRABE	NA	$8.67
77091	26		TECHNICAL CALCULATION OF TRABE	NA	$5.78
77092			INTERPRETATION OF TRABECULAR B	NA	$4.79
77092	TC		INTERPRETATION OF TRABECULAR B	NA	$2.87
77092	26		INTERPRETATION OF TRABECULAR B	NA	$1.91
77261			SIMPLE RADIATION THERAPY PLANN	NA	$34.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77261	TC		SIMPLE RADIATION THERAPY PLANN	NA	$20.97
77261	26		SIMPLE RADIATION THERAPY PLANN	NA	$13.98
77262			INTERMEDIATE RADIATION THERAPY	NA	$53.50
77262	TC		INTERMEDIATE RADIATION THERAPY	NA	$32.10
77262	26		INTERMEDIATE RADIATION THERAPY	NA	$21.40
77263			COMPLEX RADIATION THERAPY PLAN	NA	$82.92
77263	TC		COMPLEX RADIATION THERAPY PLAN	NA	$49.75
77263	26		COMPLEX RADIATION THERAPY PLAN	NA	$33.17
77280			OBTAINING DATA NEEDED TO DEVEL	NA	$138.28
77280	TC		OBTAINING DATA NEEDED TO DEVEL	NA	$119.72
77280	26		OBTAINING DATA NEEDED TO DEVEL	NA	$18.56
77285			OBTAINING DATA NEEDED TO DEVEL	NA	$226.51
77285	TC		OBTAINING DATA NEEDED TO DEVEL	NA	$198.51
77285	26		OBTAINING DATA NEEDED TO DEVEL	NA	$28.00
77290			OBTAINING DATA NEEDED TO DEVEL	NA	$229.42
77290	TC		OBTAINING DATA NEEDED TO DEVEL	NA	$188.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77290	26		OBTAINING DATA NEEDED TO DEVEL	NA	$40.55
77293			OBTAINING RESPIRATORY DATA NEE	NA	$208.67
77293	TC		OBTAINING RESPIRATORY DATA NEE	NA	$156.87
77293	26		OBTAINING RESPIRATORY DATA NEE	NA	$51.81
77295			3D RADIATION THERAPY PLANNING	NA	$243.64
77295	TC		3D RADIATION THERAPY PLANNING	NA	$132.77
77295	26		3D RADIATION THERAPY PLANNING	NA	$110.88
77299			OTHER MANAGEMENT OF RADIATION	NA	$0.00
77299	TC		OTHER MANAGEMENT OF RADIATION	NA	$0.00
77299	26		OTHER MANAGEMENT OF RADIATION	NA	$0.00
77300			BASIC RAD DOSIMETRY CALCULATIO	NA	$33.42
77300	TC		BASIC RAD DOSIMETRY CALCULATIO	NA	$17.37
77300	26		BASIC RAD DOSIMETRY CALCULATIO	NA	$16.05
77301			HIGH PRECISION RADIATION THERA	NA	$943.97
77301	TC		HIGH PRECISION RADIATION THERA	NA	$737.26
77301	26		HIGH PRECISION RADIATION THERA	NA	$206.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77306			SIMPLE RADIATION THERAPY PLANN	NA	$75.11
77306	TC		SIMPLE RADIATION THERAPY PLANN	NA	$38.87
77306	26		SIMPLE RADIATION THERAPY PLANN	NA	$36.25
77307			COMPLEX RADIATION THERAPY PLAN	NA	$145.31
77307	TC		COMPLEX RADIATION THERAPY PLAN	NA	$70.34
77307	26		COMPLEX RADIATION THERAPY PLAN	NA	$74.97
77316			SIMPLE RADIATION THERAPY PLANN	NA	$125.67
77316	TC		SIMPLE RADIATION THERAPY PLANN	NA	$89.43
77316	26		SIMPLE RADIATION THERAPY PLANN	NA	$36.25
77317			INTERMEDIATE RADIATION THERAPY	NA	$165.31
77317	TC		INTERMEDIATE RADIATION THERAPY	NA	$117.80
77317	26		INTERMEDIATE RADIATION THERAPY	NA	$47.51
77318			COMPLEX RADIATION THERAPY PLAN	NA	$234.04
77318	TC		COMPLEX RADIATION THERAPY PLAN	NA	$159.24
77318	26		COMPLEX RADIATION THERAPY PLAN	NA	$74.80
77321			SPECIAL RADIATION THERAPY PLAN	NA	$47.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77321	TC		SPECIAL RADIATION THERAPY PLAN	NA	$23.05
77321	26		SPECIAL RADIATION THERAPY PLAN	NA	$24.66
77331			SPECIAL DOSIMETRY (SPECIFY)	NA	$32.65
77331	TC		SPECIAL DOSIMETRY (SPECIFY)	NA	$9.97
77331	26		SPECIAL DOSIMETRY (SPECIFY)	NA	$22.68
77332			DESIGN AND CONSTRUCTION OF SIM	NA	$19.83
77332	TC		DESIGN AND CONSTRUCTION OF SIM	NA	$8.08
77332	26		DESIGN AND CONSTRUCTION OF SIM	NA	$11.76
77333			DESIGN AND CONSTRUCTION OF INT	NA	$69.93
77333	TC		DESIGN AND CONSTRUCTION OF INT	NA	$50.57
77333	26		DESIGN AND CONSTRUCTION OF INT	NA	$19.36
77334			DESIGN AND CONSTRUCTION OF COM	NA	$63.68
77334	TC		DESIGN AND CONSTRUCTION OF COM	NA	$33.88
77334	26		DESIGN AND CONSTRUCTION OF COM	NA	$29.79
77336			CONTINUING RADIATION THERAPY C	NA	$45.89
77336	TC		CONTINUING RADIATION THERAPY C	NA	$27.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77336	26		CONTINUING RADIATION THERAPY C	NA	$18.35
77338			DESIGN AND CONSTRUCTION OF RAD	NA	$237.44
77338	TC		DESIGN AND CONSTRUCTION OF RAD	NA	$126.39
77338	26		DESIGN AND CONSTRUCTION OF RAD	NA	$111.05
77370			SPECIAL MEDICAL RADIATION THER	NA	$74.57
77370	TC		SPECIAL MEDICAL RADIATION THER	NA	$44.74
77370	26		SPECIAL MEDICAL RADIATION THER	NA	$29.83
77371			COMPLETE SINGLE SESSION COURSE	NA	$676.63
77371	TC		COMPLETE SINGLE SESSION COURSE	NA	$0.00
77371	26		COMPLETE SINGLE SESSION COURSE	NA	$676.63
77372			COMPLETE SINGLE SESSION COURSE	NA	$491.70
77372	TC		COMPLETE SINGLE SESSION COURSE	NA	$295.02
77372	26		COMPLETE SINGLE SESSION COURSE	NA	$196.68
77373			DELIVERY OF RADIATION THERAPY	NA	$513.34
77373	TC		DELIVERY OF RADIATION THERAPY	NA	$308.00
77373	26		DELIVERY OF RADIATION THERAPY	NA	$205.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77399			OTHER MANAGEMENT OF RADIATION	NA	$0.00
77399	TC		OTHER MANAGEMENT OF RADIATION	NA	$0.00
77399	26		OTHER MANAGEMENT OF RADIATION	NA	$0.00
77401			SUPERFICIAL AND/OR LOW VOLTAGE	NA	$21.50
77401	TC		SUPERFICIAL AND/OR LOW VOLTAGE	NA	$12.90
77401	26		SUPERFICIAL AND/OR LOW VOLTAGE	NA	$8.60
77402			DELIVERY OF SIMPLE RADIATION T	NA	$21.00
77402	TC		DELIVERY OF SIMPLE RADIATION T	NA	$21.00
77402	26		DELIVERY OF SIMPLE RADIATION T	NA	$0.00
77407			DELIVERY OF INTERMEDIATE RADIA	NA	$21.00
77407	TC		DELIVERY OF INTERMEDIATE RADIA	NA	$21.00
77407	26		DELIVERY OF INTERMEDIATE RADIA	NA	$0.00
77412			DELIVERY OF COMPLEX RADIATION	NA	$41.00
77412	TC		DELIVERY OF COMPLEX RADIATION	NA	$41.00
77412	26		DELIVERY OF COMPLEX RADIATION	NA	$0.00
77417			X-RAY DURING RADIATION THERAPY	NA	$7.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77417	TC		X-RAY DURING RADIATION THERAPY	NA	$4.64
77417	26		X-RAY DURING RADIATION THERAPY	NA	$3.09
77423			DELIVERY OF SPECIALIZED EXTERN	NA	$36.84
77423	TC		DELIVERY OF SPECIALIZED EXTERN	NA	$36.84
77423	26		DELIVERY OF SPECIALIZED EXTERN	NA	$0.00
77424			DELIVERY OF SINGLE SESSION OF	NA	$0.00
77424	TC		DELIVERY OF SINGLE SESSION OF	NA	$0.00
77424	26		DELIVERY OF SINGLE SESSION OF	NA	$0.00
77425			DELIVERY OF SINGLE SESSION OF	NA	$0.00
77425	TC		DELIVERY OF SINGLE SESSION OF	NA	$0.00
77425	26		DELIVERY OF SINGLE SESSION OF	NA	$0.00
77427			RADIATION TREATMENT MANAGEMENT	NA	$94.55
77427	TC		RADIATION TREATMENT MANAGEMENT	NA	$56.73
77427	26		RADIATION TREATMENT MANAGEMENT	NA	$37.82
77431			RADIATION TREATMENT MANAGEMENT	NA	$53.51
77431	TC		RADIATION TREATMENT MANAGEMENT	NA	$32.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77431	26		RADIATION TREATMENT MANAGEMENT	NA	$21.40
77432			MANAGEMENT OF COMPLETE SINGLE	NA	$209.71
77432	TC		MANAGEMENT OF COMPLETE SINGLE	NA	$125.82
77432	26		MANAGEMENT OF COMPLETE SINGLE	NA	$83.88
77435			MANAGEMENT OF CRANIAL LESION S	NA	$317.23
77435	TC		MANAGEMENT OF CRANIAL LESION S	NA	$190.34
77435	26		MANAGEMENT OF CRANIAL LESION S	NA	$126.89
77469			MANAGEMENT OF INTRAOPERATIVE R	NA	$157.95
77469	TC		MANAGEMENT OF INTRAOPERATIVE R	NA	$94.77
77469	26		MANAGEMENT OF INTRAOPERATIVE R	NA	$63.18
77470			SPECIAL RADIATION TREATMENT	NA	$71.20
77470	TC		SPECIAL RADIATION TREATMENT	NA	$18.57
77470	26		SPECIAL RADIATION TREATMENT	NA	$52.63
77499			OTHER MANAGEMENT OF RADIATION	NA	$0.00
77499	TC		OTHER MANAGEMENT OF RADIATION	NA	$0.00
77499	26		OTHER MANAGEMENT OF RADIATION	NA	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77520			SIMPLE PROTON BEAM RADIATION T	NA	$474.74
77520	TC		SIMPLE PROTON BEAM RADIATION T	NA	$474.74
77520	26		SIMPLE PROTON BEAM RADIATION T	NA	$0.00
77522			SIMPLE PROTON BEAM RADIATION T	NA	$474.74
77522	TC		SIMPLE PROTON BEAM RADIATION T	NA	$474.74
77522	26		SIMPLE PROTON BEAM RADIATION T	NA	$0.00
77523			INTERMEDIATE PROTON BEAM RADIA	NA	$545.12
77523	TC		INTERMEDIATE PROTON BEAM RADIA	NA	$545.12
77523	26		INTERMEDIATE PROTON BEAM RADIA	NA	$0.00
77525			COMPLEX PROTON BEAM RADIATION	NA	$615.50
77525	TC		COMPLEX PROTON BEAM RADIATION	NA	$615.50
77525	26		COMPLEX PROTON BEAM RADIATION	NA	$0.00
77600			USE OF EXTERNALLY GENERATED HE	NA	$279.89
77600	TC		USE OF EXTERNALLY GENERATED HE	NA	$244.76
77600	26		USE OF EXTERNALLY GENERATED HE	NA	$35.13
77605			USE OF EXTERNALLY GENERATED HE	NA	$485.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77605	TC		USE OF EXTERNALLY GENERATED HE	NA	$436.21
77605	26		USE OF EXTERNALLY GENERATED HE	NA	$49.41
77610			USE OF INTERSTITIAL PROBE GENE	NA	$351.96
77610	TC		USE OF INTERSTITIAL PROBE GENE	NA	$317.86
77610	26		USE OF INTERSTITIAL PROBE GENE	NA	$34.10
77615			USE OF INTERSTITIAL PROBE GENE	NA	$552.64
77615	TC		USE OF INTERSTITIAL PROBE GENE	NA	$504.80
77615	26		USE OF INTERSTITIAL PROBE GENE	NA	$47.84
77620			USE OF BODY CAVITY PROBE GENER	NA	$327.12
77620	TC		USE OF BODY CAVITY PROBE GENER	NA	$286.38
77620	26		USE OF BODY CAVITY PROBE GENER	NA	$40.74
77750			INFUSION OR INSTILLATION OF RA	NA	$197.86
77750	TC		INFUSION OR INSTILLATION OF RA	NA	$68.44
77750	26		INFUSION OR INSTILLATION OF RA	NA	$129.43
77761			SIMPLE BODY CAVITY RADIATION S	NA	$213.64
77761	TC		SIMPLE BODY CAVITY RADIATION S	NA	$114.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77761	26		SIMPLE BODY CAVITY RADIATION S	NA	$99.63
77762			INTERMEDIATE BODY CAVITY RADIA	NA	$279.98
77762	TC		INTERMEDIATE BODY CAVITY RADIA	NA	$130.86
77762	26		INTERMEDIATE BODY CAVITY RADIA	NA	$149.12
77763			COMPLEX BODY CAVITY RADIATION	NA	$395.01
77763	TC		COMPLEX BODY CAVITY RADIATION	NA	$170.92
77763	26		COMPLEX BODY CAVITY RADIATION	NA	$224.09
77767			HIGH DOSE SKIN SURFACE RADIATI	NA	$127.92
77767	TC		HIGH DOSE SKIN SURFACE RADIATI	NA	$100.78
77767	26		HIGH DOSE SKIN SURFACE RADIATI	NA	$27.14
77768			HIGH DOSE SKIN SURFACE RADIATI	NA	$187.58
77768	TC		HIGH DOSE SKIN SURFACE RADIATI	NA	$151.34
77768	26		HIGH DOSE SKIN SURFACE RADIATI	NA	$36.25
77770			HIGH DOSE RADIATION THERAPY, 1	NA	$177.74
77770	TC		HIGH DOSE RADIATION THERAPY, 1	NA	$127.26
77770	26		HIGH DOSE RADIATION THERAPY, 1	NA	$50.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77771			HIGH DOSE RADIATION THERAPY, 2	NA	$308.63
77771	TC		HIGH DOSE RADIATION THERAPY, 2	NA	$210.32
77771	26		HIGH DOSE RADIATION THERAPY, 2	NA	$98.31
77772			HIGH DOSE RADIATION THERAPY, M	NA	$461.09
77772	TC		HIGH DOSE RADIATION THERAPY, M	NA	$322.27
77772	26		HIGH DOSE RADIATION THERAPY, M	NA	$138.82
77778			COMPLEX APPLICATION OF RADIATI	NA	$466.25
77778	TC		COMPLEX APPLICATION OF RADIATI	NA	$239.54
77778	26		COMPLEX APPLICATION OF RADIATI	NA	$226.72
77789			SURFACE APPLICATION OF LOW DOS	NA	$67.64
77789	TC		SURFACE APPLICATION OF LOW DOS	NA	$38.01
77789	26		SURFACE APPLICATION OF LOW DOS	NA	$29.63
77790			SUPERVISION, HANDLING, AND LOA	NA	$9.28
77790	TC		SUPERVISION, HANDLING, AND LOA	NA	$5.57
77790	26		SUPERVISION, HANDLING, AND LOA	NA	$3.71
77799			OTHER ADMINISTRATION OF RADIAT	NA	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
77799	TC		OTHER ADMINISTRATION OF RADIAT	NA	$0.00
77799	26		OTHER ADMINISTRATION OF RADIAT	NA	$0.00
78012			NUCLEAR MEDICINE STUDY OF THYR	NA	$41.59
78012	TC		NUCLEAR MEDICINE STUDY OF THYR	NA	$37.31
78012	26		NUCLEAR MEDICINE STUDY OF THYR	NA	$4.28
78013			NUCLEAR MEDICINE STUDY OF THYR	NA	$88.02
78013	TC		NUCLEAR MEDICINE STUDY OF THYR	NA	$79.63
78013	26		NUCLEAR MEDICINE STUDY OF THYR	NA	$8.40
78014			NUCLEAR MEDICINE STUDY OF THYR	NA	$111.80
78014	TC		NUCLEAR MEDICINE STUDY OF THYR	NA	$100.61
78014	26		NUCLEAR MEDICINE STUDY OF THYR	NA	$11.19
78015			NUCLEAR MEDICINE STUDY OF LIMI	NA	$108.70
78015	TC		NUCLEAR MEDICINE STUDY OF LIMI	NA	$93.22
78015	26		NUCLEAR MEDICINE STUDY OF LIMI	NA	$15.49
78016			NUCLEAR MEDICINE STUDIES FOR T	NA	$129.54
78016	TC		NUCLEAR MEDICINE STUDIES FOR T	NA	$113.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78016	26		NUCLEAR MEDICINE STUDIES FOR T	NA	$15.70
78018			NUCLEAR MEDICINE STUDY OF WHOL	NA	$145.66
78018	TC		NUCLEAR MEDICINE STUDY OF WHOL	NA	$126.93
78018	26		NUCLEAR MEDICINE STUDY OF WHOL	NA	$18.74
78020			NUCLEAR MEDICINE STUDY OF THYR	NA	$39.64
78020	TC		NUCLEAR MEDICINE STUDY OF THYR	NA	$27.00
78020	26		NUCLEAR MEDICINE STUDY OF THYR	NA	$12.64
78070			NUCLEAR MEDICINE STUDY OF PARA	NA	$138.15
78070	TC		NUCLEAR MEDICINE STUDY OF PARA	NA	$119.87
78070	26		NUCLEAR MEDICINE STUDY OF PARA	NA	$18.28
78071			NUCLEAR MEDICINE STUDY OF PARA	NA	$164.06
78071	TC		NUCLEAR MEDICINE STUDY OF PARA	NA	$136.90
78071	26		NUCLEAR MEDICINE STUDY OF PARA	NA	$27.16
78072			NUCLEAR MEDICINE STUDY OF PARA	NA	$203.38
78072	TC		NUCLEAR MEDICINE STUDY OF PARA	NA	$167.86
78072	26		NUCLEAR MEDICINE STUDY OF PARA	NA	$35.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78075			NUCLEAR MEDICINE STUDY OF ADRE	NA	$208.55
78075	TC		NUCLEAR MEDICINE STUDY OF ADRE	NA	$191.42
78075	26		NUCLEAR MEDICINE STUDY OF ADRE	NA	$17.13
78099			ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78099	TC		ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78099	26		ENDOCRINE NUCLEAR PROCEDURE	NA	$0.00
78102			NUCLEAR MEDICINE STUDY OF BONE	NA	$82.16
78102	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$70.16
78102	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$12.00
78103			NUCLEAR MEDICINE STUDY OF BONE	NA	$87.47
78103	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$73.09
78103	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$14.39
78104			NUCLEAR MEDICINE STUDY OF BONE	NA	$117.68
78104	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$99.92
78104	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$17.77
78110			NUCLEAR MEDICINE STUDY OF PLAS	NA	$35.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78110	TC		NUCLEAR MEDICINE STUDY OF PLAS	NA	$31.63
78110	26		NUCLEAR MEDICINE STUDY OF PLAS	NA	$3.76
78111			NUCLEAR MEDICINE STUDY OF PLAS	NA	$37.43
78111	TC		NUCLEAR MEDICINE STUDY OF PLAS	NA	$33.18
78111	26		NUCLEAR MEDICINE STUDY OF PLAS	NA	$4.25
78120			NUCLEAR MEDICINE STUDY OF RED	NA	$36.21
78120	TC		NUCLEAR MEDICINE STUDY OF RED	NA	$31.63
78120	26		NUCLEAR MEDICINE STUDY OF RED	NA	$4.59
78121			NUCLEAR MEDICINE STUDY OF RED	NA	$39.39
78121	TC		NUCLEAR MEDICINE STUDY OF RED	NA	$33.18
78121	26		NUCLEAR MEDICINE STUDY OF RED	NA	$6.22
78122			NUCLEAR MEDICINE STUDY OF WHOL	NA	$50.10
78122	TC		NUCLEAR MEDICINE STUDY OF WHOL	NA	$40.23
78122	26		NUCLEAR MEDICINE STUDY OF WHOL	NA	$9.86
78130			NUCLEAR MEDICINE STUDY OF RED	NA	$63.35
78130	TC		NUCLEAR MEDICINE STUDY OF RED	NA	$51.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78130	26		NUCLEAR MEDICINE STUDY OF RED	NA	$11.77
78140			NUCLEAR MEDICINE STUDY OF RADI	NA	$55.78
78140	TC		NUCLEAR MEDICINE STUDY OF RADI	NA	$44.01
78140	26		NUCLEAR MEDICINE STUDY OF RADI	NA	$11.77
78185			NUCLEAR MEDICINE STUDY OF SPLE	NA	$79.39
78185	TC		NUCLEAR MEDICINE STUDY OF SPLE	NA	$71.71
78185	26		NUCLEAR MEDICINE STUDY OF SPLE	NA	$7.68
78191			NUCLEAR MEDICINE STUDY OF PLAT	NA	$63.35
78191	TC		NUCLEAR MEDICINE STUDY OF PLAT	NA	$51.57
78191	26		NUCLEAR MEDICINE STUDY OF PLAT	NA	$11.77
78195			NUCLEAR MEDICINE STUDY OF LYMP	NA	$165.77
78195	TC		NUCLEAR MEDICINE STUDY OF LYMP	NA	$138.79
78195	26		NUCLEAR MEDICINE STUDY OF LYMP	NA	$26.99
78199			NUCLEAR MEDICINE STUDY OF BLOO	NA	$0.00
78199	TC		NUCLEAR MEDICINE STUDY OF BLOO	NA	$0.00
78199	26		NUCLEAR MEDICINE STUDY OF BLOO	NA	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78201			NUCLEAR MEDICINE STUDY OF LIVE	NA	$90.70
78201	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$81.00
78201	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$9.70
78202			NUCLEAR MEDICINE STUDY OF LIVE	NA	$99.75
78202	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$88.40
78202	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$11.36
78215			NUCLEAR MEDICINE STUDY OF LIVE	NA	$93.40
78215	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$82.38
78215	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$11.03
78216			NUCLEAR MEDICINE STUDY OF LIVE	NA	$65.28
78216	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$52.78
78216	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$12.50
78226			NUCLEAR MEDICINE STUDY OF LIVE	NA	$152.31
78226	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$135.35
78226	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$16.96
78227			NUCLEAR MEDICINE STUDY OF LIVE	NA	$204.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78227	TC		NUCLEAR MEDICINE STUDY OF LIVE	NA	$184.03
78227	26		NUCLEAR MEDICINE STUDY OF LIVE	NA	$20.41
78230			NUCLEAR MEDICINE STUDY OF SALI	NA	$83.98
78230	TC		NUCLEAR MEDICINE STUDY OF SALI	NA	$73.60
78230	26		NUCLEAR MEDICINE STUDY OF SALI	NA	$10.38
78231			NUCLEAR MEDICINE STUDY OF SALI	NA	$52.95
78231	TC		NUCLEAR MEDICINE STUDY OF SALI	NA	$42.98
78231	26		NUCLEAR MEDICINE STUDY OF SALI	NA	$9.97
78232			NUCLEAR MEDICINE STUDY OF SALI	NA	$51.97
78232	TC		NUCLEAR MEDICINE STUDY OF SALI	NA	$42.98
78232	26		NUCLEAR MEDICINE STUDY OF SALI	NA	$8.99
78258			NUCLEAR MEDICINE STUDY OF ESOP	NA	$101.23
78258	TC		NUCLEAR MEDICINE STUDY OF ESOP	NA	$85.13
78258	26		NUCLEAR MEDICINE STUDY OF ESOP	NA	$16.11
78261			NUCLEAR MEDICINE STUDY OF STOM	NA	$94.58
78261	TC		NUCLEAR MEDICINE STUDY OF STOM	NA	$81.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78261	26		NUCLEAR MEDICINE STUDY OF STOM	NA	$13.25
78262			NUCLEAR MEDICINE STUDY OF STOM	NA	$116.08
78262	TC		NUCLEAR MEDICINE STUDY OF STOM	NA	$100.44
78262	26		NUCLEAR MEDICINE STUDY OF STOM	NA	$15.65
78264			NUCLEAR MEDICINE STUDY OF STOM	NA	$155.01
78264	TC		NUCLEAR MEDICINE STUDY OF STOM	NA	$137.07
78264	26		NUCLEAR MEDICINE STUDY OF STOM	NA	$17.94
78265			NUCLEAR MEDICINE STUDY OF STOM	NA	$184.24
78265	TC		NUCLEAR MEDICINE STUDY OF STOM	NA	$162.19
78265	26		NUCLEAR MEDICINE STUDY OF STOM	NA	$22.06
78266			NUCLEAR MEDICINE STUDY OF STOM	NA	$209.59
78266	TC		NUCLEAR MEDICINE STUDY OF STOM	NA	$185.92
78266	26		NUCLEAR MEDICINE STUDY OF STOM	NA	$23.68
78267			NUCLEAR MEDICINE STUDY TO ACQU	NA	$5.53
78267	TC		NUCLEAR MEDICINE STUDY TO ACQU	NA	$3.32
78267	26		NUCLEAR MEDICINE STUDY TO ACQU	NA	$2.21

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78268			NUCLEAR MEDICINE STUDY TO ASSE	NA	$47.21
78268	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$28.32
78268	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$18.88
78278			NUCLEAR MEDICINE STUDY TO ASSE	NA	$163.41
78278	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$140.85
78278	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$22.56
78282			NUCLEAR MEDICINE STUDY TO ASSE	NA	$30.00
78282	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$19.20
78282	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$10.80
78290			NUCLEAR MEDICINE STUDY OF INTE	NA	$154.26
78290	TC		NUCLEAR MEDICINE STUDY OF INTE	NA	$138.96
78290	26		NUCLEAR MEDICINE STUDY OF INTE	NA	$15.31
78291			NUCLEAR MEDICINE STUDY TO ASSE	NA	$124.13
78291	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$103.70
78291	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$20.43
78299			G.I. NUCLEAR PROCEDURE	NA	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78299	TC		G.I. NUCLEAR PROCEDURE	NA	$0.00
78299	26		G.I. NUCLEAR PROCEDURE	NA	$0.00
78300			NUCLEAR MEDICINE STUDY OF BONE	NA	$106.00
78300	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$91.84
78300	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$14.16
78305			NUCLEAR MEDICINE STUDY OF BONE	NA	$127.80
78305	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$109.04
78305	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$18.77
78306			NUCLEAR MEDICINE STUDY OF BONE	NA	$138.09
78306	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$118.68
78306	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$19.42
78315			NUCLEAR MEDICINE STUDY OF BONE	NA	$162.34
78315	TC		NUCLEAR MEDICINE STUDY OF BONE	NA	$139.13
78315	26		NUCLEAR MEDICINE STUDY OF BONE	NA	$23.22
78399			OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78399	TC		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78399	26		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78414			NUCLEAR MEDICINE STUDY OF CARD	NA	$20.25
78414	TC		NUCLEAR MEDICINE STUDY OF CARD	NA	$0.00
78414	26		NUCLEAR MEDICINE STUDY OF CARD	NA	$20.25
78428			NUCLEAR MEDICINE STUDY FOR DET	NA	$88.81
78428	TC		NUCLEAR MEDICINE STUDY FOR DET	NA	$71.37
78428	26		NUCLEAR MEDICINE STUDY FOR DET	NA	$17.44
78429			NUCLEAR MEDICINE STUDY OF HEAR	NA	$844.82
78429	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$804.09
78429	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$40.73
78430			NUCLEAR MEDICINE STUDY OF BLOO	NA	$842.91
78430	TC		NUCLEAR MEDICINE STUDY OF BLOO	NA	$804.09
78430	26		NUCLEAR MEDICINE STUDY OF BLOO	NA	$38.82
78431			NUCLEAR MEDICINE STUDIES OF BL	NA	$1,264.96
78431	TC		NUCLEAR MEDICINE STUDIES OF BL	NA	$1,219.66
78431	26		NUCLEAR MEDICINE STUDIES OF BL	NA	$45.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78432			NUCLEAR MEDICINE STUDY OF HEAR	NA	$1,538.50
78432	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$1,490.68
78432	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$47.83
78433			NUCLEAR MEDICINE STUDY OF HEAR	NA	$1,543.40
78433	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$1,490.68
78433	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$52.73
78434			NUCLEAR MEDICINE STUDY OF HEAR	NA	$97.79
78434	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$82.80
78434	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$14.99
78445			NUCLEAR MEDICINE STUDY OF NON-	NA	$96.83
78445	TC		NUCLEAR MEDICINE STUDY OF NON-	NA	$84.96
78445	26		NUCLEAR MEDICINE STUDY OF NON-	NA	$11.87
78451			NUCLEAR MEDICINE STUDY OF HEAR	NA	$160.10
78451	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$128.99
78451	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$31.11
78452			NUCLEAR MEDICINE STUDIES OF HE	NA	$221.77

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78452	TC		NUCLEAR MEDICINE STUDIES OF HE	NA	$185.05
78452	26		NUCLEAR MEDICINE STUDIES OF HE	NA	$36.72
78453			NUCLEAR MEDICINE STUDY OF HEAR	NA	$136.41
78453	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$114.37
78453	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$22.04
78454			NUCLEAR MEDICINE STUDIES OF HE	NA	$203.98
78454	TC		NUCLEAR MEDICINE STUDIES OF HE	NA	$173.19
78454	26		NUCLEAR MEDICINE STUDIES OF HE	NA	$30.80
78456			NUCLEAR MEDICINE STUDY TO ASSE	NA	$147.76
78456	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$125.20
78456	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$22.56
78457			NUCLEAR MEDICINE STUDY TO ASSE	NA	$78.95
78457	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$61.56
78457	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$17.39
78458			NUCLEAR MEDICINE STUDY TO ASSE	NA	$98.48
78458	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$77.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78458	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$20.93
78459			NUCLEAR MEDICINE STUDY OF HEAR	NA	$738.33
78459	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$700.85
78459	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$37.48
78466			MYOCARD IMAGING..:AT REST,QUAL	NA	$85.29
78466	TC		MYOCARD IMAGING..:AT REST,QUAL	NA	$69.82
78466	26		MYOCARD IMAGING..:AT REST,QUAL	NA	$15.47
78468			NUCLEAR MEDICINE STUDY OF HEAR	NA	$93.78
78468	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$75.67
78468	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$18.11
78472			NUCLEAR MEDICINE STUDY OF HEAR	NA	$107.53
78472	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$85.30
78472	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$22.23
78473			NUCLEAR MEDICINE STUDIES OF HE	NA	$136.79
78473	TC		NUCLEAR MEDICINE STUDIES OF HE	NA	$103.70
78473	26		NUCLEAR MEDICINE STUDIES OF HE	NA	$33.09

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78481			NUCLEAR MEDICINE STUDY OF HEAR	NA	$84.31
78481	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$62.09
78481	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$22.23
78483			NUCLEAR MEDICINE STUDIES OF HE	NA	$113.05
78483	TC		NUCLEAR MEDICINE STUDIES OF HE	NA	$79.80
78483	26		NUCLEAR MEDICINE STUDIES OF HE	NA	$33.26
78491			NUCLEAR MEDICINE STUDY OF BLOO	NA	$117.00
78491	TC		NUCLEAR MEDICINE STUDY OF BLOO	NA	$97.00
78491	26		NUCLEAR MEDICINE STUDY OF BLOO	NA	$20.00
78492			NUCLEAR MEDICINE STUDIES OF BL	NA	$141.00
78492	TC		NUCLEAR MEDICINE STUDIES OF BL	NA	$117.00
78492	26		NUCLEAR MEDICINE STUDIES OF BL	NA	$24.00
78494			NUCLEAR MEDICINE STUDY OF HEAR	NA	$108.18
78494	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$81.35
78494	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$26.84
78496			NUCLEAR MEDICINE STUDY OF HEAR	NA	$21.16

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78496	TC		NUCLEAR MEDICINE STUDY OF HEAR	NA	$9.80
78496	26		NUCLEAR MEDICINE STUDY OF HEAR	NA	$11.36
78499			OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78499	TC		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78499	26		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78579			PULMONARY VENTILATION IMAGING	NA	$88.42
78579	TC		PULMONARY VENTILATION IMAGING	NA	$77.39
78579	26		PULMONARY VENTILATION IMAGING	NA	$11.03
78580			NUCLEAR MEDICINE STUDY OF LUNG	NA	$111.03
78580	TC		NUCLEAR MEDICINE STUDY OF LUNG	NA	$94.25
78580	26		NUCLEAR MEDICINE STUDY OF LUNG	NA	$16.79
78582			NUCLEAR MEDICINE STUDY OF LUNG	NA	$155.42
78582	TC		NUCLEAR MEDICINE STUDY OF LUNG	NA	$131.23
78582	26		NUCLEAR MEDICINE STUDY OF LUNG	NA	$24.19
78597			NUCLEAR MEDICINE STUDY OF LUNG	NA	$94.01
78597	TC		NUCLEAR MEDICINE STUDY OF LUNG	NA	$77.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78597	26		NUCLEAR MEDICINE STUDY OF LUNG	NA	$16.27
78598			NUCLEAR MEDICINE STUDY OF LUNG	NA	$141.20
78598	TC		NUCLEAR MEDICINE STUDY OF LUNG	NA	$122.45
78598	26		NUCLEAR MEDICINE STUDY OF LUNG	NA	$18.75
78599			OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78599	TC		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78599	26		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78600			NUCLEAR MEDICINE STUDY OF BRAI	NA	$86.40
78600	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$76.36
78600	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$10.04
78601			NUCLEAR MEDICINE STUDY OF BRAI	NA	$102.84
78601	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$91.32
78601	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$11.53
78605			NUCLEAR MEDICINE STUDY OF BRAI	NA	$95.42
78605	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$83.07
78605	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$12.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78606			NUCLEAR MEDICINE STUDY OF BRAI	NA	$154.82
78606	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$140.34
78606	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$14.49
78608			NUCLEAR MEDICINE STUDY OF BRAI	NA	$1,080.00
78608	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$1,022.02
78608	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$57.98
78609			NUCLEAR MEDICINE STUDY OF BRAI	NA	$0.00
78609	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$0.00
78609	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$0.00
78610			NUCLEAR MEDICINE STUDY OF BRAI	NA	$83.28
78610	TC		NUCLEAR MEDICINE STUDY OF BRAI	NA	$76.53
78610	26		NUCLEAR MEDICINE STUDY OF BRAI	NA	$6.75
78630			NUCLEAR MEDICINE STUDY OF CERE	NA	$158.05
78630	TC		NUCLEAR MEDICINE STUDY OF CERE	NA	$142.74
78630	26		NUCLEAR MEDICINE STUDY OF CERE	NA	$15.31
78635			NUCLEAR MEDICINE STUDY OF CERE	NA	$158.63

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78635	TC		NUCLEAR MEDICINE STUDY OF CERE	NA	$144.46
78635	26		NUCLEAR MEDICINE STUDY OF CERE	NA	$14.17
78645			NUCLEAR MEDICINE STUDY OF CERE	NA	$151.79
78645	TC		NUCLEAR MEDICINE STUDY OF CERE	NA	$138.96
78645	26		NUCLEAR MEDICINE STUDY OF CERE	NA	$12.84
78650			NUCLEAR MEDICINE STUDY OF CERE	NA	$127.16
78650	TC		NUCLEAR MEDICINE STUDY OF CERE	NA	$115.39
78650	26		NUCLEAR MEDICINE STUDY OF CERE	NA	$11.77
78660			NUCLEAR MEDICINE STUDY OF TEAR	NA	$67.91
78660	TC		NUCLEAR MEDICINE STUDY OF TEAR	NA	$57.78
78660	26		NUCLEAR MEDICINE STUDY OF TEAR	NA	$10.13
78699			OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78699	TC		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78699	26		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78700			NUCLEAR MEDICINE STUDY OF KIDN	NA	$81.23
78700	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$71.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78700	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$10.03
78701			NUCLEAR MEDICINE STUDY OF KIDN	NA	$106.82
78701	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$95.62
78701	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$11.20
78707			NUCLEAR MEDICINE STUDY OF KIDN	NA	$109.96
78707	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$88.57
78707	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$21.39
78708			NUCLEAR MEDICINE STUDY OF KIDN	NA	$89.05
78708	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$61.90
78708	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$27.15
78709			NUCLEAR MEDICINE STUDIES OF KI	NA	$172.79
78709	TC		NUCLEAR MEDICINE STUDIES OF KI	NA	$141.20
78709	26		NUCLEAR MEDICINE STUDIES OF KI	NA	$31.59
78725			NUCLEAR MEDICINE STUDY OF KIDN	NA	$49.48
78725	TC		NUCLEAR MEDICINE STUDY OF KIDN	NA	$41.27
78725	26		NUCLEAR MEDICINE STUDY OF KIDN	NA	$8.22

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78730			NUCLEAR EXAM OF BLADDER	NA	$35.11
78730	TC		NUCLEAR EXAM OF BLADDER	NA	$31.48
78730	26		NUCLEAR EXAM OF BLADDER	NA	$3.64
78740			NUCLEAR MEDICINE STUDY TO ASSE	NA	$107.95
78740	TC		NUCLEAR MEDICINE STUDY TO ASSE	NA	$95.11
78740	26		NUCLEAR MEDICINE STUDY TO ASSE	NA	$12.84
78761			NUCLEAR MEDICINE STUDY OF TEST	NA	$100.92
78761	TC		NUCLEAR MEDICINE STUDY OF TEST	NA	$84.44
78761	26		NUCLEAR MEDICINE STUDY OF TEST	NA	$16.48
78799			OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78799	TC		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78799	26		OTHER NUCLEAR MEDICINE STUDY O	NA	$0.00
78800			NUCLEAR MEDICINE STUDY, 1 AREA	NA	$119.21
78800	TC		NUCLEAR MEDICINE STUDY, 1 AREA	NA	$104.22
78800	26		NUCLEAR MEDICINE STUDY, 1 AREA	NA	$14.98
78801			NUCLEAR MEDICINE STUDY, MULTIP	NA	$127.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78801	TC		NUCLEAR MEDICINE STUDY, MULTIP	NA	$111.28
78801	26		NUCLEAR MEDICINE STUDY, MULTIP	NA	$16.46
78802			NUCLEAR MEDICINE STUDY, WHOLE	NA	$144.35
78802	TC		NUCLEAR MEDICINE STUDY, WHOLE	NA	$126.41
78802	26		NUCLEAR MEDICINE STUDY, WHOLE	NA	$17.93
78803			NUCLEAR MEDICINE STUDY, SPECT	NA	$178.11
78803	TC		NUCLEAR MEDICINE STUDY, SPECT	NA	$153.76
78803	26		NUCLEAR MEDICINE STUDY, SPECT	NA	$24.35
78804			NUCLEAR MEDICINE STUDY, WHOLE	NA	$301.33
78804	TC		NUCLEAR MEDICINE STUDY, WHOLE	NA	$278.63
78804	26		NUCLEAR MEDICINE STUDY, WHOLE	NA	$22.71
78808			INJECTION OF RADIOACTIVE CONTR	NA	$20.28
78808	TC		INJECTION OF RADIOACTIVE CONTR	NA	$12.17
78808	26		INJECTION OF RADIOACTIVE CONTR	NA	$8.11
78811			TUMOR IMAGING, POSITRON EMISSI	NA	$722.60
78811	TC		TUMOR IMAGING, POSITRON EMISSI	NA	$684.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78811	26		TUMOR IMAGING, POSITRON EMISSI	NA	$38.59
78812			NUCLEAR MEDICINE STUDY FROM SK	NA	$823.21
78812	TC		NUCLEAR MEDICINE STUDY FROM SK	NA	$775.80
78812	26		NUCLEAR MEDICINE STUDY FROM SK	NA	$47.41
78813			NUCLEAR MEDICINE STUDY WHOLE B	NA	$823.34
78813	TC		NUCLEAR MEDICINE STUDY WHOLE B	NA	$775.79
78813	26		NUCLEAR MEDICINE STUDY WHOLE B	NA	$47.55
78814			NUCLEAR MEDICINE STUDY LIMITED	NA	$830.08
78814	TC		NUCLEAR MEDICINE STUDY LIMITED	NA	$775.79
78814	26		NUCLEAR MEDICINE STUDY LIMITED	NA	$54.29
78815			NUCLEAR MEDICINE STUDY FROM SK	NA	$836.64
78815	TC		NUCLEAR MEDICINE STUDY FROM SK	NA	$775.79
78815	26		NUCLEAR MEDICINE STUDY FROM SK	NA	$60.85
78816			NUCLEAR MEDICINE STUDY WHOLE B	NA	$837.12
78816	TC		NUCLEAR MEDICINE STUDY WHOLE B	NA	$775.79
78816	26		NUCLEAR MEDICINE STUDY WHOLE B	NA	$61.33

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
78830			NUCLEAR MEDICINE STUDY, SPECT	NA	$222.94
78830	TC		NUCLEAR MEDICINE STUDY, SPECT	NA	$190.40
78830	26		NUCLEAR MEDICINE STUDY, SPECT	NA	$32.54
78831			NUCLEAR MEDICINE STUDY, SPECT	NA	$333.88
78831	TC		NUCLEAR MEDICINE STUDY, SPECT	NA	$292.73
78831	26		NUCLEAR MEDICINE STUDY, SPECT	NA	$41.14
78832			NUCLEAR MEDICINE STUDY, SPECT	NA	$421.98
78832	TC		NUCLEAR MEDICINE STUDY, SPECT	NA	$375.29
78832	26		NUCLEAR MEDICINE STUDY, SPECT	NA	$46.70
78835			QUANTIFICATION OF RADIOACTIVE	NA	$45.45
78835	TC		QUANTIFICATION OF RADIOACTIVE	NA	$35.26
78835	26		QUANTIFICATION OF RADIOACTIVE	NA	$10.19
78999			OTHER NUCLEAR MEDICINE STUDY	NA	$0.00
78999	TC		OTHER NUCLEAR MEDICINE STUDY	NA	$0.00
78999	26		OTHER NUCLEAR MEDICINE STUDY	NA	$0.00
79005			RADIOACTIVE DRUG THERAPY BY MO	NA	$67.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
79005	TC		RADIOACTIVE DRUG THERAPY BY MO	NA	$26.48
79005	26		RADIOACTIVE DRUG THERAPY BY MO	NA	$40.66
79101			RADIOACTIVE DRUG THERAPY THROU	NA	$73.00
79101	TC		RADIOACTIVE DRUG THERAPY THROU	NA	$27.69
79101	26		RADIOACTIVE DRUG THERAPY THROU	NA	$45.32
79200			RADIOACTIVE DRUG THERAPY INTO	NA	$65.08
79200	TC		RADIOACTIVE DRUG THERAPY INTO	NA	$27.16
79200	26		RADIOACTIVE DRUG THERAPY INTO	NA	$37.92
79300			RADIOACTIVE DRUG THERAPY INTO	NA	$109.00
79300	TC		RADIOACTIVE DRUG THERAPY INTO	NA	$35.57
79300	26		RADIOACTIVE DRUG THERAPY INTO	NA	$73.43
79403			RADIOACTIVE DRUG THERAPY OF RA	NA	$105.55
79403	TC		RADIOACTIVE DRUG THERAPY OF RA	NA	$52.10
79403	26		RADIOACTIVE DRUG THERAPY OF RA	NA	$53.45
79440			RADIOACTIVE DRUG THERAPY INTO	NA	$58.38
79440	TC		RADIOACTIVE DRUG THERAPY INTO	NA	$20.46

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
79440	26		RADIOACTIVE DRUG THERAPY INTO	NA	$37.92
79445			RADIOACTIVE DRUG THERAPY THROU	NA	$58.33
79445	TC		RADIOACTIVE DRUG THERAPY THROU	NA	$0.00
79445	26		RADIOACTIVE DRUG THERAPY THROU	NA	$58.33
79999			RADIOACTIVE DRUG THERAPY	NA	$0.00
79999	TC		RADIOACTIVE DRUG THERAPY	NA	$0.00
79999	26		RADIOACTIVE DRUG THERAPY	NA	$0.00
80047			BLOOD TEST, BASIC GROUP OF BLO	NA	$10.98
80048			BLOOD TEST, BASIC GROUP OF BLO	NA	$6.77
80050			GENERAL HEALTH PANEL	NA	$36.00
80051			BLOOD TEST PANEL FOR ELECTROLY	NA	$5.61
80051	UD		ELECTROLYTE PANEL	NA	$12.62
80053			BLOOD TEST, COMPREHENSIVE GROU	NA	$8.45
80055			OBSTETRIC BLOOD TEST PANEL	NA	$38.25
80055	UD		OBSTETRIC PROFILE	NA	$86.06
80061			BLOOD TEST, LIPIDS (CHOLESTERO	NA	$10.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80061	QW		LIPID PROFILE	NA	$15.00
80061	22		LIPID PROFILE	NA	$23.00
80069			KIDNEY FUNCTION BLOOD TEST PAN	NA	$6.94
80074			ACUTE HEPATITIS PANEL	NA	$38.10
80076			LIVER FUNCTION BLOOD TEST PANE	NA	$6.54
80081			BLOOD TEST PANEL FOR OBSTETRIC	NA	$59.89
80104	HF	QW	DRUG SCREEN, QUALITATIVE, MULT	NA	$3.25
80143			MEASUREMENT OF ACETAMINOPHEN	NA	$14.91
80145			MEASUREMENT OF ADALIMUMAB	NA	$30.86
80150			AMIKACIN	NA	$15.00
80151			MEASUREMENT OF AMIODARONE	NA	$14.91
80155			CAFFEINE LEVEL	NA	$30.86
80156			CARBAMAZEPINE LEVEL, TOTAL	NA	$11.66
80157			CARBAMAZEPINE LEVEL, FREE	NA	$10.60
80158			CYCLOSPORINE	NA	$14.44
80159			CLOZAPINE LEVEL	NA	$16.12

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80161			MEASUREMENT OF CARBAMAZEPINE-1	NA	$14.91
80162			DIGOXIN LEVEL, TOTAL	NA	$10.62
80163			DIGOXIN LEVEL, FREE	NA	$10.62
80164			VALPROIC ACID LEVEL, TOTAL	NA	$10.83
80165			VALPROIC ACID LEVEL, FREE	NA	$10.83
80167			MEASUREMENT OF FELBAMATE	NA	$14.91
80168			ETHOSUXIMIDE	NA	$18.00
80169			EVEROLIMUS LEVEL	NA	$10.98
80170			GENTAMICIN	NA	$12.60
80171			GABAPENTIN LEVEL	NA	$17.34
80173			HALOPERIDOL	NA	$16.10
80175			LAMOTRIGINE LEVEL	NA	$10.60
80176			LIDOCAINE	NA	$18.00
80177			LEVETIRACETAM LEVEL	NA	$10.60
80178			LITHIUM	NA	$5.29
80178	QW		LITHIUM	NA	$9.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80179			MEASUREMENT OF SALICYLATE	NA	$14.91
80180			MYCOPHENOLATE (MYCOPHENOLIC AC	NA	$14.44
80181			MEASUREMENT OF FLECAINIDE	NA	$14.91
80183			OXCARBAZEPINE LEVEL	NA	$10.60
80184			PHENOBARBITAL	NA	$12.24
80185			PHENYTOIN LEVEL, TOTAL	NA	$10.60
80186			PHENYTOIN LEVEL, FREE	NA	$11.01
80187			MEASUREMENT OF POSACONAZOLE	NA	$21.69
80188			PRIMIDONE	NA	$13.27
80189			MEASUREMENT OF ITRACONAZOLE	NA	$21.69
80190			PROCAINAMIDE	NA	$15.00
80192			PROCAINAMIDE LEVEL, WITH METAB	NA	$15.00
80193			MEASUREMENT OF LEFLUNOMIDE	NA	$30.86
80194			QUINIDINE	NA	$15.00
80195			SIROLIMUS	NA	$10.98
80197			TACROLIMUS	NA	$10.98

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80198			THEOPHYLLINE	NA	$15.00
80199			TIAGABINE LEVEL	NA	$21.69
80200			TOBRAMYCIN	NA	$12.60
80201			TOPIRMATE	NA	$9.54
80202			VANCOMYCIN	NA	$10.83
80203			ZONISAMIDE LEVEL	NA	$10.60
80204			MEASUREMENT OF METHOTREXATE	NA	$30.86
80210			MEASUREMENT OF RUFINAMIDE	NA	$21.69
80220			MEASUREMENT OF HYDROXYCHLOROQU	NA	$14.91
80230			MEASUREMENT OF INFLIXIMAB	NA	$30.86
80235			MEASUREMENT OF LACOSAMIDE	NA	$21.69
80280			MEASUREMENT OF VEDOLIZUMAB	NA	$30.86
80285			MEASUREMENT OF VORICONAZOLE	NA	$21.69
80299			QUANTITATION OF THERAPEUTIC DR	NA	$14.91
80305			TESTING FOR PRESENCE OF DRUG,	NA	$10.08
80305	HF		TESTING FOR PRESENCE OF DRUG	NA	$10.08

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80306			TESTING FOR PRESENCE OF DRUG,	NA	$13.71
80306	HF		TESTING FOR PRESENCE OF DRUG	NA	$21.58
80307			TESTING FOR PRESENCE OF DRUG,	NA	$49.71
80307	HF		TESTING FOR PRESENCE OF DRUG	NA	$49.71
80329			ANALGESICS LEVELS, 1 OR 2	NA	$16.48
80400			HORMONAL PANEL FOR ADRENAL GLA	NA	$34.00
80402			HORMONE PANEL FOR ADRENAL GLAN	NA	$96.00
80406			HORMONE PANEL ADRENAL GLAND AS	NA	$98.00
80408			ALDOSTERONE SUPPRESSION EVALUA	NA	$130.00
80410			CALCITONIN STIMULATION PANEL	NA	$102.00
80412			ADRENAL GLAND STIMULATION PANE	NA	$364.36
80414			REPRODUCTIVE HORMONE PANEL (TE	NA	$61.00
80415			REPRODUCTIVE HORMONE PANEL (ES	NA	$50.00
80416			RENAL VEIN RENIN (KIDNEY ENZYM	NA	$150.00
80417			PERIPHERAL VEIN RENIN (KIDNEY	NA	$50.00
80418			ANTERIOR PITUITARY GLAND EVALU	NA	$640.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
80420			DEXAMETHASONE (STEROID) SUPPRE	NA	$74.00
80422			GLUCAGON (HORMONE) TOLERANCE P	NA	$45.00
80424			GLUCAGON (HORMONE) TOLERANCE P	NA	$33.00
80426			GONADOTROPIN RELEASING HORMONE	NA	$130.00
80428			GROWTH HORMONE STIMULATION PAN	NA	$60.00
80430			GROWTH HORMONE SUPPRESSION PAN	NA	$73.00
80432			INSULIN-INDUCED C-PEPTIDE (PRO	NA	$125.00
80434			INSULIN TOLERANCE PANEL FOR AC	NA	$100.00
80435			INSULIN TOLERANCE PANEL FOR GR	NA	$95.00
80436			METYRAPONE (HORMONE ANTIBODY)	NA	$75.00
80438			THYROTROPIN RELEASING HORMONE	NA	$50.00
80439			THYROTROPIN RELEASING HORMONE	NA	$74.27
80503			PATHOLOGY CLINICAL CONSULTATIO	NA	$18.23
80504			PATHOLOGY CLINICAL CONSULTATIO	NA	$38.99
80505			PATHOLOGY CLINICAL CONSULTATIO	NA	$73.47
80506			PATHOLOGY CLINICAL CONSULTATIO	NA	$35.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81000			MANUAL URINALYSIS TEST WITH EX	NA	$3.22
81000	FP		URINALYSIS WITH MICROSCOPY	NA	$18.15
81000	UD		URINALYSIS WITH MICROSCOPY	NA	$7.24
81001			MANUAL URINALYSIS TEST WITH EX	NA	$2.54
81002			URINALYSIS, MANUAL TEST	NA	$2.78
81002	FP		ROUTINE URINE ANALYSIS	NA	$6.26
81002	UD		ROUTINE URINE ANALYSIS	NA	$6.26
81003			URINALYSIS WITHOUT MICR.AUTOMA	NA	$1.80
81003	QW		URINALYSIS WITHOUT MICR.AUTOMA	NA	$1.50
81005			ANALYSIS OF URINE, EXCEPT IMMU	NA	$1.74
81005	UD		URINAL,QUAL OR SEMI-QUANT ECPT	NA	$3.91
81007			URINE BACTERIURIA SR NON-CUIT	NA	$2.84
81007	QW		URINE BACTERIURIA SR NON-CUIT	NA	$2.84
81015			MICROSCOPIC EXAM OF URINE	NA	$2.44
81020			URINALYSIS, 2 OR 3 GLASS TEST	NA	$4.30
81025			URINE PREG.TEST:VISUAL COLOR C	NA	$6.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81025	FP		URINE PREG.TEST:VISUAL COLOR C	NA	$15.50
81025	UD		URINE PREG.TEST:VISUAL COLOR C	NA	$15.50
81050			VOL.MEAS.TIMED COLLECTION,EACH	NA	$2.91
81099			UNLISTED ANALYSIS OF URINE	BY REPORT	BY REPORT
81105			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81106			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81107			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81108			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81109			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81110			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81111			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81112			GENE ANALYSIS (HUMAN PLATELET	NA	$97.78
81120			GENE ANALYSIS (ISOCITRATE DEHY	NA	$154.60
81121			GENE ANALYSIS (ISOCITRATE DEHY	NA	$236.63
81161			GENE ANALYSIS (DYSTROPHIN)	NA	$223.20
81162			GENE ANALYSIS (BREAST CANCER 1	NA	$1,459.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81163			GENE ANALYSIS (BREAST CANCER 1	NA	$374.40
81164			GENE ANALYSIS (BREAST CANCER 1	NA	$467.38
81165			GENE ANALYSIS (BREAST CANCER 1	NA	$226.30
81166			GENE ANALYSIS (BREAST CANCER 1	NA	$241.08
81167			GENE ANALYSIS (BREAST CANCER 2	NA	$226.30
81168			GENE ANALYSIS (CCND1/IGH (T(11	NA	$165.85
81170			GENE ANALYSIS (ABL PROTO-ONCOG	NA	$240.00
81171			GENE ANALYSIS (FRAGILE X INTEL	NA	$109.60
81172			GENE ANALYSIS (FRAGILE X INTEL	NA	$219.86
81173			GENE ANALYSIS (ANDROGEN RECEPT	NA	$241.08
81174			GENE ANALYSIS (ANDROGEN RECEPT	NA	$148.16
81175			GENE ANALYSIS (ADDITIONAL SEX	NA	$541.20
81176			GENE ANALYSIS (ADDITIONAL SEX	NA	$193.52
81177			GENE ANALYSIS (ATROPIN 1) FOR	NA	$109.60
81178			GENE ANALYSIS (ATAXIN 1) FOR A	NA	$109.60
81179			GENE ANALYSIS (ATAXIN 2) FOR A	NA	$109.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81180			GENE ANALYSIS (ATAXIN 3) FOR A	NA	$109.60
81181			GENE ANALYSIS (ATAXIN 7) FOR A	NA	$109.60
81182			GENE ANALYSIS (ATAXIN 8 OPPOSI	NA	$109.60
81183			GENE ANALYSIS (ATAXIN 10) FOR	NA	$109.60
81184			GENE ANALYSIS (CALCIUM VOLTAGE	NA	$109.60
81185			GENE ANALYSIS (CALCIUM VOLTAGE	NA	$677.02
81186			GENE ANALYSIS (CALCIUM VOLTAGE	NA	$148.16
81187			GENE ANALYSIS (CCH-TYPE ZINC F	NA	$109.60
81188			GENE ANALYSIS (CYSTATIN B) FOR	NA	$109.60
81189			GENE ANALYSIS (CYSTATIN B) OF	NA	$219.86
81190			GENE ANALYSIS (CYSTATIN B) FOR	NA	$148.16
81191			GENE ANALYSIS (NEUROTROPHIC RE	NA	$165.85
81192			GENE ANALYSIS (NEUROTROPHIC RE	NA	$165.85
81193			GENE ANALYSIS (NEUROTROPHIC RE	NA	$165.85
81194			GENE ANALYSIS (NEUROTROPHIC RE	NA	$414.62
81200			ASPA (ASPARTOACYLASE) (EG, CAN	NA	$37.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81201			GENE ANALYSIS (ADENOMATOUS POL	NA	$624.00
81202			GENE ANALYSIS (ADENOMATOUS POL	NA	$224.00
81203			GENE ANALYSIS (ADENOMATOUS POL	NA	$160.00
81204			GENE ANALYSIS (ANDROGEN RECEPT	NA	$109.60
81205			GENE ANALYSIS (BRANCHED-CHAIN	NA	$75.99
81206			TRANSLOCATION ANALYSIS (BCR/AB	NA	$131.17
81207			TRANSLOCATION ANALYSIS (BCR/AB	NA	$115.87
81208			BCR/ABL1 (T(9:22)) (EG, CHRONI	NA	$171.70
81209			GENE ANALYSIS (BLOOM SYNDROME,	NA	$31.45
81210			BRAF (V-RAF MURINE SARCOMA VIR	NA	$140.32
81212			GENE ANALYSIS (BREAST CANCER 1	NA	$352.00
81215			GENE ANALYSIS (BREAST CANCER 1	NA	$300.20
81216			GENE ANALYSIS (BREAST CANCER 2	NA	$148.10
81217			GENE ANALYSIS (BREAST CANCER 2	NA	$300.20
81218			GENE ANALYSIS (CCAAT/ENHANCER	NA	$193.52
81219			GENE ANALYSIS (CALRETICULIN),	NA	$97.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81220			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$445.28
81221			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$77.78
81222			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$348.06
81223			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$399.20
81224			CFTR (CYSTIC FIBROSIS TRANSMEM	NA	$135.00
81225			GENE ANALYSIS (CYTOCHROME P450	NA	$233.09
81226			GENE ANALYSIS (CYTOCHROME P450	NA	$360.73
81227			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81228			CYTOGENOMIC CONSTITUTIONAL (GE	NA	$720.00
81229			GENOME-WIDE MICROARRAY ANALYSI	NA	$928.00
81230			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81231			GENE ANALYSIS (CYTOCHROME P450	NA	$139.85
81232			GENE ANALYSIS (DIHYDROPYRIMIDI	NA	$139.85
81233			GENE ANALYSIS (BRUTON'S TYROSI	NA	$140.32
81234			GENE ANALYSIS (DM1 PROTEIN KIN	NA	$109.60
81235			GENE ANALYSIS (EPIDERMAL GROWT	NA	$259.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81236			GENE ANALYSIS (ENHANCER OF ZES	NA	$226.30
81237			GENE ANALYSIS (ENHANCER OF ZES	NA	$140.32
81238			GENE ANALYSIS (COAGULATION FAC	NA	$480.00
81239			GENE ANALYSIS (DM1 PROTEIN KIN	NA	$219.86
81240			GENE ANALYSIS (PROTHROMBIN, CO	NA	$52.55
81241			F5 (COAGULATION FACTOR V) (EG,	NA	$58.70
81242			GENE ANALYSIS (FANCONI ANEMIA,	NA	$29.30
81243			GENE ANALYSIS (FRAGILE X SYNDR	NA	$45.63
81244			GENE ANALYSIS (FRAGILE X SYNDR	NA	$35.91
81245			FLT3 (FMS-RELATED TYROSINE KIN	NA	$132.41
81246			TEST FOR DETECTING GENES ASSOC	NA	$66.40
81247			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$139.85
81248			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$300.20
81249			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$480.00
81250			GENE ANALYSIS (GLUCOSE-6-PHOSP	NA	$46.79
81251			GENE ANALYSIS (GLUCOSIDASE, BE	NA	$37.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81252			GENE ANALYSIS (GAP JUNCTION PR	NA	$80.90
81253			GENE ANALYSIS (GAP JUNCTION PR	NA	$49.22
81254			GENE ANALYSIS (GAP JUNCTION PR	NA	$28.00
81255			HEXA (HEXOSAMINIDASE A [ALPHA	NA	$41.16
81256			HFE (HEMOCHROMATOSIS) (EG, HER	NA	$52.29
81257			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$81.81
81258			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$300.20
81259			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$480.00
81260			GENE ANALYSIS (INHIBITOR OF KA	NA	$31.45
81261			IGH@ (IMMUNOGLOBULIN HEAVY CHA	NA	$158.39
81262			IGH@ (IMMUNOGLOBULIN HEAVY CHA	NA	$54.84
81263			GENE REARRANGEMENT ANALYSIS (I	NA	$235.62
81264			IGK@ (IMMUNOGLOBULIN KAPPA LIG	NA	$138.18
81265			COMPARATIVE ANALYSIS USING SHO	NA	$186.46
81266			COMPARATIVE ANALYSIS USING SHO	NA	$243.85
81267			CHIMERISM ANALYSIS POST TRANSP	NA	$165.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81268			CHIMERISM ANALYSIS POST TRANSP	NA	$208.63
81269			GENE ANALYSIS (ALPHA GLOBIN 1	NA	$161.92
81270			JAK2 (JANUS KINASE 2) (EG, MYE	NA	$73.33
81271			GENE ANALYSIS (HUNTINGTIN) FOR	NA	$109.60
81272			GENE ANALYSIS (V-KIT HARDY-ZUC	NA	$263.61
81273			GENE ANALYSIS (V-KIT HARDY-ZUC	NA	$99.90
81274			GENE ANALYSIS (HUNTINGTIN) FOR	NA	$219.86
81275			KRAS (V-KI-RAS2 KIRSTEN RAT SA	NA	$154.60
81276			GENE ANALYSIS (KIRSTEN RAT SAR	NA	$154.60
81277			CANCER CYTOGENOMIC ARRAY GENE	NA	$928.00
81278			GENE ANALYSIS (IGH@/BCL2 (T(14	NA	$165.85
81279			GENE ANALYSIS (JANUS KINASE 2)	NA	$148.16
81283			GENE ANALYSIS (INTERFERON, LAM	NA	$58.70
81284			GENE ANALYSIS (FRATAXIN) FOR A	NA	$109.60
81285			GENE ANALYSIS (FRATAXIN) FOR C	NA	$219.86
81286			GENE ANALYSIS (FRATAXIN) OF FU	NA	$219.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81287			GENE ANALYSIS (O-6-METHYLGUANI	NA	$99.71
81288			TEST FOR DETECTING GENES ASSOC	NA	$153.86
81289			GENE ANALYSIS (FRATAXIN) FOR K	NA	$148.16
81290			MCOLN1 (MUCOLIPIN 1) (EG, MUCO	NA	$31.45
81291			GENE ANALYSIS (5, 10-METHYLENE	NA	$52.27
81292			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$540.32
81293			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$264.80
81294			GENE ANALYSIS (MUTL HOMOLOG 1,	NA	$161.92
81295			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$305.36
81296			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$270.18
81297			GENE ANALYSIS (MUTS HOMOLOG 2,	NA	$170.64
81298			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$513.48
81299			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$246.40
81300			MSH6 (MUTS HOMOLOG 6 [E. COLI]	NA	$190.40
81301			MICROSATELLITE INSTABILITY ANA	NA	$278.85
81302			MECP2 (METHYL CPG BINDING PROT	NA	$422.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81303			MECP2 (METHYL CPG BINDING PROT	NA	$96.00
81304			MECP2 (METHYL CPG BINDING PROT	NA	$120.00
81305			GENE ANALYSIS (MYELOID DIFFERE	NA	$140.32
81306			GENE ANALYSIS (NUDIX HYDROLASE	NA	$233.09
81307			GENE ANALYSIS (PARTNER AND LOC	NA	$541.20
81308			GENE ANALYSIS (PARTNER AND LOC	NA	$241.08
81309			GENE ANALYSIS (PARTNER AND LOC	NA	$219.86
81310			NPM1 (NUCLEOPHOSMIN) (EG, ACUT	NA	$197.22
81311			GENE ANALYSIS FOR CANCER (NEUR	NA	$236.63
81312			GENE ANALYSIS (POLY[A] BINDING	NA	$109.60
81313			TEST FOR DETECTING GENES ASSOC	NA	$204.04
81314			GENE ANALYSIS ((PLATELET-DERIV	NA	$263.61
81315			PML/RARALPHA, (T(15:17)), (PRO	NA	$165.85
81316			PML/RARALPHA, (T(15:17)), (PRO	NA	$165.85
81317			PMS2 (POSTMEIOTIC SEGREGATION	NA	$541.20
81318			PMS2 (POSTMEIOTIC SEGREGATION	NA	$264.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81319			PMS2 (POSTMEIOTIC SEGREGATION	NA	$162.80
81320			GENE ANALYSIS (PHOSPHOLIPASE C	NA	$233.09
81321			GENE ANALYSIS (PHOSPHATASE AND	NA	$480.00
81322			GENE ANALYSIS (PHOSPHATASE AND	NA	$37.28
81323			GENE ANALYSIS (PHOSPHATASE AND	NA	$240.00
81324			GENE ANALYSIS (PERIPHERAL MYEL	NA	$606.69
81325			GENE ANALYSIS (PERIPHERAL MYEL	NA	$615.66
81326			GENE ANALYSIS (PERIPHERAL MYEL	NA	$37.28
81327			GENE ANALYSIS (SEPTIN9) FOR PR	NA	$153.60
81328			GENE ANALYSIS (SOLUTE CARRIER	NA	$139.85
81329			GENE ANALYSIS (SURVIVAL OF MOT	NA	$109.60
81330			GENE ANALYSIS (SPHINGOMYELIN P	NA	$37.60
81331			SNRPN/UBE3A (SMALL NUCLEAR RIB	NA	$40.86
81332			GENE ANALYSIS (SERPIN PEPTIDAS	NA	$34.92
81333			GENE ANALYSIS (TRANSFORMING GR	NA	$109.60
81334			GENE ANALYSIS (RUNT RELATED TR	NA	$263.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81335			GENE ANALYSIS (THIOPURINE S-ME	NA	$139.85
81336			GENE ANALYSIS (SURVIVAL OF MOT	NA	$241.08
81337			GENE ANALYSIS (SURVIVAL OF MOT	NA	$148.16
81338			GENE ANALYSIS (MPL PROTO-ONCOG	NA	$120.26
81339			GENE ANALYSIS (MPL PROTO-ONCOG	NA	$148.16
81340			TRB@ (T CELL ANTIGEN RECEPTOR,	NA	$167.14
81341			TRB@ (T CELL ANTIGEN RECEPTOR,	NA	$39.67
81342			TRG@ (T CELL ANTIGEN RECEPTOR,	NA	$161.20
81343			GENE ANALYSIS (PROTEIN PHOSPHA	NA	$109.60
81344			GENE ANALYSIS (TATA BOX BINDIN	NA	$109.60
81345			GENE ANALYSIS (TELOMERASE REVE	NA	$148.16
81346			GENE ANALYSIS (THYMIDYLATE SYN	NA	$139.85
81347			GENE ANALYSIS (SPLICING FACTOR	NA	$154.60
81348			GENE ANALYSIS (SERINE AND ARGI	NA	$140.32
81350			GENE ANALYSIS (UDP GLUCURONOSY	NA	$187.20
81351			GENE ANALYSIS (TUMOR PROTEIN 5	NA	$513.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81352			GENE ANALYSIS (TUMOR PROTEIN 5	NA	$263.61
81353			GENE ANALYSIS (TUMOR PROTEIN 5	NA	$246.40
81355			GENE ANALYSIS (VITAMIN K EPOXI	NA	$70.56
81357			GENE ANALYSIS (U2 SMALL NUCLEA	NA	$154.60
81360			GENE ANALYSIS (ZINC FINGER CCC	NA	$154.60
81361			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$139.85
81362			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$300.20
81363			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$161.92
81364			GENE ANALYSIS (HEMOGLOBIN, SUB	NA	$259.66
81370			HLA CLASS I AND II TYPING LOW	NA	$321.70
81371			HLA CLASS I AND II TYPING, LOW	NA	$323.62
81372			HLA CLASS I TYPING, LOW RESOLU	NA	$322.87
81373			HLA CLASS I TYPING, LOW RESOLU	NA	$101.94
81374			HLA CLASS I TYPING, LOW RESOLU	NA	$59.46
81375			HLA CLASS II TYPING, LOW RESOL	NA	$176.59
81376			HLA CLASS II TYPING LOW RESOLU	NA	$97.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81377			HLA CLASS II TYPING, LOW RESOL	NA	$75.79
81378			HLA CLASS I AND II TYPING HIGH	NA	$276.46
81379			HLA CLASS I TYPING, HIGH RESOL	NA	$268.30
81380			HLA CLASS I TYPING, HIGH RESOL	NA	$141.80
81381			HLA CLASS I TYPING, HIGH RESOL	NA	$135.92
81382			HLA CLASS II TYPING HIGH RESOL	NA	$98.94
81383			HLA CLASS II TYPING, HIGH RESO	NA	$87.30
81400			MOLECULAR PATHOLOGY PROCEDURE	NA	$51.17
81401			MOLECULAR PATHOLOGY PROCEDURE	NA	$109.60
81402			MOLECULAR PATHOLOGY PROCEDURE	NA	$120.26
81403			MOLECULAR PATHOLOGY PROCEDURE	NA	$148.16
81404			MOLECULAR PATHOLOGY PROCEDURE	NA	$219.86
81405			MOLECULAR PATHOLOGY PROCEDURE	NA	$241.08
81406			MOLECULAR PATHOLOGY PROCEDURE	NA	$226.30
81407			MOLECULAR PATHOLOGY PROCEDURE	NA	$677.02
81408			MOLECULAR PATHOLOGY PROCEDURE	NA	$1,600.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81410			TEST FOR DETECTING GENES ASSOC	NA	$403.20
81411			TEST FOR DETECTING GENES ASSOC	NA	$1,080.15
81412			TEST FOR DETECTING GENES FOR D	NA	$1,958.85
81413			TEST FOR DETECTING GENES ASSOC	NA	$467.92
81414			TEST FOR DETECTING GENES ASSOC	NA	$467.92
81415			TEST FOR DETECTING EXOME, SEQU	NA	$3,824.00
81416			TEST FOR DETECTING EXOME, SEQU	NA	$9,600.00
81417			REEVALUATION TEST OF PREVIOUSL	NA	$256.00
81419			GENE ANALYSIS PANEL FOR EVALUA	NA	$1,958.85
81420			TEST FOR DETECTING GENES ASSOC	NA	$607.24
81422			TEST FOR DETECTING GENES ASSOC	NA	$607.24
81425			TEST FOR DETECTING GENES ASSOC	NA	$4,024.96
81426			TEST FOR DETECTING GENES ASSOC	NA	$2,167.96
81427			REEVALUATION TEST OF PREVIOUSL	NA	$1,870.12
81430			TEST FOR DETECTING GENES CAUSI	NA	$1,300.00
81431			TEST FOR DETECTING GENES CAUSI	NA	$543.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81432			TEST FOR DETECTING GENES ASSOC	NA	$543.24
81433			GENE ANALYSIS (BREAST AND RELA	NA	$351.14
81434			GENE ANALYSIS (RETINAL DISORDE	NA	$478.33
81435			TEST FOR DETECTING GENES ASSOC	NA	$467.92
81436			TEST FOR DETECTING GENES ASSOC	NA	$467.92
81437			GENE ANALYSIS (NEUROENDOCRINE	NA	$351.14
81438			GENE ANALYSIS (NEUROENDOCRINE	NA	$351.14
81439			TEST FOR DETECTING GENES ASSOC	NA	$467.92
81440			TEST FOR DETECTING GENES	NA	$2,659.20
81441			GENE SEQUENCE ANALYSIS PANEL A	NA	$1,958.85
81442			GENE ANALYSIS (NOONAN SYNDROME	NA	$1,714.88
81443			GENOMIC SEQUENCE ANALYSIS PANE	NA	$1,958.85
81445			GENOMIC SEQUENCE ANALYSIS PANE	NA	$478.33
81448			GENE ANALYSIS PANEL FOR HEREDI	NA	$467.92
81449			GENOMIC SEQUENCE ANALYSIS PANE	NA	$478.33
81450			GENOMIC SEQUENCE ANALYSIS PANE	NA	$607.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81451			GENOMIC SEQUENCE ANALYSIS PANE	NA	$607.62
81455			GENOMIC SEQUENCE ANALYSIS PANE	NA	$2,335.68
81456			GENOMIC SEQUENCE ANALYSIS PANE	NA	$2,335.68
81460			TEST FOR DETECTING GENES ASSOC	NA	$1,029.60
81465			TEST FOR DETECTING GENES ASSOC	NA	$748.80
81470			TEST FOR DETECTING GENES ASSOC	NA	$731.20
81471			TEST FOR DETECTING GENES ASSOC	NA	$731.20
81479			UNLISTED MOLECULAR PATHOLOGY P	BY REPORT	BY REPORT
81490			TEST FOR DETECTING GENES ASSOC	NA	$672.52
81493			TEST FOR DETECTING GENES ASSOC	NA	$840.00
81500			GENETIC PROFILING ON ONCOLOGY	NA	$208.40
81503			GENETIC PROFILING ON ONCOLOGY	NA	$717.60
81504			GENETIC PROFILING ON ONCOLOGY	NA	$416.00
81506			ENDOCRINOLOGY (TYPE 2 DIABETES	NA	$55.14
81507			ANALYSIS USING MATERNAL PLASMA	NA	$636.00
81508			FETAL CONGENITAL ABNORMALITIES	NA	$43.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81509			FETAL CONGENITAL ABNORMALITIES	NA	$1,189.90
81510			FETAL CONGENITAL ABNORMALITIES	NA	$44.43
81511			FETAL CONGENITAL ABNORMALITIES	NA	$122.80
81512			FETAL CONGENITAL ABNORMALITIES	NA	$55.62
81513			MEASUREMENT OF RNA OF BACTERIA	NA	$114.10
81514			MEASUREMENT OF DNA OF BACTERIA	NA	$210.39
81518			MRNA GENE ANALYSIS OF 11 GENES	NA	$3,098.40
81519			TEST FOR DETECTING GENES ASSOC	NA	$3,098.40
81520			GENE ANALYSIS OF BREAST TUMOR	NA	$2,008.17
81521			GENE ANALYSIS OF BREAST TUMOR	NA	$3,098.40
81522			MRNA GENE EXPRESSION ANALYSIS	NA	$3,098.40
81523			NEXT-GENERATION SEQUENCING OF	NA	$3,098.40
81525			GENE ANALYSIS (COLON RELATED C	NA	$2,492.80
81528			GENE ANALYSIS (COLORECTAL CANC	NA	$407.10
81529			MRNA GENE ANALYSIS OF 13 GENES	NA	$5,754.40
81535			CULTURE OF LIVE TUMOR CELLS AN	NA	$463.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
81536			CULTURE OF LIVE TUMOR CELLS AN	NA	$142.05
81538			TESTING OF LUNG TUMOR CELLS FO	NA	$2,296.80
81539			MEASUREMENT OF PROTEINS ASSOCI	NA	$608.00
81540			GENE ANALYSIS (CANCER)	NA	$3,000.00
81541			GENE ANALYSIS OF PROSTATE TUMO	NA	$3,098.40
81542			MRNA GENE EXPRESSION ANALYSIS	NA	$3,098.40
81546			MRNA GENE ANALYSIS OF 10,196 G	NA	$2,880.00
81551			GENE ANALYSIS OF PROSTATE TUMO	NA	$1,624.00
81552			MRNA GENE EXPRESSION ANALYSIS	NA	$6,220.80
81554			MRNA GENE ANALYSIS OF 190 GENE	NA	$4,400.00
81595			TEST FOR DETECTING GENES ASSOC	NA	$2,592.00
81596			BIOCHEMICAL ASSAYS FOR EVALUAT	NA	$57.75
81599			UNLISTED MULTIANALYTE ASSAY WI	BY REPORT	BY REPORT
82009			KETONE BODIES ANALYSIS, QUALIT	NA	$3.62
82010			KETONE BODIES ANALYSIS, QUANTI	NA	$6.54
82010	QW		ACETONE OR OTHER KATONE SERUM	NA	$9.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82013			ACETYLCHOLINESTERASE ASSAY	NA	$9.83
82016			ACYLCARNTINES:QUAL EACH SPEC.	NA	$13.19
82017			ACYLARNITINES:QUAN EACH SPECIM	NA	$13.50
82024			ACTH RADIOIMMUNE ASSAY	NA	$30.90
82030			ADENOSINE, 5-MONOPHOSPHATE, CY	NA	$20.64
82040			ASSAY SERUM ALBUMIN	NA	$3.96
82042			CEREBROSPINAL FLUID, OR AMNIOT	NA	$6.22
82043			ALBUMIN:URINE MICRO.QUANTITATI	NA	$4.62
82044			ALBUMIN:URINE MICRO.SEMIQUANTI	NA	$1.00
82044	QW		ALBUMIN:URINE MICRO.SEMIQUANTI	NA	$1.00
82045			ALBUMIN: ISCHEMIA MODIFIED	NA	$27.15
82075			MEASUREMENT OF ALCOHOL LEVEL I	NA	$24.00
82077			MEASUREMENT OF ALCOHOL LEVEL I	NA	$13.82
82085			ALDOLASE	NA	$7.77
82088			ALDOSTERONE	NA	$32.60
82103			ALPHA-1-ANTITRYPSIN (PROTEIN)	NA	$10.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82104			ALPHA-1-ANTITRYPSIN (PROTEIN)	NA	$11.57
82105			ALPHA-FETOPROTEIN (AFP) LEVEL,	NA	$13.42
82106			ALPHA-FETOPROTEIN (AFP) LEVEL,	NA	$13.60
82107			ALPHA-FETOPROTEIN (AFP): AFP-L	NA	$51.53
82108			ALUMINUM,	NA	$28.17
82120			AMINES, VAGINAL FLUID QUAL	NA	$4.00
82120	QW		AMINES, VAGINAL FLUID, QUALITA	NA	$4.00
82127			AMINO ACID ANALYSIS, QUALITATI	NA	$12.90
82128			AMINO ACID ANALYSIS, MULTIPLE	NA	$11.10
82131			AMINO ACID ANALYSIS, QUANTITAT	NA	$18.38
82135			ASSAY, AMINOLEVULINIC ACID	NA	$20.00
82136			AMINO ACID LEVEL, 2 TO 5 AMINO	NA	$15.69
82139			AMINO ACID LEVEL, 6 OR MORE AM	NA	$13.50
82140			AMMONIA	NA	$11.66
82143			AMNIOTIC FLUID SCAN	NA	$4.20
82150			AMYLASE	NA	$5.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82154			ANDROSTANEDIOL GLUCORONIED	NA	$31.88
82157			ANDROSTENEDIONE	NA	$23.42
82160			ANDROSTERONE:	NA	$27.65
82163			ANGIOTENSIN II	NA	$21.00
82164			ANGIOTENSIN-CONVERTING ENZYME	NA	$11.68
82172			APOLIPOPROTEIN EACH	NA	$16.87
82173			ARGININE TOLERANCE TEST	NA	$11.20
82175			ARSENIC	NA	$7.20
82180			ASCORBIC ACID (VITAMIN C) LEVE	NA	$3.60
82190			ATOMIC ABSORPTION SPECTR.,EACH	NA	$16.39
82232			BETA-2 MICROGLOBULIN,	NA	$12.94
82239			BILE ACIDS LEVEL, TOTAL	NA	$13.70
82240			BILE ACIDS LEVEL, CHOLYLGLYCIN	NA	$5.69
82247			BILIRUBIN LEVEL, TOTAL	NA	$4.02
82248			BILIRUBIN LEVEL, DIRECT	NA	$4.02
82252			FECAL BILIRUBIN TEST	NA	$2.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82261			BIOTINIDASE EACH SPEC.	NA	$13.50
82270			TEST FECES FOR BLOOD	NA	$3.50
82270	QW		TEST FECES FOR BLOOD	NA	$3.63
82271			BLOOD, OCCULT, BY PEROXIDASE A	NA	$4.26
82271	QW		BOLLD, OCCULT, BY PEROXIDASE A	NA	$4.26
82272			STOOL ANALYSIS FOR BLOOD, BY P	NA	$3.38
82272	QW		BOOLD, OCCULT, BY PEROXIDASE A	NA	$3.38
82274			STOOL ANALYSIS FOR BLOOD, BY F	NA	$12.74
82274	QW		BLOOD OCCULT HGB DETERMINATION	NA	$3.70
82286			ASSAY OF BRADYKININ	NA	$7.60
82300			CADMIUM	NA	$18.91
82306			CALCIFEDIOL,(25-OH VIT D-3)	NA	$23.68
82308			CALCITONIN	NA	$21.43
82310			CALCIUM LEVEL, TOTAL	NA	$4.13
82310	QW		ASSAY CALCIUM IN BLOOD, TOTAL	NA	$3.00
82330			CALCIUM LEVEL, IONIZED	NA	$10.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82331			CALCIUM LEVEL, AFTER CALCIUM I	NA	$5.72
82340			CALCIUM,URINE,QUANT.	NA	$4.82
82355			CALCULUS (STONE) ANALYSIS,QUAL	NA	$9.26
82360			CALCULUS (STONE) ASSAY, QUANT.	NA	$10.30
82365			CALCULUS (STONE) INFRARED SPEC	NA	$10.32
82370			X-RAY ASSAY,CALCULUS (STONE)	NA	$9.00
82373			CARBOHYDRATE DEFICIENT TRANFER	NA	$7.95
82374			CARBON DIOXIDE (BICARBONATE)	NA	$3.90
82375			ASSAY BLOOD CARBON MONOXIDE	NA	$9.86
82376			TEST FOR CARBON MONOXIDE QUAL.	NA	$3.00
82378			CARCINOEMBRYONIC ANTIGEN (CEA)	NA	$15.17
82379			CARNITINE (TOTAL AND-FREE)QUAN	NA	$13.50
82380			CAROTENE	NA	$6.00
82382			URINE CATECHOLAMINES TOT	NA	$12.00
82383			ASSAY BLOOD CATECHOLAMINES	NA	$12.00
82384			ASSAY THREE CATECHOLAMINES	NA	$20.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82387			CATHEPSIN-D	NA	$24.00
82390			BLOOD CERULOPLASMIN	NA	$8.59
82397			CHEMILUMINESCENT ASSAY	NA	$11.30
82415			CHLORAMPHENICOL	NA	$15.00
82435			CHLORIDES, BLOOD	NA	$3.68
82436			CHLORIDES,URINE	NA	$4.60
82438			ASSAY SPINAL FLUID CHLORIDES	NA	$4.00
82441			TEST FOR CHLOROHYDROCARBONS	NA	$8.00
82443			ASSAY OF THIAZIDE	NA	$22.00
82465			ASSAY SERUM CHOLESTEROL	NA	$3.48
82465	FP		ASSAY SERUM CHOLESTROL	NA	$7.83
82465	QW		ASSAY SERUM CHOLESTEROL	NA	$3.00
82480			CHOLINESTERASE (ENZYME) LEVEL,	NA	$4.50
82482			ASSAY RBC CHOLINESTERASE	NA	$10.00
82485			ASSAY CHONDROITIN SULFATE	NA	$28.00
82495			CHROMIUM	NA	$9.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82507			ASSAY CITRIC ACID	NA	$22.24
82523			COLLAGEN CROSS LINKS TEST, (UR	NA	$11.86
82523	QW		COLLAGEN CROSS LINK ANY METHOD	NA	$11.86
82525			COPPER	NA	$9.93
82528			CORTICOSTERONE	NA	$19.70
82530			CORTISOL (HORMONE) MEASUREMENT	NA	$13.37
82533			CORTISOL (HORMONE) MEASUREMENT	NA	$13.04
82540			BLOOD	NA	$3.71
82542			CHEMICAL ANALYSIS USING CHROMA	NA	$19.27
82550			CREATINE KINASE (CARDIAC ENZYM	NA	$5.21
82552			CREATINE KINASE (CARDIAC ENZYM	NA	$7.80
82553			CREATINE KINASE (CARDIAC ENZYM	NA	$9.24
82554			CREATINE KINASE (CARDIAC ENZYM	NA	$16.00
82565			CREATININE	NA	$4.10
82565	QW		CREATININE	NA	$3.00
82570			ASSAY URINE CREATININE	NA	$4.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82570	QW		ASSAY URINE CREATININE	NA	$3.00
82575			CREATININE CLEARANCE TEST	NA	$7.57
82585			ASSAY BLOOD CRYOFIBRINOGEN	NA	$6.30
82595			CRYOGLOBULIN	NA	$5.18
82600			CYANIDE	NA	$25.00
82607			CYAMOCOBALAMIN,(VITAMIN B-12)	NA	$12.06
82608			CYANOCOBALAMIN (VITAMIN B-12)	NA	$11.46
82610			CYSTATIN C	NA	$14.82
82615			TEST FOR URINE CYSTINES	NA	$11.00
82626			DEHYDROEPIANDROSTERONE, (DHEA)	NA	$20.22
82627			DEHYDROEPIANDROSTERONE-SULFATE	NA	$17.78
82633			DESOXYCORTICOSTERONE, 11 (HORM	NA	$38.52
82634			DEOXYCORTISOL, 11 (HORMONE) LE	NA	$25.72
82638			DIBUCAINE NUMBER	NA	$15.20
82642			MEASUREMENT OF DIHYDROTESTOSTE	NA	$23.42
82652			DIHYDROXYVITAMIN D, 1, 25 LEVE	NA	$30.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82653			MEASUREMENT OF PANCREATIC ELAS	NA	$18.36
82656			DETECTION OF PANCREATIC ELASTA	NA	$9.22
82657			ENZYME ACTIVITY MEASUREMENT, N	NA	$17.74
82658			ENZYME ACTIVITY MEASUREMENT, R	NA	$21.50
82664			ELECTROPHORESIS, LABORATORY TE	NA	$13.60
82668			ERYTHROPOIETIN	NA	$15.03
82670			MEASUREMENT OF TOTAL ESTRADIOL	NA	$22.35
82671			ESTROGEN ANALYSIS, FRACTIONATE	NA	$41.00
82672			ESTROGEN ANALYSIS, TOTAL	NA	$17.36
82677			RIA ASSAY OF ESTRIOL	NA	$19.34
82679			RIA ASSAY OF ESTRONE	NA	$19.96
82679	QW		RIA ASSAY OF ESTRONE	NA	$25.00
82681			DIRECT MEASUREMENT OF FREE EST	NA	$22.35
82693			ETHYLENE GLYCOL	NA	$11.92
82696			ASSAY OF ETIOCHOLANOLONE, RIA	NA	$22.00
82710			STOOL FAT OR LIPIDS ANALYSIS,	NA	$7.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82715			STOOL FAT DIFFERENTIAL MEASURE	NA	$7.80
82725			ASSAY BLOOD FATTY ACIDS	NA	$15.50
82726			VERY LONG CHAIN FATTY ACIDS	NA	$21.50
82728			FERRITIN,	NA	$10.90
82731			FETAL FIBRONECTIN,C/S,SEMI-QUA	NA	$51.53
82735			ASSAY BLOOD FLUROIDE	NA	$24.00
82746			FOLIC ACID LEVEL, SERUM	NA	$11.76
82747			FOLIC ACID LEVEL, RBC	NA	$14.12
82757			ASSAY SEMEN FRUCTOSE	NA	$22.50
82759			RBC GALACTOKINASE ASSAY	NA	$11.50
82760			BLOOD GALACTOSE	NA	$8.96
82775			ASSAY GALACTOSE TRANSFERASE	NA	$16.86
82776			GALACTOSE TRANSFERASE TEST QUA	NA	$9.39
82777			GALECTIN-3	NA	$35.40
82784			GAMMAGLOB.A,D,G,M,EACH	NA	$7.44
82785			RIA ASSAY GAMMAGLOBULIN E	NA	$13.17

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82787			GAMMAGLOBULIN (IMMUNE SYSTEM P	NA	$6.42
82800			BLOOD PH,BLOOD GASES	NA	$8.80
82803			BLOOD GASES: PH, PO2 & PCO2	NA	$20.86
82805			BLOOD GASES MEASUREMENT, WITH	NA	$63.02
82810			BLOOD GAS, OXYGEN SATURATION M	NA	$7.82
82820			HEMOGLOBIN-OXYGEN AFFINITY	NA	$10.98
82930			GASTRIC ACID ANALYSIS, INCLUDE	NA	$5.37
82938			GASTRIN (GI TRACT HORMONE) LEV	NA	$22.00
82941			GASTRIN	NA	$16.00
82943			GLUCAGON	NA	$19.00
82945			GLUCOSE BODY FLUID OTHER BLOOD	NA	$3.14
82946			GLUCAGON TOLERANCE TEST	NA	$13.00
82947			GLUCOSE,QUANT.	NA	$3.14
82947	FP		GLUCOSE,QUANT	NA	$7.07
82947	QW		GLUCOSE,QUANT.	NA	$4.34
82947	UD		GLUCOSE,QUANT.	NA	$7.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82947	52		GLUCOSE,SERUM (SEPARATE TUBE,G	NA	$2.00
82948			STICK ASSAY OF BLOOD GLUCOSE	NA	$4.03
82948	FP		STICK ASSAY OF BLOOD GLUCOSE	NA	$9.07
82948	QW		STICK ASSAY OF BLOOD GLUCOSE	NA	$1.50
82950			GLUCOSE TEST,POST GLUCOSE	NA	$3.80
82950	QW		GLUCOSE TEST,POST GLUCOSE	NA	$3.00
82951			BLOOD GLUCOSE (SUGAR) TOLERANC	NA	$10.30
82951	QW		GLUCOSE TOLERANCE TEST (GTT),3	NA	$5.00
82952			BLOOD GLUCOSE (SUGAR) TOLERANC	NA	$3.14
82952	QW		GTT-ADDED SAMPLES,EACH	NA	$1.00
82955			ASSAY G6PD ENZYME	NA	$7.76
82960			TEST FOR G6PD ENZYME, SCREEN	NA	$4.84
82962			GLUCOSE BLOOD MON DEVICES HOME	NA	$2.62
82963			GLUCOSIDASE,BETA	NA	$26.50
82965			GLUTAMATE DEHYDROGENASE	NA	$6.30
82977			GGT ENZYME,GAMMA	NA	$5.76

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
82978			GLUTATHIONE ASSAY	NA	$12.00
82979			ASSAY RBC GLUTATHIONE ENZYME	NA	$9.00
82985			GLYCATED PROTEIN	NA	$13.41
82985	QW		GLYCATED PROTEIN	NA	$6.60
83001			GONADOTROPIN, FOLLICLE STIMULA	NA	$14.86
83001	QW		STIM.HORMONE GONADOTROPIN FOLL	NA	$17.00
83002			GONADOTROPIN, LUTEINIZING (REP	NA	$14.82
83002	QW		PITUITARY GONADOTROPINS RIA	NA	$17.00
83003			RIA ASSAY GROWTH HORMONE	NA	$13.34
83004			GROWTH HORMONE, HUMAN (HCG)	NA	$16.00
83006			TEST FOR DETECTING GENES ASSOC	NA	$60.48
83009			HELICOBACTER PYLORI, BLOOD TES	NA	$53.89
83010			HAPTOGLOBIN:QUANTITATIVE	NA	$10.06
83012			HAPTOGLOBIN,PHENOTYPES	NA	$21.51
83013			HELICOBACTER PYLORI,BREATH TES	NA	$53.89
83014			HELICOBACTER PYLORI,B/T:DRUG A	NA	$6.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83015			HEAVY METAL SCREENING	NA	$10.20
83018			HEAVY,METALS:QUANTITATIVE	NA	$25.00
83020			HEMOGLOBIN ANALYSIS AND MEASUR	NA	$10.30
83021			HEMOGLOBIN ANALYSIS AND MEASUR	NA	$14.45
83026			HEMOGLOBIN COPPER SULF METH NO	NA	$2.00
83030			FETAL HEMOGLOBIN CHEMICAL	NA	$8.59
83033			FETAL FECAL HEMOGLOBIN QUAL. (	NA	$7.00
83036			GLYCOSYLATED	NA	$7.77
83036	QW		GLYCOSYLATED	NA	$6.60
83037			HEMOGLOBIN A1C LEVEL, BY DEVIC	NA	$7.77
83037	QW		HGB:GLYCOSYLATED(AIC) FDA HOME	NA	$9.59
83045			METHEMOGLOBIN (HEMOGLOBIN) ANA	NA	$1.50
83050			METHEMOGLOBIN (HEMOGLOBIN) ANA	NA	$6.56
83051			PLASMA	NA	$1.20
83060			BLOOD SULFHEMOGLOBIN ASSAY	NA	$3.00
83065			HEMOGLOBIN HEAT ASSAY	NA	$3.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83068			HEMOGLOBIN STABILITY SCREEN	NA	$3.00
83069			ASSAY URINE HEMOGLOBIN	NA	$3.00
83070			HEMOSIDERIN QUAL.	NA	$3.80
83080			B-HEXOSAMINIDASE EACH ASSAY	NA	$19.20
83088			ASSAY HISTAMINE	NA	$40.00
83090			HOMYSTINE	NA	$14.34
83150			HVA	NA	$17.93
83491			HYDROXYCORTICOSTEROIDS, 17 (AD	NA	$12.60
83497			ASSAY URINE 5-HIAA	NA	$6.00
83498			HYDROXYPROGESTERONE, 17-D (SYN	NA	$21.74
83500			HYDROXYPROLINE (AMINO ACID) ME	NA	$30.00
83505			HYDROXYPROLINE (AMINO ACID) ME	NA	$30.00
83516			ANALYSIS OF SUBSTANCE USING IM	NA	$9.22
83518			ANALYSIS OF SUBSTANCE USING IM	NA	$7.71
83518	QW		IMM.ANALYTE ANTIBODY QUAL.SEMI	NA	$8.00
83519			MEASUREMENT OF SUBSTANCE USING	NA	$14.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83520			IMM.ANALYTE:NOT OTHERWISE SPEC	NA	$13.82
83521			MEASUREMENT OF IMMUNOGLOBULIN	NA	$13.82
83525			INSULIN MEASUREMENT, TOTAL	NA	$9.14
83526			INSULIN TOLERANCE TEST	NA	$10.00
83527			INSULIN MEASUREMENT, FREE	NA	$16.11
83528			INTRINSIC FACTOR LEVEL	NA	$20.00
83529			MEASUREMENT OF INTERLEUKIN-6	NA	$13.82
83540			ASSAY SERUM IRON	NA	$5.18
83550			SERUM IRON BINDING TEST	NA	$6.99
83570			UV-ASSAY BLOOD IDH ENZYME	NA	$7.08
83582			ASSAY URINE 17-KGS	NA	$6.00
83586			KETOSTEROIDS, 17 (HORMONE) MEA	NA	$7.50
83593			KETOSTEROIDS, 17 (HORMONE) MEA	NA	$6.00
83605			LACTIC ACID ASSAY	NA	$9.26
83605	QW		LACTIC ACID ASSAY	NA	$13.50
83615			UV-ASSAY BLOOD LDH ENZYME	NA	$4.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83625			ASSAY BLOOD LDH ENZYMES	NA	$10.23
83630			LACTOFERRIN, FECAL, QUALITATIV	NA	$15.76
83631			LACTOFERRIN, FECAL:QUANTITATIV	NA	$15.70
83632			RIA PLACENTAL LACTOGEN	NA	$16.00
83633			TEST URINE FOR LACTOSE	NA	$6.30
83655			ASSAY BLOOD FOR LEAD	NA	$9.69
83655	QW		ASSAY BLOOD FOR LEAD	NA	$9.00
83655	52		PEDIATRIC LEAD SCREENING TESTI	NA	$8.00
83661			FETAL LUNG MATURITY ASSESSMENT	NA	$10.50
83662			FETAL LUNG MATURITY ASSESSMENT	NA	$5.00
83663			FETAL LUNG MATURITY ASSESSMENT	NA	$10.46
83664			FETAL LUNG MATURITY ASSESSMENT	NA	$5.23
83670			UV-ASSAY BLOOD LAP ENZYME	NA	$2.10
83690			ASSAY BLOOD LIPASE	NA	$5.51
83695			LIPOPROTEIN (A)	NA	$11.46
83698			LIPOPROTEIN-ASSOCIATED PHOSPHO	NA	$37.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83700			LIPOPROTEIN LEVEL, ELECTROPHOR	NA	$9.01
83701			LIPOPROTEIN, BLOOD: HIGH RESOL	NA	$27.09
83704			LIPOPROTEIN LEVEL, QUANTITATIO	NA	$27.35
83718			BLOOD LIPOPROTEIN ASSAY	NA	$6.55
83718	QW		BLOOD LIPOPROTEIN ASSAY	NA	$8.00
83719			LIPOPROTEIN,VLDL CHOLESTEROL	NA	$15.50
83721			LIPOPROTEIN,DIRECT MEAS.LDL CH	NA	$8.40
83721	QW		LIPOPROTEIN,DIRECT MEAS.LDL CH	NA	$8.38
83722			MEASUREMENT OF SMALL DENSE LOW	NA	$27.35
83727			LUTEINIZING RELEASING FACTOR,	NA	$17.00
83735			ASSAY BLOOD MAGNESIUM	NA	$5.36
83775			UV-ASSAY OF MD ENZYME	NA	$5.90
83785			ASSAY OF MANGANESE	NA	$12.99
83789			MASS/SPECTRO,ANALYTE QUANT EAC	NA	$19.29
83825			ASSAY BLOOD MERCURY	NA	$13.01
83835			ASSAY URINE METANEPHRINES	NA	$13.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83857			ASSAY METHEMALBUMIN	NA	$12.00
83861			MICROFLUIDIC ANALYSIS W/INTEG	NA	$17.98
83864			BLOOD MUCOPOLYSACCHARIDES	NA	$13.00
83872			ASSAY SYNOVIAL FLUID MUCIN	NA	$4.69
83873			MYELIN BASIC PROTEIN (NERVE PR	NA	$13.76
83874			MYOGLOBIN ELECTROPHORESIS	NA	$10.34
83876			MYELOPEROXIDASE (MPO)	NA	$40.69
83880			NATRIUERETIC PEPTIDE	NA	$31.41
83880	QW		NATRIUERETIC PEPTIDE	NA	$37.94
83883			NEPHELOMETRY, TEST METHOD USIN	NA	$10.88
83885			ASSAY URINE FOR NICKEL	NA	$19.00
83915			NUCLEOTIDASE 5' (ENZYME) LEVEL	NA	$8.92
83916			OLIGOCLONAL IMMUNE GLOBULIN,CS	NA	$21.91
83918			ASSAY ORGANIC ACIDS	NA	$18.88
83919			ORGANIC ACID:QUAL EACH SPEC	NA	$13.16
83921			ORGANIC ACID,SINGLE,QUANT.	NA	$16.97

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
83930			ASSAY BLOOD OSMOLALITY	NA	$5.29
83935			ASSAY URINE OSMOLALITY	NA	$5.46
83937			OSTEOCALCIN	NA	$40.00
83945			ASSAY URINE OXALATE	NA	$11.56
83950			ONCOPROTEIN HER-2/NEU	NA	$71.20
83951			ONCOPROTEIN: DES-GAMMA-CARBOXY	NA	$51.53
83970			RIA ASSAY OF PARATHORMONE	NA	$33.02
83986			ASSAY BODY FLUID ACIDITY	NA	$2.86
83986	QW		ASSAY BODY FLUID ACIDITY	NA	$4.30
83987			PH: EXHALED BREATH CONDENSATE	NA	$2.86
83992			PHENCYCLIDINE (PCP)	NA	$18.00
83993			CALPROTECTIN, FECAL	NA	$15.70
84030			PHENYLALANINE, PKU (AMINO ACID	NA	$4.40
84035			PHENLKETONES,QUAL.	NA	$4.90
84060			PHOSPHATASE (ENZYME) MEASUREME	NA	$3.60
84066			PHOSPHATASE, PROSTATIC (PROSTA	NA	$12.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84075			PHOSPHATASE (ENZYME) LEVEL, AL	NA	$4.14
84078			PHOSPHATASE (ENZYME) LEVEL, AL	NA	$3.60
84080			PHOSPHATASE (ENZYME) MEASUREME	NA	$11.82
84081			PHOSPHATYDYLGLYCEROL	NA	$13.22
84085			PHOSPHOGLUCONATE, 6, DEHYDROGE	NA	$7.90
84087			ASSAY PHOSPHOHEXOSE ENZYMES	NA	$13.50
84100			ASSAY BLOOD PHOSPHORUS	NA	$3.79
84105			ASSAY URINE PHOSPHORUS	NA	$4.62
84106			PORPHOBILINOGEN,URINE:QUAL.	NA	$1.80
84110			PORPHOBILINOGEN,QUANT	NA	$6.75
84112			CERVICOVAGINAL SECRETION OF PL	NA	$78.49
84119			PORPHYRINS,URINE,QUAL.	NA	$3.00
84120			PORPHYRINS,URINE:QUANT AND FRA	NA	$7.50
84126			FECES PORPHYRINS,QUANT.	NA	$34.50
84132			ASSAY BLOOD POTASSIUM	NA	$3.81
84133			ASSAY URINE POTASSIUM	NA	$3.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84134			PREALBUMIN	NA	$11.67
84135			PREGNANEDIOL: RIA	NA	$12.00
84138			PREGNANETRIOL:RIA	NA	$12.00
84140			PREGNENOLONE	NA	$27.50
84143			17-HYDROXYPREGNENCLONE	NA	$18.25
84144			ASSAY PROGESTERONE	NA	$16.69
84145			PROCALCITONIN (PCT)	NA	$21.78
84146			RIA ASSAY FOR PROLACTIN	NA	$15.50
84150			PROSTAGLANDIN, EACH	NA	$30.00
84152			PSA (PROSTATE SPECIFIC ANTIGEN	NA	$24.50
84153			PSA (PROSTATE SPECIFIC ANTIGEN	NA	$14.71
84154			PSA (PROSTATE SPECIFIC ANTIGEN	NA	$14.71
84155			TOTAL PROTEIN LEVEL, BLOOD	NA	$2.94
84156			TOTAL PROTEIN LEVEL, URINE	NA	$2.94
84157			TOTAL PROTEIN LEVEL, BODY FLUI	NA	$3.20
84160			PROTEIN:TOTAL,REFRACTOMETRIC	NA	$1.80

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84163			PREGNANCY-ASSOCIATED PLASMA PR	NA	$12.04
84165			PROTEIN MEASUREMENT, SERUM	NA	$8.59
84166			PROTEIN MEASUREMENT, BODY FLUI	NA	$14.26
84166	26		PROTEIN: ELECTROPHORETIC FRACT	NA	$14.92
84181			PROTEIN:WEST.BLOT INT.&REP.BLO	NA	$20.00
84181	26		PROTEIN:WEST.BLOT INT.&REP.BLO	NA	$15.00
84182			PROTEIN MEASUREMENT, IMMUNOLOG	NA	$23.37
84182	26		PROTEIN:WEST.BLOT IMM.PROBE BA	NA	$15.00
84202			ASSAY RBC PROTOPORPHYRIN	NA	$11.48
84203			TEST RBC PROTOPORPHYRIN	NA	$3.00
84206			PROINSULIN	NA	$19.00
84207			(VITAMIN B-6) PYRIDOXAL PHOS.	NA	$22.48
84210			ASSAY BLOOD PYRUVATE	NA	$11.58
84220			PYRUVIC KINASE	NA	$7.55
84228			QUININE	NA	$13.60
84233			RECEPTOR ASSAY: ESTROGEN(ESTRA	NA	$16.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84234			RECEPTOR ASSAY: PROGESTERONE	NA	$20.00
84235			RECEPTOR ASSAY:ENDOCRINE:OTHER	NA	$63.20
84238			RECEPTOR ASSAY, NON-ENDO	NA	$29.26
84244			RIA ASSAY OF RENIN	NA	$17.59
84252			ASSAY VITAMIN B-2	NA	$24.00
84255			SELENIUM	NA	$20.42
84260			ASSAY BLOOD SEROTONIN	NA	$24.78
84270			SEX HORMONE BINDING GLOBULIN (	NA	$17.38
84275			ASSAY BLOOD SIALIC ACID	NA	$16.00
84285			ASSAY SILICA	NA	$28.80
84295			ASSAY BLOOD SODIUM	NA	$3.85
84300			ASSAY URINE SODIUM	NA	$4.05
84302			SODIUM:OTHER SOURCE	NA	$3.89
84305			SOMATOMEDIN	NA	$17.01
84307			SOMATOSTATIN	NA	$16.00
84311			SPECTR.ANALYTE NOT ELSEW.SPECI	NA	$7.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84315			BODY FLUID SPECIFIC GRAVITY	NA	$2.62
84375			CHROMATOGRAM ASSAY, SUGARS	NA	$23.20
84376			CARBOHYDRATE ANALYSIS, SINGLE	NA	$7.00
84377			CARBOHYDRATE ANALYSIS, MULTIPL	NA	$7.00
84378			CARBOHYDRATE ANALYSIS, SINGLE	NA	$9.22
84379			CARBOHYDRATE ANALYSIS, MULTIPL	NA	$14.00
84392			SULFATE, URINE	NA	$4.39
84402			TESTOSTERONE (HORMONE) LEVEL,	NA	$20.38
84403			TESTOSTERONE (HORMONE) LEVEL,	NA	$20.65
84410			TESTOSTERONE LEVEL	NA	$58.04
84425			ASSAY VITAMIN B-1	NA	$16.98
84430			THIOCYANATE	NA	$3.60
84431			THROMBOXANE METABOLITE(S), INC	NA	$28.09
84432			THYROGLOBULIN	NA	$12.85
84433			EVALUATION OF THIOPURINE S-MET	NA	$17.74
84436			THYROXINE (THYROID CHEMICAL),	NA	$5.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84437			THYROXINE (THYROID CHEMICAL),	NA	$5.18
84439			THYROXINE (THYROID CHEMICAL),	NA	$7.22
84442			THYROID ACTIVITY (TBG) ASSAY	NA	$11.82
84443			BLOOD TEST, THYROID STIMULATIN	NA	$13.44
84445			RIA THYROTROPIN FACTOR	NA	$40.69
84446			ASSAY VITAMIN E	NA	$11.34
84449			TRANSCORTIN	NA	$24.00
84450			LIVER ENZYME (SGOT), LEVEL	NA	$4.14
84450	QW		UV-ASSAY- TRANSAMINASE (SGOT)	NA	$3.00
84460			LIVER ENZYME (SGPT), LEVEL	NA	$4.24
84460	QW		UV-ASSAY TRANSAMINASE (SGPT)	NA	$3.00
84466			TRANSFERRIN	NA	$10.21
84478			ASSAY BLOOD TRIGLYCERIDES	NA	$4.59
84478	QW		ASSAY BLOOD TRIGLYCERIDES	NA	$7.30
84479			TRIIODOTHYRONINE, RESIN UPTAKE	NA	$5.18
84480			THYROID HORMONE, T3 MEASUREMEN	NA	$11.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84481			THYROID HORMONE, T3 MEASUREMEN	NA	$13.55
84482			THYROID HORMONE, T3 MEASUREMEN	NA	$12.61
84484			TROPONIN (PROTEIN) ANALYSIS, Q	NA	$9.98
84485			TRYPSIN (PANCREATIC ENZYME) ME	NA	$3.30
84488			TRYPSIN (PANCREATIC ENZYME) AN	NA	$3.30
84490			STOOL TRYPSIN (PANCREATIC ENZY	NA	$3.30
84510			ASSAY BLOOD TYROSINE	NA	$8.50
84512			TROPONIN (PROTEIN) ANALYSIS, Q	NA	$10.00
84520			UREA NITROGEN LEVEL TO ASSESS	NA	$3.16
84525			UREA NITROGEN LEVEL TO ASSESS	NA	$3.00
84540			UREA NITROGEN LEVEL TO ASSESS	NA	$4.45
84545			UREA NITROGEN LEVEL TO ASSESS	NA	$6.00
84550			URIC ACID LEVEL, BLOOD	NA	$3.62
84560			ASSAY URINE URIC ACID	NA	$4.06
84577			UROBILINOGEN (METABOLISM SUBST	NA	$6.00
84580			UROBILINOGEN (METABOLISM SUBST	NA	$2.10

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84583			UROBILINOGEN (METABOLISM SUBST	NA	$2.10
84585			ASSAY URINE VMA	NA	$12.40
84586			VASOACTIVE INTEST.PEPTIDE (VIP	NA	$48.00
84588			RIA ASSAY VASOPRESSIN	NA	$45.00
84590			ASSAY BLOOD VITAMIN-A	NA	$9.29
84591			VITAMIN NOT OTHERWISE SPEC	NA	$12.82
84597			ASSAY VITAMIN-K	NA	$18.00
84600			VOLATILES	NA	$13.69
84620			XYLOSE TOLERANCE TEST, BLOOD	NA	$16.00
84630			ASSAY BLOOD ZINC	NA	$9.11
84681			C-PEPTIDE, ANY METHOD	NA	$16.65
84702			GONADOTROPIN, CHORIONIC (REPRO	NA	$12.04
84702	UD		GONADOTROPIN,CHORIONIC:QUANTIT	NA	$27.09
84703			GONADOTROPIN,CHORIONIC:QUALITA	NA	$6.02
84703	QW		GONADOTROPIN,CHORIONIC:QUALITA	NA	$3.00
84703	UD		GONADOTROPIN,CHORIONIC:QUALITA	NA	$13.54

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
84704			GONADOTROPIN, CHORIONIC (REPRO	NA	$12.23
84830			OVUL.TESTS,VISUAL COLOR COMP.M	NA	$3.00
84999			UNLISTED CHEMISTRY/TOXICOLOGY	BY REPORT	BY REPORT
85002			BLEEDING TIME TEST	NA	$1.20
85004			BLOOD COUNT:AUTOMATED DIFF WBC	NA	$7.20
85007			DIFFERENTIAL WBC COUNT	NA	$3.04
85008			BLOOD COUNT:MAN.SMEAR EX.WITHO	NA	$2.74
85009			DIFFERENTIAL WBC COUNT	NA	$1.20
85013			BLOOD COUNT:SPUN MICROHEMATOCR	NA	$5.60
85013	FP		BLOOD COUNT:SPUN MICROHEMATOCR	NA	$12.60
85014			HEMATOCRIT	NA	$1.90
85014	QW		HEMATOCRIT	NA	$1.50
85014	UD		HEMATOCRIT	NA	$4.27
85018			BLOOD COUNT, HEMOGLOBIN	NA	$1.90
85018	FP	QW	HEMOGLOBIN, COLORIMETRIC	NA	$4.27
85018	QW		HEMOGLOBIN, COLORIMETRIC	NA	$1.20

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85025			COMPLETE BLOOD CELL COUNT (RED	NA	$6.22
85025	UD		BLOOD COUNT:HEMO.PLAT.COUNT,AU	NA	$13.99
85027			COMPLETE BLOOD CELL COUNT (RED	NA	$5.18
85032			BLOOD COUNT:MANAL CELL C:ER,LE	NA	$3.45
85041			RED BLOOD CELL COUNT, AUTOMATE	NA	$2.42
85044			RED BLOOD COUNT, MANUAL TEST	NA	$3.45
85045			RED BLOOD COUNT, AUTOMATED TES	NA	$3.19
85046			RED BLOOD COUNT AUTOMATED, WIT	NA	$4.46
85048			WHITE BLOOD CELL (WBC) COUNT	NA	$2.03
85049			PLATELET COUNT, AUTOMATED TEST	NA	$3.58
85055			RETICULATED PLATELET ASSAY	NA	$28.59
85060			BLOOD SMEAR, PERIPHERAL, INTER	NA	$18.52
85097			BONE MARROW, SMEAR INTERPRETAT	NA	$55.71
85097	26		BONE MARROW SMEAR INTERPR.ONLY	NA	$24.00
85130			CHROMOGENIC SUBSTRATE ASSAY	NA	$9.51
85170			BLOOD CLOT EVALUATION, (RETRAC	NA	$0.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85175			BLOOD CLOT EVALUATION, (CLOT D	NA	$3.90
85210			CLOTTING FACTOR II PROTHROMBIN	NA	$10.38
85220			CLOTTING FACTOR V (ACG OR PROA	NA	$14.12
85230			CLOTTING FACTOR VII (PROCONVER	NA	$14.32
85240			BLOOD CLOT FACTOR VIII TEST	NA	$14.32
85244			FACTOR VIII RELATED ANTIGEN QU	NA	$22.28
85245			CLOTTING:FACTOR VIII,VW RIST.C	NA	$18.35
85246			CLOTTING:FACTOR VIII,VW ANTIGE	NA	$18.35
85247			CLOTTING:FACTOR VIII VON WILLE	NA	$18.35
85250			BLOOD CLOT FACTOR IX TEST(PTC/	NA	$15.23
85260			BLOOD CLOT FACTOR X TEST(STUAR	NA	$14.32
85270			BLOOD CLOT FACTOR XI TEST (PTA	NA	$14.32
85280			BLOOD CLOT FACTOR XII TEST	NA	$15.48
85290			BLOOD CLOT FACTOR XIII TEST	NA	$13.07
85291			BLOOD CLOT FACTOR XIII TEST	NA	$7.29
85292			CLOTTING: PREKALLIKRIEW ASSAY	NA	$20.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85293			CLOTTING:H-M-W KININOGEN ASSA	NA	$15.14
85300			ANTITHROMBIN III TEST ACTIVITY	NA	$9.48
85301			CLOT. INHIB/ANTICOAG/ANTITHROM	NA	$8.65
85302			PROTEIN C, (CLOTTING INHIBITOR	NA	$9.61
85303			CLOTTING INH.OR ANTIC.PROT.C,A	NA	$11.07
85305			CLOTTING INHIBITORS PROTEINS S	NA	$9.29
85306			CLOTTING INH.OR ANT:PROT.S FRE	NA	$12.26
85307			ACTIVATED PROTEIN C(APC) RESIS	NA	$12.26
85335			FACTOR INHIBITOR TEST	NA	$10.30
85337			THROMBOMODULIN	NA	$10.00
85345			COAGULATION TIME MEASUREMENT,	NA	$1.80
85347			COAGULATION TIME MEASUREMENT,	NA	$3.42
85348			COAGULATION TIME MEASUREMENT,	NA	$1.20
85360			EUGLOBULIN LYSIS	NA	$11.00
85362			COAGULATION FUNCTION ANALYSIS,	NA	$5.51
85366			COAGULATION FUNCTION MEASUREME	NA	$64.37

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85370			COAGULATION FUNCTION MEASUREME	NA	$3.57
85378			COAGULATION FUNCTION MEASUREME	NA	$7.78
85379			COAGULATION FUNCTION MEASUREME	NA	$8.14
85380			COAGULATION FUNCTION MEASUREME	NA	$8.14
85384			FIBRINOGEN:ACTIVITY	NA	$7.78
85385			FIBRINOGEN: ANTIGEN	NA	$11.57
85390			FIBRINOLYSINS SCREEN	NA	$12.38
85390	26		FIBRINOLYSINS SCREEN	NA	$5.00
85396			COAGULATION OR FIBRINOLYSIS (C	NA	$15.08
85397			COAGULATION AND FIBRINOLYSIS	NA	$24.69
85400			FIBRINOLYTIC FACTORS: PLASMIN	NA	$9.00
85410			FIBRINOLYTIC ANTIPLASMIN-ALPHA	NA	$9.00
85415			FIBR.FACTOR&ING.PLASM.ACTIVATO	NA	$10.00
85420			FIBRINOLYTIC PLASMINOGEN	NA	$5.22
85421			FIBR0 MECH:PLASM.ANTIGENIC ASS	NA	$11.12
85441			EVALUATION OF RED BLOOD CELL D	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85445			EVALUATION OF RED BLOOD CELL D	NA	$5.00
85460			FETAL HEMOGLOBIN OR RED BLOOD	NA	$6.18
85461			FETAL HEMOGLOBIN OR RED BLOOD	NA	$7.49
85475			HEMOLYSIN: ACID	NA	$10.00
85520			HEPARIN ASSAY	NA	$10.47
85525			HEPARIN NEUTRALIZATION	NA	$16.00
85530			HEPARIN-PROTAMINE TOLERANCE	NA	$16.00
85536			IRON STAIN PERIPHERAL BLOOD	NA	$5.00
85540			WBC ALKALINE PHOSPHATASE	NA	$8.90
85547			RBC MECHANICAL FRAGILITY	NA	$10.50
85549			SERUM MURAMIDASE	NA	$25.00
85555			RED BLOOD CELL FRAGILITY MEASU	NA	$4.80
85557			RED BLOOD CELL FRAGILITY MEASU	NA	$4.80
85576			PLATELET AGGREGATION FUNCTION	NA	$19.93
85576	QW		PLATELET:AGGREGATION (IN VITRO	NA	$24.01
85576	26		PLATELET:AGGREGATION (IN VITRO	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85597			PLATELET NEUTRALIZATION	NA	$14.38
85598			PHOSPHOLIPID NEUTRALIZATION: H	NA	$14.38
85610			BLOOD TEST, CLOTTING TIME	NA	$3.43
85610	QW		PROTHROMBIN TIME	NA	$3.00
85610	UD		PROTHROMBIN TIME	NA	$7.72
85611			BLOOD TEST, CLOTTING TIME, SUB	NA	$3.15
85612			CLOTTING FACTOR X ASSESSMENT T	NA	$13.99
85613			CLOTTING FACTOR X ASSESSMENT T	NA	$7.66
85635			REPTILASE TEST	NA	$7.88
85651			RED BLOOD CELL SEDIMENTATION R	NA	$3.42
85652			RED BLOOD CELL SEDIMENTATION R	NA	$2.16
85660			RBC SICKLE CELL TEST	NA	$4.41
85670			THROMBIN TIME, FIBRINOGEN SCRE	NA	$4.62
85675			THROMBIN TIME, FIBRINOGEN SCRE	NA	$6.42
85705			THROMBOPLASTIN INHIBITION: TIS	NA	$7.70
85730			COAGULATION ASSESSMENT BLOOD T	NA	$4.81

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
85730	UD		THROMBOPLASTIN TIME, PARTIAL	NA	$10.82
85732			COAGULATION ASSESSMENT BLOOD T	NA	$5.18
85810			BLOOD VISCOSITY EXAMINATION	NA	$9.34
85999			UNLISTED HEMATOLOGY PROCEDURE	BY REPORT	BY REPORT
86001			MEASUREMENT OF ANTIBODY (IGG)	NA	$4.00
86003			MEASUREMENT OF ANTIBODY (IGE)	NA	$4.18
86005			MEASUREMENT OF ANTIBODY (IGE)	NA	$6.38
86008			MEASUREMENT OF ANTIBODY (IGE)	NA	$14.34
86015			MEASUREMENT OF ACTIN (SMOOTH M	NA	$9.64
86021			WBC ANTIBODY IDENTIFICATION	NA	$12.04
86022			ANTIBODY IDENTIFICATION TEST,	NA	$14.70
86023			ANTIBODY IDENTIFICATION TEST,	NA	$9.97
86036			SCREENING TEST FOR ANTINEUTROP	NA	$9.64
86037			ANTINEUTROPHIL CYTOPLASMIC ANT	NA	$9.64
86038			ANTINUCLEAR ANTIBODIES (ANA),	NA	$9.67
86039			MEASUREMENT OF ANTIBODY FOR AS	NA	$8.93

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86051			ELISA DETECTION OF AQUAPORIN-4	NA	$9.22
86052			CELL-BASED IMMUNOFLUORESCENCE	NA	$9.64
86053			FLOW CYTOMETRY DETECTION OF AQ	NA	$30.18
86060			ANTISTREPTOLYSIN O TITER	NA	$5.84
86063			ANTISTREPTOLYSIN O SCREEN	NA	$4.62
86077			BLOOD BANK PHYSICIAN SERVICES:	NA	$25.00
86078			BLOOD BANK PHYSICIAN SERVICES:	NA	$17.00
86079			BLOOD BANK PHYSICIAN SERVICES:	NA	$17.00
86140			C-REACTIVE PROTEIN	NA	$4.14
86141			MEASUREMENT C-REACTIVE PROTEIN	NA	$10.36
86146			BETA 2 GLYOCOPROTEIN I ANTIBOD	NA	$20.36
86147			CARDIOLIPIN ANTIBODY	NA	$20.36
86148			ANTI-PHOSPHATIDYLSERINE PHOSPH	NA	$12.86
86152			CELL ENUMERATION USING IMMUNOL	NA	$200.62
86153			CELL ENUMERATION USING IMMUNOL	NA	$29.60
86155			CHEMOTAXIS ASSAY	NA	$17.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86156			COLD AGGLUTININ: SCREEN	NA	$6.46
86157			COLD AGGLUTININ: TITER	NA	$6.45
86160			MEASUREMENT OF COMPLEMENT (IMM	NA	$9.60
86161			COMPLEMENT:FUNCTIONAL ACT.EACH	NA	$9.60
86162			MEASUREMENT OF COMPLEMENT (IMM	NA	$16.26
86171			MEASUREMENT OF COMPLEMENT FIXA	NA	$8.01
86200			CYCLIC CITRULLINATED PEPTIDE (	NA	$10.36
86215			DEOXYRIBONUCLEASE, ANTIBODY	NA	$10.60
86225			MEASUREMENT OF DNA ANTIBODY, N	NA	$10.99
86226			MEASUREMENT OF DNA ANTIBODY, S	NA	$15.00
86231			DETECTION OF ENDOMYSIAL ANTIBO	NA	$9.67
86235			MEASUREMENT OF ANTIBODY FOR AS	NA	$14.34
86255			FLUORESCENT ANTIBODY: SCREEN	NA	$9.64
86255	26		FLUORESCENT ANTIBODY: SCREEN	NA	$5.00
86256			FLUORESCENT ANTIBODY: TITER	NA	$9.64
86256	26		FLUORESCENT ANTIBODY: TITER	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86258			DETECTION OF GLIADIN (DEAMIDAT	NA	$9.64
86277			GROWTH HORMONE,HUMAN,ANTIBODY	NA	$16.00
86280			HEMAGGLUTINATION INHIBITION	NA	$5.40
86294			IMMUNOLOGIC ANALYSIS FOR DETEC	NA	$12.00
86294	QW		IMMUNOASSAY TUMOR ANTIGEN QUAL	NA	$12.00
86300			IMMUNOLOGIC ANALYSIS FOR DETEC	NA	$16.65
86301			IMMUNOLOGIC ANALYSIS FOR DETEC	NA	$16.65
86304			IMMUNOLOGIC ANALYSIS FOR DETEC	NA	$16.65
86305			HUMAN EPIDIDYMIS PROTEIN 4 (HE	NA	$16.65
86308			HETEROPHILE ANTIBODIES:SCREENI	NA	$4.14
86308	QW		HETEROPHILE ANTIBODIES:SCREENI	NA	$3.00
86309			MONONUCLEOSIS ANTIBODY LEVEL,	NA	$5.18
86310			MONONUCLEOSIS ANTIBODY LEVEL,	NA	$4.50
86316			IMMUNOASSAY FOR TUMOR ANTIGEN	NA	$16.65
86317			DETECTION OF INFECTIOUS AGENT	NA	$11.99
86318			TEST FOR DETECTION OF INFECTIO	NA	$7.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86318	QW		IMMUNOASSAY TO INFECTIOUS AGEN	NA	$7.00
86320			SERUM IMMUNOELECTROPHORESIS	NA	$23.94
86320	26		SERUM IMMUNOELECTROPHORESIS	NA	$5.00
86325			OTHER IMMUNOELECTROPHORESIS	NA	$18.50
86325	26		OTHER IMMUNOELECTROPHORESIS	NA	$5.00
86327			IMMUNOLOGIC ANALYSIS TECHNIQUE	NA	$25.00
86327	26		IMMUNOELECTROPHORESIS: CROSSED	NA	$5.00
86328			TEST FOR DETECTION OF SEVERE A	NA	$45.28
86329			IMMUNOLOGIC ANALYSIS TECHNIQUE	NA	$11.24
86331			IMMUNODIFFUSION OUCHTERLONY	NA	$4.50
86332			IMMUNE COMPLEX ASSAY	NA	$33.00
86334			IMMUNOLOGIC ANALYSIS TECHNIQUE	NA	$17.87
86334	26		IMMUNOFIXATION ELECTROPHORESIS	NA	$5.00
86335			IMMUNOLOGIC ANALYSIS TECHNIQUE	NA	$23.48
86335	26		IMMUNOFIXATION ELECTROPHORESIS	NA	$14.92
86336			INHIBIN A	NA	$12.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86337			INSULIN ANTIBODIES	NA	$17.13
86340			INTRINSIC FACTOR ANTIBODIES	NA	$12.06
86341			ISLET CELL ANTIBODY	NA	$18.86
86343			LEUKOCYTE HISTAMINE RELEASE	NA	$6.00
86344			LEUKOCYTE PHAGOCYTOSIS	NA	$10.86
86352			CELLULAR FUNCTION ASSAY INVOLV	NA	$108.69
86353			WHITE BLOOD CELL FUNCTION MEAS	NA	$32.00
86355			B CELLS, TOTAL COUNT	NA	$30.18
86356			MONONUCLEAR CELL ANTIGEN, QUAN	NA	$21.42
86357			NATURAL KILLER CELLS,TOTAL COU	NA	$30.18
86359			T CELLS COUNT, TOTAL	NA	$30.18
86360			T CELL COUNT AND RATIO, INCLUD	NA	$37.58
86361			T CELLS:ABSOLUTE CD4 COUNT	NA	$21.42
86362			CELL-BASED IMMUNOFLUORESCENCE	NA	$9.64
86363			FLOW CYTOMETRY DETECTION OF MY	NA	$30.18
86364			MEASUREMENT OF TISSUE TRANSGLU	NA	$9.22

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86367			STEM CELLS COUNT, TOTAL	NA	$62.22
86376			MICROSOMAL ANTIBODY (THYROID)	NA	$11.64
86381			MEASUREMENT OF MITOCHONDRIAL A	NA	$20.36
86382			NEUTRALIZATION TEST, VIRAL	NA	$20.00
86384			NITROBLUE TETRAZOLIUM DYE	NA	$10.86
86386			NUCLEAR MATRIX PROTEIN 22, QUA	NA	$17.42
86403			PARTICLE AGGL. RAPID TEST FOR	NA	$9.23
86406			TITER/EACH ANTIBODY	NA	$8.51
86408			SCREENING TEST FOR DETECTION O	NA	$42.13
86409			MEASUREMENT OF NEUTRALIZING AN	NA	$105.33
86413			QUANTITATIVE MEASUREMENT OF SE	NA	$42.13
86430			RHEUMATOID FACTOR: QUAL.	NA	$4.91
86431			RHEUMATOID FACTOR: QUANTITATIV	NA	$4.54
86480			TUBERCULOSIS TEST, GAMMA INTER	NA	$49.58
86481			TUBERCULOSIS TEST, ENUMERATION	NA	$80.00
86485			SKIN TEST: CANDIDA	NA	$4.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86486			SKIN TEST: UNLISTED ANTIGEN, E	NA	$5.10
86490			COCCIDIOIDOMYCOSIS SKIN TEST	NA	$4.00
86510			HISTOPLASMOSIS SKIN TEST	NA	$4.00
86580			TB PATCH OR INTRADERMAL TEST	NA	$8.52
86580	HA		TUBERCULOSIS TEST, INTRADERMAL	NA	$10.00
86580	HU		TB PATCH OR INTRADERMAL TEST	NA	$4.00
86590			STREPTOKINASE, ANTIBODY	NA	$8.00
86592			SYPHILIS TEST(S),QUALITATIVE	NA	$3.42
86592	FP		SYPHILIS TEST(S) ,QUALITATIVE	NA	$7.69
86592	UD		SYPHILIS TEST(S),QUALITATIVE	NA	$7.69
86593			SYPHILIS TEST, QUANTITATIVE	NA	$3.52
86596			MEASUREMENT OF VOLTAGE-GATED C	NA	$14.72
86602			ANTIBODY: ACTINOMYCES	NA	$10.00
86603			ANTIBODY: ADENOVIRUS	NA	$10.30
86606			ANTIBODY: ASPIRGILLUS	NA	$12.04
86609			ANTIBODY:BACTERIUM,NOT ELSEWHE	NA	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86611			BARTONELLA	NA	$8.14
86612			ANTIBODY: BLASTOMYCES	NA	$10.00
86615			ANTIBODY: BORDETELLA	NA	$10.55
86617			LYME CONFIRM-WESTER/IMMUNBLOT	NA	$12.39
86618			ANTIBODY:BORELLIA BUFGDORFERI(	NA	$13.62
86618	QW		ANTIBODY:BORELLIA BUFGDORFERI(	NA	$23.00
86619			ANTIBODY:BORRELIA (RELAPSING F	NA	$10.00
86622			ANTIBODY: BRUCELLA	NA	$8.00
86625			ANTIBODY: CAMPYLOBACTER	NA	$10.00
86628			ANTIBODY: CANDIDA	NA	$10.00
86631			ANTIBODY:CHLAMYDIA	NA	$9.46
86632			ANTIBODY, CHLAMYDIA, 1GM	NA	$15.00
86635			ANTIBODY:COCCIDOIDES	NA	$9.18
86638			ANTIBODY: COXIELLA BRUNETII Q	NA	$9.70
86641			ANTIBODY:CRYPTOCCUS	NA	$12.50
86644			ANTIBODY:CYTOMEGALOVIRUS (CMV)	NA	$11.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86645			ANTIBODY: (CMV) IGM	NA	$13.48
86648			ANTIBODY:DIPTHERIA	NA	$12.17
86651			ANTIBODY:ENCEPHALITIS,CAL.LACR	NA	$12.00
86652			ANTIBODY:ENCEPHALITIS, EAST. E	NA	$12.00
86653			ANTIBODY:ENCEPHALITIS,ST. LOUI	NA	$12.00
86654			ANTIBODY:ENCEPHALITIS,WEST.EGV	NA	$12.00
86658			ANTIBODY:ENTEROVIRUS (EG,COXSA	NA	$10.42
86663			ANALYSIS FOR ANTIBODY TO EPSTE	NA	$10.50
86664			ANALYSIS FOR ANTIBODY TO EPSTE	NA	$12.23
86665			ANALYSIS FOR ANTIBODY TO EPSTE	NA	$14.51
86666			EHRLICHIA	NA	$8.14
86668			ANTIBODY:FRANCISELLA TULARENSI	NA	$12.00
86671			ANTIBODY:FUNGUS,NOT ELSEWHERE	NA	$9.80
86674			ANTIBODY: GIARDIA LAMBLIA	NA	$20.00
86677			ANTIBODY:HELICOBACTER PYLORI	NA	$13.48
86682			ANTIBODY:HELMINTH,NOT ELSEWHER	NA	$10.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86684			ANTIBODY:HEMOPHILUS INFLUENZA	NA	$12.67
86687			ANALYSIS FOR ANTIBODY TO HUMAN	NA	$9.23
86688			ANALYSIS FOR ANTIBODY TO HUMAN	NA	$13.00
86689			CONFIRMATION TEST FOR ANTIBODY	NA	$15.48
86692			ANTIBODY:HEPATITIS,DELTA AGENT	NA	$13.73
86694			ANTIBODY:HERPES SIMPLEX,NON-SP	NA	$11.51
86695			ANALYSIS FOR ANTIBODY TO HERPE	NA	$10.55
86695	FP		ANTIBODY:HERPES SIMPLEX TYPE I	NA	$23.74
86696			ANALYSIS FOR ANTIBODY TO HERPE	NA	$15.48
86696	FP		HERPES SIMPLEX TYPE 2	NA	$34.83
86698			ANTIBODY:HISTOPLASMA	NA	$15.00
86701			ANTIBODY: HIV-1	NA	$7.11
86701	FP		ANTIBODY: HIV - 1	NA	$16.00
86701	QW		ANTIBODY: HIV 1	NA	$12.00
86701	UD		ANTIBODY: HIV-1	NA	$16.00
86702			ANTIBODY: HIV 2	NA	$10.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86703			ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$10.97
86703	FP		ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$24.68
86703	FP	QW	ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$24.68
86703	QW		ANTIBODY: HIV 1&2 SINGLE ASSAY	NA	$18.00
86703	UD		ANTIBODY: HIV-1&2, SINGLE ASSA	NA	$24.68
86704			HEPATITIS(HBCAB):IGGANDIGM	NA	$9.64
86705			HEPATITIS BCORE ANTI IGM ANTIB	NA	$9.42
86706			HEPATIITS B SURFACE ANTIBODY(H	NA	$8.59
86707			HEPATITIS BE ANTIBODY (HBEAB)	NA	$9.26
86708			HEPATITIS A ANTIBODY(HAAB):IGG	NA	$9.91
86709			HEPATITIS A IGM ANTIBODY	NA	$9.01
86710			ANTIBODY: INFLUENZA VIRUS	NA	$10.84
86711			ANTIBODY: JC (JOHN CUNNINGHAM)	NA	$13.51
86713			ANTIBODY: LEGIONELLA	NA	$12.24
86717			ANTIBODY:LEISHMANIA	NA	$16.00
86720			ANTIBODY:LEPTOSPIRA	NA	$15.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86723			ANTIBODY:LISTERIA MONOCYTOGENE	NA	$10.55
86727			ANTIBODY:LYMPHOCYTIC CHORIOMEN	NA	$15.00
86732			ANTIBODY: MUCORMYCOSIS	NA	$15.00
86735			ANTIBODY: MUMPS	NA	$10.44
86738			ANTIBODY: MYCOPLASMA	NA	$10.59
86741			ANTIBODY:NEISSERIA MENINGITIDI	NA	$10.55
86744			ANTIBODY:NOCARDIA	NA	$12.00
86747			ANTIBODY: PARVOVIRUS	NA	$12.02
86750			ANTIBODY:PLASMODIM (MALARIA)	NA	$12.00
86753			ANTIBODY:PROTOZOA,NOT ELSEWHER	NA	$9.91
86756			ANTIBODY:RESPIRATORY SYNCYTIAL	NA	$12.00
86757			RICKETTSIA	NA	$15.48
86759			ANTIBODY:ROTAVIRUS	NA	$14.58
86762			ANTIBODY:RUBELLA	NA	$11.51
86762	FP		ANTIBODY:RUBELLA	NA	$25.90
86762	UD		ANTIBODY:RUBELLA	NA	$25.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86765			ANTIBODY:RUBEOLA	NA	$10.30
86768			ANTIBODY:SALMONELLA	NA	$10.55
86769			MEASURE OF SEVERE ACUTE RESPIR	NA	$42.13
86771			ANTIBODY:SHIGELLA	NA	$12.00
86774			ANTIBODY:TETANUS	NA	$11.84
86777			ANTIBODY: TOXOPLASMA	NA	$11.51
86778			ANTIBODY: TOXOPLASMA, IGM	NA	$11.53
86780			ANALYSIS FOR ANTIBODY, TREPONE	NA	$10.59
86784			ANTIBODY:TRICHINELLA	NA	$8.00
86787			ANTIBODY:VARICELLA-ZOSTER	NA	$10.30
86788			ANTIBODY: WEST NILE VIRUS, IGM	NA	$13.48
86789			ANTIBODY: WEST NILE VIRUS	NA	$11.51
86790			ANTIBODY:VIRUS,NOT ELSEWHERE S	NA	$10.30
86793			ANTIBODY: YERSINIA	NA	$8.00
86794			ANALYSIS FOR ANTIBODY TO ZIKA	NA	$13.48
86800			THYROGLOBULIN ANTIBODY, RIA	NA	$12.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86803			HEPATITIS C ANTIBODY	NA	$11.42
86804			HEPATITIS C ANTI CONFIRM IMMUN	NA	$12.39
86805			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$22.00
86806			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$22.00
86807			TRANSPLANT ANTIBODY MEASUREMEN	NA	$43.09
86808			TRANSPLANT ANTIBODY MEASUREMEN	NA	$39.00
86809			HEP A ANTI (HAAB) IGM ANTI	NA	$12.60
86812			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$20.65
86813			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$19.00
86816			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$19.00
86817			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$19.00
86821			IMMUNOLOGIC ANALYSIS FOR AUTOI	NA	$68.00
86825			IMMUNOLOGIC ANALYSIS FOR ORGAN	NA	$87.59
86826			IMMUNOLOGIC ANALYSIS FOR ORGAN	NA	$29.22
86828			ANTIBODY TO HUMAN LEUKOCYTE AN	NA	$51.35
86829			ANTIBODY TO HUMAN LEUKOCYTE AN	NA	$51.35

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86830			ASSESSMENT OF ANTIBODY TO HUMA	NA	$76.42
86831			ASSESSMENT OF ANTIBODY TO HUMA	NA	$65.50
86832			ASSESSMENT OF ANTIBODY TO HUMA	NA	$259.00
86833			ASSESSMENT OF ANTIBODY TO HUMA	NA	$260.64
86834			ASSESSMENT OF ANTIBODY TO HUMA	NA	$286.05
86835			ASSESSMENT OF ANTIBODY TO HUMA	NA	$258.37
86849			UNLISTED IMMUNOLOGY PROCEDURE	BY REPORT	BY REPORT
86850			ANTIBODY SCREEN,RBC,EACH SERUM	NA	$7.82
86850	UD		ANTIBODY SCREEN,RBC,EACH SERUM	NA	$17.59
86860			ANTIBODY ELUTION (RBC),EACH EL	NA	$4.20
86870			ANTIBODY IDENT.RBC ANT. EACH P	NA	$9.00
86880			RED BLOOD CELL ANTIBODY DETECT	NA	$4.31
86885			RED BLOOD CELL ANTIBODY DETECT	NA	$4.58
86886			ANTIHUMAN GLOBULIN TEST I DIRE	NA	$4.14
86890			PROCESSING AND STORAGE OF BLOO	NA	$75.00
86891			PROCESSING AND STORAGE OF BLOO	NA	$75.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86900			BLOOD TYPING: ABO	NA	$2.39
86900	UD		BLOOD TYPING: ABO	NA	$5.38
86901			BLOOD TYPING: RH (D)	NA	$2.39
86901	UD		BLOOD TYPING: RH (D)	NA	$5.38
86902			SCREENING TEST FOR COMPATIBLE	NA	$5.08
86904			SCREENING TEST FOR COMPATIBLE	NA	$11.70
86905			BLOOD TYPING:RBC ANT.OTHER THA	NA	$3.06
86906			BLOOD TYPING RH PHENOTYPING	NA	$6.20
86910			BLOOD TYPING FOR PATERNITY TES	NA	$12.60
86911			BLOOD TYPING FOR PATERNITY TES	NA	$5.00
86920			BLOOD UNIT COMPATIBILITY TEST,	NA	$12.00
86921			BLOOD UNIT COMPATIBILITY TEST,	NA	$12.00
86922			BLOOD UNIT COMPATIBILITY TEST,	NA	$12.00
86923			BLOOD UNIT COMPATIBILITY TEST,	NA	$12.00
86940			HEMOLYSINS & AGGLITININS,AUTO	NA	$7.02
86941			HEM.&AGL.AUTO,SCREEN,EACH:INCU	NA	$12.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
86945			IRRADIATION OF BLOOD PRODUCT,	NA	$8.00
86950			LEUKOCYTE TRANSFUSION	NA	$32.00
86960			VOLUME REDUCTION OF BLOOD OR B	NA	$25.00
86965			POOLING PLATELETS OR OTHER BLO	NA	$25.00
86970			PRETREATMENT OF RED BLOOD CELL	NA	$15.00
86971			PRETREATMENT OF RED BLOOD CELL	NA	$15.00
86972			PRETREATMENT OF RED BLOOD CELL	NA	$15.00
86975			PRETREATMENT OF SERUM FOR USE	NA	$25.00
86976			PRETREATMENT OF SERUM FOR USE	NA	$25.00
86977			PRETREATMENT OF SERUM FOR USE	NA	$25.00
86978			PRETREATMENT OF SERUM FOR USE	NA	$35.00
86985			SPLITTING BLOOD OR PRODUCTS,EA	NA	$25.00
86999			UNLISTED TRANSF. PROCEDURE	BY REPORT	BY REPORT
87003			ANIMAL INOCULATION, SMALL ANIM	NA	$15.00
87015			SPECIMEN CONCENTRATION	NA	$5.34
87040			BLOOD CULTURE FOR BACTERIA	NA	$8.26

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87045			STOOL CULTURE FOR BACTERIA	NA	$7.55
87046			STOOL CULTURE, ADDITIONAL PATH	NA	$7.55
87070			BACTERIAL CULTURE, ANY OTHER S	NA	$6.90
87071			QUANTITATIVE,AEROBIC ISOLATES	NA	$7.91
87073			QUANT,ANEROBIC W/ISOL ANY SOUR	NA	$7.73
87075			BACTERIAL CULTURE, ANY SOURCE,	NA	$7.58
87076			BACTERIA IDENTIFICATION	NA	$6.46
87077			AEROBIC ISOLATE CULTURE EACH I	NA	$6.46
87077	QW		AEROBIC IAOLATE ADD METHODS EA	NA	$9.00
87081			BACTERIA CULTURE SCREEN	NA	$5.30
87084			PRESUM PATHOG CUL SCR:W/COLONY	NA	$3.00
87086			BACTERIAL COLONY COUNT, URINE	NA	$6.46
87086	FP		URINE CULTURE,COLONY COUNT	NA	$14.53
87088			URINE BACTERIA CULTURE	NA	$6.47
87101			FUNGAL CULTURE (MOLD OR YEAST)	NA	$6.17
87102			FUNGUS ISOLATION CULTURE	NA	$6.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87103			CULTURE,FUNGI,ISOLATION BLOOD	NA	$16.37
87106			FUNGAL CULTURE, YEAST	NA	$8.26
87107			CULTURE MOLD	NA	$11.42
87109			MYCOPLASMA CULTURE	NA	$12.31
87110			CULTURE,CHLAMYDIA	NA	$15.68
87116			MYCOBACTERIA CULTURE	NA	$8.64
87118			MYCOBACTERIA IDENTIFICATION	NA	$11.69
87140			IDENTIFICATION OF ORGANISMS BY	NA	$4.46
87143			CULTURE TYPING, GLC METHOD	NA	$3.00
87147			IDENTIFICATION OF ORGANISMS BY	NA	$4.14
87149			IDENTIFICATION OF ORGANISMS BY	NA	$16.04
87150			IDENTIFICATION OF ORGANISMS BY	NA	$28.07
87152			IDENTIFICATION BY PULSE FIELD	NA	$5.79
87153			IDENTIFICATION OF ORGANISMS BY	NA	$92.29
87154			AMPLIFED NUCLEIC ACID PROBE TY	NA	$174.45
87158			CULTURE TYPING, ADDED METHOD	NA	$3.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87164			DARK FIELD MICROSCOPIC EXAMINA	NA	$6.00
87164	26		DARK FIELD EXAMINATION	NA	$3.00
87166			DARK FIELD MICROSCOPIC EXAMINA	NA	$6.00
87168			MACROSOPIC EXAM ARTHROPOD	NA	$4.72
87169			MACROSOPIC EXAM:PARASITE	NA	$4.72
87172			PINWORM EXAM(EGCELLOPHANE TAPE	NA	$4.72
87176			ENDOTOXIN, BACTERIAL	NA	$4.70
87177			OVA AND PARASITES SMEARS	NA	$7.12
87181			EVALUATION OF ANTIMICROBIAL DR	NA	$3.80
87184			EVALUATION OF ANTIMICROBIAL DR	NA	$5.98
87184	FP		ANTIBIOTIC SENSITVITY,EACH	NA	$13.46
87185			DETECTION OF ANTIMICROBIAL DRU	NA	$3.80
87186			EVALUATION OF ANTIMICROBIAL DR	NA	$6.92
87187			EVALUATION OF ANTIMICROBIAL DR	NA	$13.00
87188			EVALUATION OF ANTIMICROBIAL DR	NA	$6.00
87197			SERUM BACTERICIDAL TITER	NA	$15.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87205			SPECIAL GRAM OR GIEMSA STAIN F	NA	$3.42
87205	SA		SMEAR, STAIN & INTERPRETATION	NA	$1.72
87206			SPECIAL FLUORESCENT AND/OR ACI	NA	$4.31
87207			SPECIAL STAIN FOR INCLUSION BO	NA	$4.79
87209			SMEAR, PRIMARY SOURCE WITH INT	NA	$14.38
87210			SMEAR, STAIN & INTERPRET, WET	NA	$4.66
87210	QW		SMEAR STAIN &INTERPRET WET MOU	NA	$2.40
87220			TISSUE EXAMINATION FOR FUNGI	NA	$3.42
87220	SA		TISSUE EXAMINATION FOR FUNGI	NA	$1.72
87230			TOXIN/ANTITOXIN ASSAY,TISSUE C	NA	$21.50
87250			INOCULATION OF EMBRYONATED EGG	NA	$15.65
87252			VIRUS ID:TISSUE CULT.INOCULATI	NA	$20.86
87253			VIRUS ID:TISS CULT,ADD STDY,@	NA	$6.00
87254			VIRUS ISOLATION, CENTRIFUGE EN	NA	$15.65
87255			VIRUS ISOLATION:ID-NON IMMUNO	NA	$27.09
87260			INFECTIOUS AGENT ANTIGEN ADENO	NA	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87265			BORDETELLA PERTUSIS-PARAPERTUS	NA	$10.00
87267			DETECTION TEST FOR ENTEROVIRUS	NA	$10.00
87269			DETECTION TEST BY IMMUNOFLUORE	NA	$10.00
87270			DETECTION TEST BY IMMUNOFLUORE	NA	$10.00
87270	FP		CHAMYDIA TRACHOMATIS	NA	$21.56
87271			DETECTION TEST BY IMMUNOFLUORE	NA	$10.00
87272			DETECTION TEST BY IMMUNOFLUORE	NA	$9.58
87273			DETECTION TEST BY IMMUNOFLUORE	NA	$12.18
87274			DETECTION TEST BY IMMUNOFLUORE	NA	$12.80
87274	FP		HERPES SIMPLEX VIRUS	NA	$21.56
87275			DETECTION TEST BY IMMUNOFLUORE	NA	$9.80
87276			DETECTION TEST BY IMMUNOFLUORE	NA	$12.86
87278			DETECTION TEST BY IMMUNOFLUORE	NA	$12.48
87279			DETECTION TEST BY IMMUNOFLUORE	NA	$12.18
87280			DETECTION TEST BY IMMUNOFLUORE	NA	$12.00
87281			DETECTION TEST BY IMMUNOFLUORE	NA	$12.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87283			DETECTION TEST BY IMMUNOFLUORE	NA	$12.18
87285			DETECTION TEST BY IMMUNOFLUORE	NA	$12.00
87290			DETECTION TEST BY IMMUNOFLUORE	NA	$10.74
87299			DETECTION TEST BY IMMUNOFLUORE	NA	$12.00
87300			DETECTION TEST BY IMMUNOFLUORE	NA	$6.00
87301			IFET ANTIGEN ADENOVIRUS ENTERI	NA	$12.00
87305			INFECTIOUS AGENT ANTIGEN DETEC	NA	$9.58
87320			DETECTION TEST BY IMMUNOASSAY	NA	$12.50
87320	FP		INFECTIOUS AGENT ANTI CHLAMYDI	NA	$27.00
87324			CLUSTRIDUM DIFFICLE TOXIN A	NA	$9.58
87327			DETECTION TEST BY IMMUNOASSAY	NA	$10.74
87328			CRYTOSPORIDUM -GIARDIA	NA	$11.06
87329			GIARDIA/INFECT AG ANTIGEN ENZY	NA	$9.58
87332			IFECT AGENT CYTOMEGALOVIRUS	NA	$12.00
87335			DETECTION TEST BY IMMUNOASSAY	NA	$12.00
87336			ENTAMOEBA HISTOLYTICA DISPAR G	NA	$12.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87337			ENTAMOEBA HISTOLYTICA GROUP	NA	$9.58
87338			IFECT AGENT ANT:HELI PYLORI:ST	NA	$11.50
87339			HELICOBACTER PYLORI	NA	$12.18
87339	QW		HELICOBACTER PYLORI	NA	$12.18
87340			IFET AGENT HEP B SURF ANTIGEN(	NA	$8.26
87340	UD		IFET AGENT HEP B SURF ANTIGEN(	NA	$18.59
87341			HEPATITISB SURFACE ANTIGEN HBS	NA	$8.26
87350			HEPATITIS. BE ANTIGEN (HBEAG)	NA	$9.22
87380			INFECT AGENT ANTIGEN HEP DELTA	NA	$20.00
87385			HISTOPLASMA CAPSULATUM	NA	$10.60
87389			DETECTION TEST BY IMMUNOASSAY	NA	$19.26
87390			DETECTION TEST BY IMMUNOASSAY	NA	$19.25
87391			DETECTION TEST BY IMMUNOASSAY	NA	$17.52
87400			DETECTION TEST BY IMMUNOASSAY	NA	$11.30
87420			RESPIRATORY SYNCYTIAL VIRUS	NA	$11.13
87425			INFECTIOUS ANTIGEN ROTAVIRUS	NA	$9.58

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87426			DETECTION TEST BY IMMUNOASSAY	NA	$35.33
87427			DETECTION TEST BY IMMUNOASSAY	NA	$9.58
87428			DETECTION TEST BY IMMUNOASSAY	NA	$70.29
87430			DETECTION TEST BY IMMUNOASSAY	NA	$13.45
87449			DETECTION TEST BY IMMUNOASSAY	NA	$9.58
87449	QW		NOT SPECIFIED	NA	$12.00
87451			DETECTION TEST BY IMMUNOASSAY	NA	$10.60
87467			DETECTION OF HEPATITIS B SURFA	NA	$12.04
87468			DETECTION OF ANAPLASMA PHAGOCY	NA	$28.07
87469			DETECTION OF BABESIA MICROTIM	NA	$28.07
87471			DETECTION BY NUCLEIC ACID BART	NA	$30.00
87472			DETECTION BY NUCLEIC ACID BART	NA	$20.00
87475			DETECTION BY NUCLEIC ACID FOR	NA	$25.00
87476			DETECTION BY NUCLEIC ACID FOR	NA	$28.07
87478			DETECTION OF BABESIA BORRELIA	NA	$28.07
87480			DETECTION TEST FOR CANDIDA SPE	NA	$16.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87481			DETECTION TEST FOR CANDIDA SPE	NA	$28.07
87482			DETECTION TEST FOR CANDIDA SPE	NA	$20.00
87483			TEST FOR DETECTING NUCLEIC ACI	NA	$333.42
87484			DETECTION OF EHRLICHIA CHAFFEE	NA	$28.07
87485			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87486			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87487			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87490			DETECTION TEST BY NUCLEIC ACID	NA	$18.20
87490	FP		INFECT-AG-NUCLEIC-CHLAMYDIA TR	NA	$40.95
87491			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87491	FP		CHLAMYDIA TRACHOMATIS AMPL.PR.	NA	$63.16
87492			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87493			DETECTION TEST BY NUCLEIC ACID	NA	$29.82
87495			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87496			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87497			DETECTION TEST BY NUCLEIC ACID	NA	$34.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87498			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87500			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87501			DETECTION TEST BY NUCLEIC ACID	NA	$41.05
87502			DETECTION TEST BY NUCLEIC ACID	NA	$76.64
87503			DETECTION TEST BY NUCLEIC ACID	NA	$23.38
87505			DETECTION TEST BY NUCLEIC ACID	NA	$102.63
87506			DETECTION TEST BY NUCLEIC ACID	NA	$210.39
87507			DETECTION TEST BY NUCLEIC ACID	NA	$333.42
87510			DETECTION TEST FOR GARDNERELLA	NA	$16.04
87511			DETECTION TEST FOR GARDNERELLA	NA	$38.00
87512			DETECTION TEST FOR GARDNERELLA	NA	$33.41
87516			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87517			DETECTION TEST BY NUCLEIC ACID	NA	$34.27
87520			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87521			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87522			DETECTION TEST BY NUCLEIC ACID	NA	$34.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87525			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87526			DETECTION TEST BY NUCLEIC ACID	NA	$38.00
87527			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87528			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87529			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87530			DETECTION TEST BY NUCLEIC ACID	NA	$34.27
87531			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87532			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87533			DETECTION TEST BY NUCLEIC ACID	NA	$33.41
87534			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87535			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87536			DETECTION TEST BY NUCLEIC ACID	NA	$68.08
87537			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87538			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87539			DETECTION TEST BY NUCLEIC ACID	NA	$46.90
87540			DETECTION TEST BY NUCLEIC ACID	NA	$25.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87541			DETECTION TEST BY NUCLEIC ACID	NA	$38.00
87542			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87550			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87551			DETECTION TEST BY NUCLEIC ACID	NA	$38.00
87552			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87555			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87556			DETECTION TEST BY NUCLEIC ACID	NA	$33.34
87557			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87560			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87561			DETECTION TEST BY NUCLEIC ACID	NA	$38.00
87562			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87563			DETECTION OF MYCOPLASMA GENITA	NA	$28.07
87580			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87581			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87582			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87590			DETECTION TEST BY NUCLEIC ACID	NA	$21.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87590	FP		NEISSERIA GONORRHOEAE DIRECT P	NA	$48.38
87591			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87591	FP		NEISSERIA GONORRHOEAE AMPL PRO	NA	$63.16
87592			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87593			DETECTION OF ORTHOPOXVIRUS	NA	$51.31
87623			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87624			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87625			DETECTION TEST BY NUCLEIC ACID	NA	$32.44
87631			DETECTION TEST BY NUCLEIC ACID	NA	$114.10
87632			DETECTION TEST BY NUCLEIC ACID	NA	$174.45
87633			DETECTION TEST BY NUCLEIC ACID	NA	$333.42
87634			DETECTION TEST BY NUCLEIC ACID	NA	$56.16
87635			AMPLIFED DNA OR RNA PROBE DETE	NA	$51.31
87636			DETECTION TEST BY MULTIPLEX AM	NA	$142.63
87637			DETECTION TEST BY MULTIPLEX AM	NA	$142.63
87640			DETECTION TEST BY NUCLEIC ACID	NA	$28.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87641			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87650			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87651			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87652			DETECTION TEST BY NUCLEIC ACID	NA	$20.00
87653			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87660			DETECTION TEST BY NUCLEIC ACID	NA	$16.04
87661			INFECTIOUS AGENT DETECTION BY	NA	$28.07
87662			DETECTION TEST BY NUCLEIC ACID	NA	$41.05
87797			DETECTION TEST BY NUCLEIC ACID	NA	$25.00
87798			DETECTION TEST BY NUCLEIC ACID	NA	$28.07
87799			DETECTION TEST BY NUCLEIC ACID	NA	$34.27
87800			DETECTION TEST BY NUCLEIC ACID	NA	$34.94
87801			DETECTION TEST BY NUCLEIC ACID	NA	$56.16
87802			DETECTION TEST BY IMMUNOASSAY	NA	$10.18
87803			DETECTION TEST BY IMMUNOASSAY	NA	$12.17
87804			DETECTION TEST BY IMMUNOASSAY	NA	$13.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87804	QW		INFECTIOUS AG ANTIGEN INFLUENZ	NA	$12.17
87806			DETECTION TEST BY IMMUNOASSAY	NA	$58.99
87807			DETECTION TEST BY IMMUNOASSAY	NA	$10.48
87807	QW		INFECTIOUS AG ANTIGEN RESPIRAT	NA	$11.84
87808			DETECTION TEST BY IMMUNOASSAY	NA	$12.23
87809			DETECTION TEST BY IMMUNOASSAY	NA	$17.41
87810			DETECTION TEST BY IMMUNOASSAY	NA	$12.00
87811			DETECTION TEST BY IMMUNOASSAY	NA	$33.10
87850			DETECTION TEST BY IMMUNOASSAY	NA	$12.00
87880			DETECTION TEST BY IMMUNOASSAY	NA	$13.22
87880	QW		STREP-GROUP A	NA	$12.00
87899			DETECTION TEST BY IMMUNOASSAY	NA	$12.86
87899	QW		NOT-OTHERWISE-SP	NA	$12.00
87900			INFECTIOUS AGENT DRUG SUSCEPTI	NA	$104.28
87901			ANALYSIS TEST BY NUCLEIC ACID	NA	$205.96
87902			ANALYSIS TEST BY NUCLEIC ACID	NA	$205.96

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
87903			ANALYSIS TEST BY NUCLEIC ACID	NA	$390.93
87904			ANALYSIS TEST BY NUCLEIC ACID	NA	$20.86
87905			INFECTIOUS AGENT ENZYMATIC ACT	NA	$9.78
87906			ANALYSIS TEST BY NUCLEIC ACID	NA	$102.98
87910			ANALYSIS TEST BY NUCLEIC ACID	NA	$205.96
87912			ANALYSIS TEST BY NUCLEIC ACID	NA	$205.96
87913			GENOTYPE ANALYSIS OF SEVERE AC	NA	$257.45
87999			UNLISTED MICROBIOLOGY PROCEDUR	BY REPORT	BY REPORT
88104			CELL EXAMINATION OF BODY FLUID	NA	$61.56
88104	TC		CYTOPATHOLOGY	NA	$5.00
88104	26		CYTOPATHOLOGY FLUIDS WASHINGS	NA	$7.00
88106			CELL EXAMINATION OF BODY FLUID	NA	$12.00
88106	26		CYTOPATH FLUIDS WASH-BRUS FILT	NA	$7.00
88108			CELL EXAMINATION OF SPECIMEN,	NA	$55.98
88108	26		CYTPPATH FL CONC TECH SMEAR IN	NA	$7.00
88112			CELL EXAMINATION OF SPECIMEN,	NA	$55.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88112	TC		CYTOPATH/LIQUID BASE SLIDE PRE	NA	$5.00
88112	26		CYTOPATH/LIQUID BASE SLIDE PRE	NA	$7.00
88120			CELL EXAMINATION OF URINE, MAN	NA	$545.38
88121			CELL EXAMINATION OF URINE, COM	NA	$344.62
88125			FORENSIC CYTOPATHOLOGY	NA	$7.00
88125	TC		FORENSIC CYTOPATHOLOGY	NA	$1.00
88125	26		FORENSIC CYTOPATHOLOGY	NA	$6.00
88130			SEX IDENTIFICATION, BARR BODIE	NA	$9.65
88130	26		SEX CHROMATIN ID BARR BODIES	NA	$7.00
88140			SEX IDENTIFICATION, PERIPHERAL	NA	$4.20
88140	26		SEX CHROMATIN ID BL SMEAR DRUM	NA	$3.00
88141			PAP TEST	NA	$6.00
88141	FP		CYTOPATH CER-VAG ANY REPORTING	NA	$45.20
88142			PAP TEST, MANUAL SCREENING	NA	$16.21
88142	FP		CYTOPATH AUTOMATED THIN PREP	NA	$36.47
88143			PAP TEST, MANUAL SCREENING AND	NA	$18.43

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88143	FP		CYTOPATH/C/VAG T/LAYER C/RESCR	NA	$41.47
88147			PAP TEST (PAP SMEAR), AUTOMATE	NA	$13.48
88147	FP		CYTO/PATH C/VAG AUTOMATED/PHYS	NA	$91.01
88148			PAP TEST (PAP SMEAR), AUTOMATE	NA	$13.48
88148	FP		CYTO/PATH C/VAG AUTO RESC	NA	$31.16
88150			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88150	FP		CYTOPATHOLOGY, PAP SMEAR	NA	$31.16
88152			PAP TEST, SLIDES, AUTOMATED SY	NA	$6.00
88152	FP		CYTOPATH W/MANUEL CYTO SCREEN	NA	$49.75
88153			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88153	FP		CYTO/PATH C/VAG REDO	NA	$43.25
88155			PAP TEST, SLIDES, DEFINITIVE H	NA	$11.72
88160	26		CYTOPATHOLOGY	NA	$5.00
88161			SCREENING EXAMINATION OF SPECI	NA	$66.34
88161	TC		CYTOPATH....:PREP,SCREEN,INTER	NA	$5.00
88161	26		CYTOPATH ANY SOURCE PREP SC IN	NA	$7.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88162			SCREENING EXAMINATION OF SPECI	NA	$104.99
88162	TC		CYTOPATH..:EXT.STUDY.+5 SLIDES	NA	$25.07
88162	26		CYTOPATH..:EXT.STUDY,+5 SLIDES	NA	$30.71
88164			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88164	FP		CYTOPATH SLIDES C/VAG MANUAL B	NA	$31.16
88165			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88165	FP		CYTOPATH TBS SYS C/VAG REDO	NA	$76.00
88166			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88166	FP		CYTOPATH TBS SYS C/VAG AUTO	NA	$31.16
88167			PAP TEST, SLIDES, MANUAL SCREE	NA	$6.00
88167	FP		CYTOPATH TBS/SYS C/VAG SELECT	NA	$31.16
88172			IMMEDIATE EVAL/ASPIRATE,SPEC A	NA	$44.85
88172	TC		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	$12.00
88172	26		IMMIDIATE EVAL/ASPIRATE,SPEC A	NA	$28.00
88173			FINE NEEDLE ASPIRATE..:INTERP/	NA	$135.91
88173	26		FINE NEEDLE ASPIRATE..:INTERP/	NA	$20.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88174			PAP TEST, AUTOMATED THIN LAYER	NA	$23.50
88175			PAP TEST, AUTOMATED THIN LAYER	NA	$21.29
88175	FP		CYTO W/SCR, BY AUTO, THIN LAYE	NA	$47.90
88177			PAP TEST, EVALUATION OF FINE N	NA	$23.54
88182			FLOW CYTOMETRY EACH CELL SURFA	NA	$136.61
88182	TC		FLOW CYTOMETRY EACH CELL SURFA	NA	$55.64
88182	26		FLOW CYTOMETRY EACH CELL SURFA	NA	$30.66
88184			FLOW CYTOMETRY TECHNIQUE FOR D	NA	$64.38
88185			FLOW CYTOMETRY TECHNIQUE FOR D	NA	$19.54
88187			FLOW CYTOMETRY TECHNIQUE FOR D	NA	$27.70
88188			FLOW CYTOMETRY TECHNIQUE FOR D	NA	$47.85
88189			FLOW CYTOMETRY TECHNIQUE FOR D	NA	$71.18
88199			UNLISTED CYTOPATHOLOGY PROCEDU	BY REPORT	BY REPORT
88230			TISSUE CULTURE/CHROMOSOME/ANAL	NA	$93.19
88233			TISSUE CULTURE...:SKIN/OTHER T	NA	$112.58
88235			TISSUE CULTURE...:AMNIOTIC FLU	NA	$120.24

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88237			CHROMOSOME ANALYSIS-TISSUE CUL	NA	$115.00
88239			TISSUE CULTURE...:OTHER TISSUE	NA	$118.02
88240			CRYOPRESERVATION, FREEZING AND	NA	$7.75
88241			THAW AND EXPANSION FROZEN CELL	NA	$7.75
88245			CHROMOSOME ANALYSIS FOR GENETI	NA	$184.00
88248			CHROMOSOME ANALYSIS FOR GENETI	NA	$230.00
88249			CHROMOSOME ANALYSIS FOR GENETI	NA	$230.00
88262			CHROMOSOME ANALYSIS FOR GENETI	NA	$100.39
88263			CHROMOSOME ANALYSIS FOR GENETI	NA	$184.00
88264			CHROMOSOME ANALYSIS FOR GENETI	NA	$115.69
88267			CHROMOSOME COUNT: AMNIOTIC	NA	$230.00
88271			CYTOGENETICS DNA PROBE FISH	NA	$17.14
88273			CHROMOSOME ANALYSIS FOR GENETI	NA	$27.85
88274			CHROMOSOME ANALYSIS FOR GENETI	NA	$33.90
88275			CHROMOSOME ANALYSIS FOR GENETI	NA	$40.95
88280			CHROMOSOME ANALYSIS FOR GENETI	NA	$26.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88283			CHROMOSOME ANALYSIS FOR GENETI	NA	$46.00
88285			CHROMOSOME ANALYSIS FOR GENETI	NA	$21.53
88289			CHROMOSOME ANALYSIS FOR GENETI	NA	$27.54
88291			CYTO MOLECULAR REPORT	NA	$26.68
88299			UNLISTED CYTOGENETIC STUDY	BY REPORT	BY REPORT
88300			PATHOLOGY EXAMINATION OF TISSU	NA	$13.34
88300	TC		SURGICAL PATHOLOGY, GROSS	NA	$9.18
88300	UD		SURGICAL PATHOLOGY, GROSS	NA	$30.01
88300	UD	26	SURGICAL PATHOLOGY, GROSS	NA	$7.74
88300	26		SURG PATH GROSS EXAM ONLY	NA	$7.74
88302			PATHOLOGY EXAMINATION OF TISSU	NA	$27.30
88302	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$21.74
88302	26		SURG PATH GR MICRO EXAM NORM T	NA	$5.74
88304			PATHOLOGY EXAMINATION OF TISSU	NA	$35.14
88304	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$30.02
88304	TC	UD	SURGICAL PATHOLOGY, COMPLETE	NA	$59.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88304	UD		SURGICAL PATHOLOGY, INDUCED AB	NA	$79.06
88304	UD	26	SURG PATH GR MICRO,INDUCED ABO	NA	$19.64
88304	26		SURG PATH GR MICRO EX ABNORM T	NA	$9.46
88305			PATHOLOGY EXAMINATION OF TISSU	NA	$57.97
88305	FP		COLPOSCOPY PATHOLOGY	NA	$141.32
88305	TC		SURGICAL PATHOLOGY, COMPLETE	NA	$10.00
88305	26		SURG PATH WITHOUT COMPLEX DISS	NA	$30.00
88307			PATHOLOGY EXAMINATION OF TISSU	NA	$235.21
88307	26		SURG PATH REQ COMPLEX DISSECTI	NA	$44.00
88309			PATHOLOGY EXAMINATION OF TISSU	NA	$352.72
88309	26		SURG PATH COMP PROB W WO EXT D	NA	$66.00
88311			SURGICAL PATHOLOGY: DECALCIFIC	NA	$16.38
88311	TC		SURGICAL PATHOLOGY: DECALCIFIC	NA	$2.00
88311	26		SURGICAL PATHOLOGY: DECALCIFIC	NA	$4.00
88312			SPECIAL STAINS	NA	$92.15
88312	26		SPECIAL STAIN GR 1 FOR MICRO E	NA	$9.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88313			SPECIAL STAINS	NA	$68.14
88313	26		SPECIAL STAIN GR 2 FOR MICRO E	NA	$6.00
88314			GROSS & MICROSCOPIC EXAM 3 SPE	NA	$12.00
88314	26		GROSS MICRO HISTOCHEM STAIN W	NA	$7.00
88319	26		DETERMINATIVE HISTOCHEMISTRY T	NA	$5.00
88321			SURGICAL PATHOLOGY CONSULTATIO	NA	$76.87
88323			SURGICAL PATHOLOGY CONSULTATIO	NA	$92.02
88323	TC		MICROSLIDE CONSULTATION	NA	$14.00
88323	26		MICROSLIDE CONSULTATION	NA	$19.00
88325			SURGICAL PATHOLOGY CONSULTATIO	NA	$44.00
88329			CONSULTATION DURING SURGERY	NA	$44.31
88331			PATHOLOGY EXAMINATION OF SPECI	NA	$81.47
88331	TC		CONSULTATION DURING SURGERY	NA	$7.00
88331	26		CONSULT DURING SURG W FROZEN S	NA	$41.00
88332			PATHOLOGY EXAMINATION OF SPECI	NA	$43.90
88332	TC		CONSULTATION DURING SURGERY	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88332	26		CONSULTATION DURING SURGERY	NA	$10.00
88333			PATHOLOGY CYTOLOGIC EXAMINATIO	NA	$73.48
88333	TC		PATHOLOGY CONSULTATION DURING	NA	$29.30
88333	26		PATHOLOGY CONSULTATION DURING	NA	$50.75
88334			PATHOLOGY CYTOLOGIC EXAMINATIO	NA	$47.56
88334	TC		PATHOLOGY CONSULTATION DURING	NA	$16.65
88334	26		PATHOLOGY CONSULTATION DURING	NA	$30.92
88341			SPECIAL STAINED SPECIMEN SLIDE	NA	$73.96
88341	TC		SPECIAL STAINED SPEC SLIDES TO	NA	$56.58
88341	26		SPECIAL STAINED SPEC SLIDES TO	NA	$23.22
88342	26		IMMUNOCYTOCHEM EACH ANTIBODY I	NA	$7.00
88344			SPECIAL STAINED SPECIMEN SLIDE	NA	$141.60
88344	TC		SPECIAL STAINED SPEC SLIDES TO	NA	$121.29
88344	26		SPECIAL STAINED SPEC SLIDES TO	NA	$31.11
88346			ANTIBODY EVALUATION, INITIAL S	NA	$122.65
88346	TC		IMMUNOFLUORESCENT ST EA DIRECT	NA	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88346	26		IMMUNOFLUORESCENT ST EA DIRECT	NA	$30.00
88348			ELECTRON MICROSCOPY	NA	$397.41
88348	TC		ELECTRON MICROSCOPY	NA	$119.21
88348	26		ELECTRON MICRO DIAGNOSTIC	NA	$61.15
88350			ANTIBODY EVALUATION, EACH ADDI	NA	$94.19
88355			MORPHOMETRIC ANALYSIS:SKELETAL	NA	$124.73
88355	TC		MORPHOMETRIC ANALYSIS:SKELETAL	NA	$53.86
88355	26		MORPHOMETRIC ANALY SKELETAL MU	NA	$69.08
88356			SKELETAL MUSCLE NERVE:MORPHOME	NA	$126.00
88356	TC		SKELETAL MUSCLE NERVE:MORPHOME	NA	$31.50
88356	26		MORPHOMETRIC ANALYSIS NERVE	NA	$94.50
88358			MORPHOMETRIC ANALYSIS TUMOR	NA	$59.71
88358	TC		MORPHOMETRIC ANALYSIS TUMOR	NA	$20.33
88358	26		MORPHOMETRIC ANALYSIS TUMOR	NA	$39.38
88360			MICROSCOPIC GENETIC ANALYSIS O	NA	$97.98
88360	TC		MORPHOMETRIC ANALYSIS, TUMOR I	NA	$71.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88360	26		MORPHOMETRIC ANALYSIS, TUMOR I	NA	$34.22
88361			MICROSCOPIC GENETIC ANALYSIS O	NA	$94.00
88362			NERVE TEASING PREPARATIONS	NA	$126.00
88362	TC		NERVE TEASING PREPARATIONS	NA	$31.50
88362	26		NERVE TEASING PREPARATIONS	NA	$94.50
88363			EXAMINATION OF ARCHIVAL TISSUE	NA	$19.16
88364			GENETIC SEQUENCING LOCALIZATIO	NA	$108.96
88364	TC		CELL EXAMINATION	NA	$94.96
88364	26		CELL EXAMINATION	NA	$28.28
88365			GENETIC SEQUENCING LOCALIZATIO	NA	$144.99
88365	TC		TISSUE IN SITU HYBRIDIZATION I	NA	$15.75
88365	26		TISSUE IN SITU HYBRIDIZATION I	NA	$31.50
88366			GENETIC SEQUENCING LOCALIZATIO	NA	$222.30
88366	TC		CELL EXAMINATION	NA	$200.22
88366	26		CELL EXAMINATION	NA	$50.65
88367			MICROSCOPIC GENETIC ANALYSIS O	NA	$96.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88367	TC		MORPHOMETRIC ANALYSIS, INSITU	NA	$71.06
88367	26		MORPHOMETRIC ANALYSIS, IN SITU	NA	$27.29
88368			MICROSCOPIC GENETIC ANALYSIS O	NA	$120.77
88368	TC		MORPHOMETRIC ANALYSIS, INSITU	NA	$82.81
88368	26		MORPHOMETRIC ANALYSIS, INSITU	NA	$33.53
88369			MICROSCOPIC GENETIC ANALYSIS O	NA	$100.55
88369	TC		MICROSCOPIC GENETIC EXAMINATIO	NA	$74.39
88369	26		MICROSCOPIC GENETIC EXAMINATIO	NA	$26.16
88371			PROTEIN ANAL.TISSUE,INT.& REPO	NA	$30.00
88371	26		PROTEIN ANAL.TISSUE,INT.& REPO	NA	$15.00
88372			PROTEIN ANALYSIS OF TISSUE BY	NA	$24.78
88372	26		PROTEIN ANAL.TISSUE:IMM. PROBE	NA	$15.00
88373			MICROSCOPIC GENETIC ANALYSIS O	NA	$61.90
88373	TC		MICROSCOPIC GENETIC EXAM COMP	NA	$40.85
88373	26		MICROSCOPIC GENETIC EXAM COMP	NA	$21.05
88374			MICROSCOPIC GENETIC ANALYSIS O	NA	$236.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88374	TC		MICROSCOPIC GENETIC EXAM COMP	NA	$267.43
88374	26		MICROSCOPIC GENETIC EXAM COMP	NA	$35.51
88377			MICROSCOPIC GENETIC ANALYSIS O	NA	$324.16
88377	TC		MICROSCOPIC GENETIC EXAM MANUA	NA	$312.16
88377	26		MICROSCOPIC GENETIC EXAM MANUA	NA	$52.02
88380			MICRODISSECTION	NA	$112.98
88381			PREPARATION OF SPECIMEN, MANUA	NA	$165.35
88381	TC		MICRODISSECTION LASER CAPTURE	NA	$155.94
88381	26		MICRODISSECTION LASER CAPTURE	NA	$19.98
88387			PATHOLOGIST EXAMINATION, DISSE	NA	$29.06
88388			PATHOLOGIST EXAMINATION, DISSE	NA	$31.34
88399			UNLISTED SURGICAL PATHOLOGY PR	BY REPORT	BY REPORT
88720			BILIRUBIN TOTAL TRANSCUTANE	NA	$4.02
88738			HEMOGLOBIN (HGB), QUANTITATIVE	NA	$4.02
88740			HEMOGLOBIN MEASUREMENT, PER DA	NA	$7.50
88741			HEMOGLOBIN MEASUREMENT, PER DA	NA	$7.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
88749			UNLISTED IN VIVO (EG, TRANSCUT	BY REPORT	BY REPORT
89049			CAFFEINE HALOTHANE CONTRACTURE	NA	$228.80
89050			BODY FLUID CELL COUNT	NA	$3.78
89051			BODY FLUID CELL COUNT	NA	$4.48
89055			WHITE BLOOD CELL MEASURE, STOO	NA	$3.42
89060			CRYSTAL IDENTIFICATION BY COMP	NA	$5.86
89125			FAT STAIN OF STOOL, URINE, OR	NA	$0.60
89160			EXAM FECES FOR MEAT FIBERS	NA	$2.10
89190			NASAL SMEAR FOR EOSINOPHILS	NA	$4.63
89205			OCCULT BLOOD, ANY SOURCE EXCPT	NA	$1.20
89220			SPUTUM OBTAINING SPEC AEROSOL	NA	$8.00
89230			SWEAT COLLECTION/IONTOPHORESIS	NA	$2.47
89310			SEMEN ANALYSIS	NA	$4.80
89320			SEMEN EVALUATION VOLUME, SPERM	NA	$9.00
89321			SEMEN ANALYSIS	NA	$9.00
89321	QW		SEMEN ANALYSIS	NA	$9.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
89322			SEMEN EVALUATION, VOLUME, SPER	NA	$12.40
89325			SPERM ANTIBODIES	NA	$13.00
89331			SPERM EVALUATION, FOR REVERSE	NA	$15.67
89398			UNLISTED REPRODUCTIVE MEDICINE	BY REPORT	BY REPORT
90284			HUMAN IMMUNE GLOBULIN FOR INFU	BY REPORT	BY REPORT
90287			BOTULINUM ANTITOXIN, EQUINE AN	BY REPORT	BY REPORT
90296			DIPHTHERIA ANTITOXIN, EQUINE A	BY REPORT	BY REPORT
90371			HEPATITIS B IMMUNE GLOB HUMAN	BY REPORT	BY REPORT
90375			RABIES IMMUNE GLOBULIN FOR INJ	BY REPORT	BY REPORT
90376			RABIES IMMUNE GLOBULIN FOR INJ	BY REPORT	BY REPORT
90377			RABIES IMMUNE GLOBULIN FOR INJ	BY REPORT	BY REPORT
90393			VACCINIA IMMUNE GLOBULIN HUMAN	BY REPORT	BY REPORT
90396			VARICELLA-ZOSTER IMMUNE GLOB H	BY REPORT	BY REPORT
90399			OTHER IMMUNE GLOBULIN INJECTIO	BY REPORT	BY REPORT
90471	HU		IMMUNIZATION ADMINIS SING/COMB	NA	$16.18
90472	HU		IMMUNIZ ADMIN 2 OR MORE SING/C	NA	$11.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90476			ADENOVIRUS TYPE 4 VACCINE	BY REPORT	BY REPORT
90477			ADENOVIRUS TYPE 7 VACCINE	BY REPORT	BY REPORT
90480			IMMUNIZATION ADMINISTRATION BY	NA	$40.00
90611			SMALLPOX AND MONKEYPOX VACCINE	NA	$267.30
90620			MENINGOCOCCAL RECOMBINANT PROT	NA	$158.40
90622			VACCINIA (SMALLPOX) VIRUS VACC	NA	$0.01
90626			INACTIVATED TICK-BORNE ENCEPHA	BY REPORT	BY REPORT
90627			INACTIVATED TICK-BORNE ENCEPHA	NA	$280.69
90630			INFLUENZA VACCINE, QUADRIVALEN	$22.26	$22.26
90649			HUMAN PAPILLOMAVIRUS VACCINE,	NA	$165.49
90649	FP		HUMAN PAPILLOMA VIRUS(HPV) VAC	NA	$165.49
90650			HUMAN PAPILLOMAVIRUS VACCINE,	NA	$156.10
90653			INFLUENZA VACCINE, INACTIVATED	NA	$29.76
90654			INFLUENZA VACCINE, TRIVALENT,	NA	$18.00
90656			INFLUENZA VACCINE, TRIVALENT,	NA	$32.19
90658			INFLUENZA VACCINE, TRIVALENT,	NA	$32.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90660			INFLUENZA VACCINE, TRIVALENT F	NA	$25.69
90661			INFLUENZA VACCINE, TRIVALENT D	NA	$20.70
90664			INFLUENZA VACCINE, LIVE, PANDE	BY REPORT	BY REPORT
90666			INFLUENZA VACCINE, LIVE, PANDE	BY REPORT	BY REPORT
90667			INFLUENZA VACCINE, LIVE, PANDE	BY REPORT	BY REPORT
90668			INFLUENZA VACCINE, LIVE, PANDE	BY REPORT	BY REPORT
90673			INFLUENZA VACCINE, TRIVALENT D	NA	$34.18
90676			RABIES VACCINE FOR INJECTION I	BY REPORT	BY REPORT
90678			RESPIRATORY SYNCYTIAL VIRUS VA	NA	$292.05
90679			RESPIRATORY SYNCYTIAL VIRUS VA	NA	$277.20
90691			TYPHOID VACCINE FOR INJECTION	NA	$79.90
90715			DIPHTHERIA, TETANUS, AND ACELL	NA	$45.12
90716			VARICELLA VACCINE	NA	$105.50
90717			YELLOW FEVER VACCINE	NA	$155.35
90733			MENINGOCOCCAL VACCINE, SEROGRO	NA	$127.85
90736			SHINGLES VACCINE FOR INJECTION	NA	$188.66

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90738			JAPANESE ENCEPHALITIS VACCINE	BY REPORT	BY REPORT
90740			HEPATITIS B VACCINE, DIALYSIS	NA	$209.86
90746	FP		IMMUN ACTIVE HEP B VACC 19 YRS	NA	$126.68
90747			HEPATITIS B VACCINE, DIALYSIS	NA	$209.86
90748			HEPATITIS B AND HAEMOPHILUS IN	$56.20	$56.20
90749			OTHER VACCINE OR TOXOID INJECT	BY REPORT	BY REPORT
90750			SHINGLES VACCINE FOR INJECTION	NA	$195.92
90756			INFLUENZA VACCINE, QUADRIVALEN	NA	$27.50
90758			LIVE ZAIRE EBOLAVIRUS VACCINE,	BY REPORT	BY REPORT
90759			VACCINE FOR HEPATITIS B (3 DOS	NA	$66.60
90785	HH		ALCOHOL AND/OR DRUG SERVICES,	$0.00	$0.00
90791			PSYCHIATRIC DIAGNOSTIC EVALUAT	$195.66	$166.31
90791	AJ		PSYCHIATRIC DIAG EVAL(LICENSED	NA	$115.83
90791	AJ	52	PSYCHIATRIC DIAG EVAL(NON-LICE	NA	$87.13
90791	HA		PSYCHIATRIC DIAG EVAL(COMP INT	NA	$26.00
90791	HF		COMP ASSESS IN SA TX FAC - 1 H	NA	$191.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90791	HG		COMPREHENSIVE ASSESS IN OTP 1	NA	$49.00
90791	HH		PSYCHIATRIC DIAGNOSTIC EVALUAT	$0.00	$0.00
90791	HU		PSYCHIATRIC DIAGNOSTIC EVAL-CH	NA	$335.00
90791	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$166.94
90791	SA	UC	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$180.75
90791	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$166.94
90791	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	$191.05	$191.05
90791	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	$195.66	$166.31
90792			PSYCHIATRIC DIAGNOSTIC EVALUAT	$486.30	$413.36
90792	HA		PSYCHIATRIC EVALUATION	NA	$33.82
90792	HF		COMP ASSESS IN SA FAC 1 HR W/M	NA	$486.30
90792	HF	SA	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$463.15
90792	HG		COMP ASSESS IN OTP 1 HR W/MED	NA	$51.79
90792	HH		PSYCHIATRIC DIAGNOSTIC EVALUAT	$0.00	$0.00
90792	SA		PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$463.15
90792	SA	UC	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$486.30

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90792	SA	26	PSYCHIATRIC DIAGNOSTIC EVALUAT	NA	$463.15
90792	UC		PSYCHIATRIC DIAGNOSTIC EVALUAT	$486.30	$486.30
90792	26		PSYCHIATRIC DIAGNOSTIC EVALUAT	$463.15	$393.67
90832			PSYCHOTHERAPY, 30 MINUTES	$84.44	$71.78
90832	HA		INDIVIDUAL PSYCHOTHERAPY PER 3	NA	$24.50
90832	HA	22	PSYCHOTHERAPY 30 MINUTES	NA	$24.50
90832	HF		PSYCHOTHERAPY, 30 MINUTES W/PA	$79.31	$30.25
90832	HF	SA	PSYCHOTHERAPY 30 MINS W/PT BY	NA	$60.59
90832	HG		INDIVIDUAL THERAPY (20-30 MINU	NA	$24.50
90832	HH		PSYCHOTHERAPY, 30 MINUTES	$0.00	$0.00
90832	HV		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$79.31
90832	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$72.10
90832	SA	UC	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$75.03
90832	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$27.60
90832	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	$79.31	$30.25
90832	26		PSYCHOTHERAPY, 30 MINUTES W/PA	$84.44	$30.11

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90833			PSYCHOTHERAPY WITH EVALUATION	$77.73	$66.07
90833	HF		INDIVIDUAL THERAPY (20-30 MINU	$81.78	$30.98
90833	HF	SA	IND THERAPY (20-30 MINUTES) BY	NA	$62.48
90833	HG		INDIVIDUAL THERAPY (20-30 MINU	NA	$24.50
90833	HH		PSYCHOTHERAPY, 30 MINUTES	$0.00	$0.00
90833	SA		PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$74.34
90833	SA	26	PSYCHOTHERAPY, 30 MINUTES W/PA	NA	$25.59
90833	UC		PSYCHOTHERAPY, 30 MINUTES W/PA	$74.34	$30.98
90833	26		PSYCHOTHERAPY, 30 MINUTES W/PA	$31.43	$26.71
90834			PSYCHOTHERAPY, 45 MINUTES	$95.40	$81.09
90834	HF		PSYCHOTHERAPY, 45 MINUTES W/PA	$104.95	$51.79
90834	HF	SA	PSYCHOTHERAPY 45 MINS W/PT BY	NA	$80.18
90834	HG		INDIVIDUAL THERAPY (45-50 MINU	NA	$49.00
90834	HH		PSYCHOTHERAPY, 45 MINUTES	$0.00	$0.00
90834	HV		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$104.95
90834	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$95.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90834	SA	UC	PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$99.29
90834	SA	26	PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$36.52
90834	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	$104.95	$38.09
90834	UD		PSYCHOTHERAPY, 45 MINUTES W/PA	$183.44	$155.92
90834	26		PSYCHOTHERAPY, 45 MINUTES W/PA	$95.40	$81.09
90836			PSYCHOTHERAPY WITH EVALUATION	$98.58	$83.79
90836	HF		INDIVIDUAL THERAPY (45-50 MINU	$104.95	$38.82
90836	HF	SA	IND THERAPY (45-50 MINUTES) BY	NA	$80.18
90836	HG		INDIVIDUAL THERAPY (45-50 MINU	NA	$49.00
90836	HH		PSYCHOTHERAPY, 45 MINUTES	$0.00	$0.00
90836	SA		PSYCHOTHERAPY, 45 MINUTES W/PA	NA	$94.12
90836	UC		PSYCHOTHERAPY, 45 MINUTES W/PA	$94.12	$38.82
90837			PSYCHOTHERAPY, 1 HOUR	$90.26	$76.72
90837	HA	22	PSYCHOTHERAPY 60 MINUTES	NA	$49.00
90837	HF		PSYCHOTHERAPY 60 MIN SUD	NA	$43.21
90837	HF	SA	PSYTX PT&/FAM 60 MIN SUD APN	NA	$34.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90837	HH		PSYCHOTHERAPY, 60 MINUTES	$0.00	$0.00
90837	UC		PSYCHOTHERAPY 60 MIN	NA	$43.21
90838			PSYCHOTHERAPY WITH EVALUATION	$94.12	$80.00
90838	HF		PSYCHOTHERAPY/E&M 60MIN SUD	NA	$43.21
90838	HF	SA	PSYTX PT&/FAM W/E&M 60 MIN BY	NA	$34.89
90838	HH		PSYCHOTHERAPY, 60 MINUTES	$0.00	$0.00
90838	UC		PSYCHOTHERAPY/E&M 60MIN	NA	$43.21
90839			PSYCHOTHERAPY FOR CRISIS, FIRS	NA	$72.89
90839	HH		PSYCHOTHERAPY FOR CRISIS: FIRS	$0.00	$0.00
90840	HH		PSYCHOTHERAPY FOR CRISIS: EACH	$0.00	$0.00
90846			FAMILY PSYCHOTHERAPY WITHOUT P	NA	$113.94
90846	HA	22	FAMILY PSYCHOTHERAPY W/O PATIE	NA	$24.50
90846	HF		FAMILY PSYCHOTHET, 50MINS SUD	NA	$113.94
90846	HH		FAMILY PSHCHOTHERAPY, 50 MINUT	$0.00	$0.00
90846	UC		FAMILY PSYCHOTHER, 50MINS	NA	$113.94
90847			FAMILY PSYCHOTHERAPY WITH PATI	$120.43	$27.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90847	HA	22	FAMILY THERAPY	NA	$24.50
90847	HF		OP FAM COUNSEL/EDUC IN SA FAC	$126.46	$51.79
90847	HG		OP FAMILY COUNSELING IN SA TX	NA	$49.00
90847	HH		FAMILY PSYCHOTHERAPY INCLUDING	$0.00	$0.00
90847	SA		SPECIAL FAMILY THERAPY	NA	$126.46
90847	SA	UC	SPECIAL FAMILY THERAPY	NA	$119.64
90847	SA	22	SPECIAL FAMILY THERAPY	NA	$30.40
90847	UC		SPECIAL FAMILY THERAPY	$126.46	$51.79
90847	UC	22	SPECIAL FAMILY THERAPY	$49.00	$32.00
90847	22		SPECIAL FAMILY THERAPY	$46.00	$32.00
90849	HH		MULTI-FAMILY PSYCHOTHERAPY	$0.00	$0.00
90849	UC		MULTI-FAMILY PSYCHOTHERAPY SUD	BY REPORT	BY REPORT
90853			GROUP MEDICAL PSYCHOTHERAPY...	$29.07	$6.34
90853	AJ	HE	GROUP MEDICAL PSYCOTH LCSW MH	NA	$23.38
90853	HA		GROUP PSYCHOTHERAPY (CO-OCCURR	NA	$23.00
90853	HF		GROUP THERAPY (90 MINUTES)	$30.53	$24.31

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90853	HG		GROUP THERAPY (90 MINUTES)	NA	$23.00
90853	HH		GROUP MEDICAL PSYCHOTHERAPY	$0.00	$0.00
90853	SA		PSYCHOTHERAPY, GROUP(MAX 8 PAT	NA	$29.07
90853	SA	UC	GROUP MEDICAL PSYCHOTHERAPY	NA	$28.88
90853	UC		GROUP MEDICAL PSYCHOTHERAPY	$30.53	$24.31
90863	HA		PHARMOCOLOGIC MANAGEMENT	NA	$42.00
90867			TREATMENT USING MAGNETIC FIELD	$110.77	$94.15
90868			TREATMENT USING MAGNETIC FIELD	$102.58	$87.19
90869			TREATMENT USING MAGNETIC FIELD	$100.04	$81.75
90870			THERAPY USING ELECTRICAL CURRE	$86.56	$73.58
90882	HH		ENVIRON INTERVENTION FOR MED M	$0.00	$0.00
90882	SE		PPP-SERVICE ANIMAL	$0.00	$0.00
90887			EXPLANATION OF PSYCHIATRIC, ME	$30.83	$26.20
90887	HA		CLINICAL CONSULTATION(NON-LICE	NA	$26.43
90887	HF		FAMILY CONFERENCE (25 MINUTES)	$30.83	$25.90
90887	HG		FAMILY CONFERENCE (25 MINUTES)	NA	$13.74

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90887	HH		CONSULTATION WITH FAMILY	$0.00	$0.00
90887	SA		CONSULTATION WITH FAMILY	NA	$24.22
90887	SA	UC	CONSULTATION WITH FAMILY	NA	$30.83
90887	UC		CONSULTATION WITH FAMILY	$30.83	$25.90
90899			OTHER PSYCHIATRIC SERVICE OR P	BY REPORT	BY REPORT
90912			BIOFEEDBACK TRAINING FOR BOWEL	$40.71	$34.60
90912	26		BIOFEEDBACK TRAINING FOR BOWEL	$20.75	$17.64
90913			BIOFEEDBACK TRAINING FOR BOWEL	$16.00	$13.60
90913	26		BIOFEEDBACK TRAINING FOR BOWEL	$11.70	$9.95
90935			HEMODIALYSIS PROCEDURE WITH PH	$34.60	$29.41
90937			HEMODIALYSIS PROCEDURE REQUIRI	$49.78	$42.31
90940			HEMODIALYSIS ACCESS BLOOD FLOW	BY REPORT	BY REPORT
90945			DIALYSIS PROCEDURE INCLUDING 1	$42.09	$35.77
90947			DIALYSIS PROCEDURE REQUIRING R	$59.66	$50.71
90960			DIALYSIS SERVICES, 4 OR MORE P	$173.65	$147.60
90961			DIALYSIS SERVICES, 2-3 PHYSICI	$144.32	$122.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
90962			DIALYSIS SERVICES, 1 PHYSICIAN	$99.88	$84.90
90966			HOME DIALYSIS SERVICES PER MON	$144.32	$122.67
90970			DIALYSIS SERVICES, PER DAY, LE	$4.63	$3.94
90989			DIALYSIS TRAINING COMPLETED	$400.00	$400.00
90993			DIALYSIS TRAINING NOT COMPLETE	$39.00	$39.00
90997			HEMOPERFUSION	$42.83	$36.41
90999			OTHER INPATIENT OR OUTPATIENT	BY REPORT	BY REPORT
91010			STUDY OF ESOPHAGUS TO ASSESS M	$112.73	$95.82
91010	TC		ESOPHAGEAL MOTILITY STUDY	NA	$31.00
91010	26		ESOPHAGEAL MOTILITY STUDY	$31.38	$26.67
91013			STUDY OF ESOPHAGUS TO ASSESS M	$12.89	$10.95
91013	TC		ESOPHAGEAL MOTILITY (MANOMETRI	NA	$9.64
91013	26		ESOPHAGEAL MOTILITY (MANOMETRI	$4.46	$3.79
91020			STUDY OF STOMACH TO ASSESS MOV	$141.13	$119.96
91020	TC		ESOPHAGOGASTRIC MANOMETRIC STU	NA	$29.00
91020	26		ESOPHAGOGASTRIC MANOMETRIC STU	$35.18	$29.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
91022			STUDY OF UPPER SMALL BOWEL TO	$88.15	$74.93
91022	TC		DUODENAL MOTILITY (MANOMETRIC)	NA	$57.05
91022	26		DUODENAL MOTILITY (MANOMETRIC)	$35.18	$29.90
91030			ACID PERFUSION FOR ESOPHAGITIS	$74.07	$62.96
91030	26		ACID PERFUSION FOR ESOPHAGITIS	$22.30	$18.96
91034			MONITORING AND RECORDING OF ES	$97.73	$83.07
91034	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	$77.01
91034	26		ESOPHAGUS GASTROESOPHAGEAL REF	$24.12	$20.50
91035			MONITORING AND RECORDING OF ES	$232.98	$198.03
91035	TC		ESOPHAGUS GASTROESOPHAGEAL REF	NA	$220.03
91035	26		ESOPHAGUS GASTROESOPHAGEAL REF	$39.47	$33.55
91037			MONITORING AND RECORDING OF ES	$86.04	$73.13
91037	TC		ESOPHAGEAL FUNCTION TEST,GASTR	NA	$63.62
91037	26		ESOPHAGEAL FUNCTION TEST,GASTR	$23.61	$20.07
91038			PROLONGED MONITORING AND RECOR	$206.67	$175.67
91038	TC		ESOPHAGEAL FUNCTION TEST, GAST	NA	$210.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
91038	26		ESOPHAGEAL FUNCTION TEST,GASTR	$26.92	$22.88
91040			STUDY OF ESOPHAGEAL SENSATION	$265.45	$225.63
91040	TC		ESOPHAGEAL BALLOON DISTENTION	NA	$251.08
91040	26		ESOPHAGEAL BALLOON DISTENSION	$23.94	$20.34
91110			GASTROINTESTINAL TRACT IMAGING	$374.45	$318.28
91110	TC		GI TRACT IMAGING INTRALUMINAL	NA	$665.00
91110	26		GI TRACT IMAGING INTRALUMINAL	$54.50	$46.32
91111			GASTROINTESTINAL TRACT IMAGING	$450.47	$382.90
91111	TC		GASTROINTESTINAL TRACT IMAGING	NA	$438.71
91111	26		GASTROINTESTINAL TRACT IMAGING	$21.97	$18.67
91112			MEASUREMENT OF COMPLEX STOMACH	$828.21	$703.97
91112	TC		GASTROINTESTINAL TRANSIT & PRE	NA	$872.15
91112	26		GASTROINTESTINAL TRANSIT & PRE	$51.20	$43.52
91113			IMAGING OF COLON USING CAPSULE	$458.73	$389.92
91113	TC		IMAGING OF COLON USING CAPSULE	NA	$460.05
91113	26		IMAGING OF COLON USING CAPSULE	$58.80	$49.98

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
91117			STUDY OF LARGE INTESTINE TO AS	$66.62	$56.62
91117	26		COLON MOTILITY (MANOMETRIC) ST	$80.19	$68.16
91120			TEST FOR TONE AND SENSATION OF	$257.03	$218.48
91120	TC		RECTAL SENSATION TONE, AND COM	NA	$240.21
91120	26		RECTAL SENSATION TONE AND COMP	$23.43	$19.92
91122			STUDY OF RECTUM SENSITIVITY AN	$140.61	$119.51
91122	TC		ANORECTAL MANOMETRY	NA	$25.00
91122	26		ANORECTAL MANOMETRY	$42.57	$36.18
91200			MEASUREMENT OF LIVER STIFFNESS	$15.61	$13.26
91200	TC		MEASURING THE STIFFNESS IN THE	NA	$11.70
91200	26		MEASURING THE STIFFNESS IN THE	$5.12	$4.35
91299			OTHER DIAGNOSTIC PROCEDURE FOR	BY REPORT	BY REPORT
92002			NEW PATIENT PROBLEM FOCUSED EX	$42.81	$36.38
92004			NEW PATIENT COMPLETE EXAM OF V	$74.88	$63.65
92004	22		EYE EXAM: COMPREHENSIVE: NEW P	$26.00	$26.00
92012			ESTABLISHED PATIENT PROBLEM FO	$45.00	$38.25

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92014			ESTABLISHED PATIENT COMPLETE E	$63.42	$53.90
92014	22		EYE EXAM: COMPREHENSIVE: ESTAB	$26.00	$26.00
92015			TEST TO DETERMINE IF PRESCRIPT	$4.40	$4.40
92018			COMPLETE EXAM OF VISUAL SYSTEM	$68.16	$57.93
92019			LIMITED EXAM OF VISUAL SYSTEM	$35.65	$30.30
92020			EXAM OF THE INTERNAL DRAINAGE	$13.73	$11.67
92025			CT SCAN OF CORNEA	$18.39	$15.63
92025	TC		COMPUTERIZED CORNEAL TOPOGRAPH	NA	$9.62
92025	26		COMPTERIZED CORNEAL TOPOGRAPHY	$9.46	$8.04
92060			EXAM TO MEASURE EYE DEVIATION	$32.16	$27.34
92060	TC		SENSORIMOTOR EXAM...	NA	$5.00
92060	26		SENSORIMOTOR EXAM...	$18.06	$15.35
92065			EYE TRAINING EXERCISE PERFORME	$19.76	$16.80
92065	22		VISION TRAINING WORKUP AND WRI	$70.00	$60.00
92066			EYE TRAINING EXERCISE UNDER SU	$13.59	$11.55
92071			FITTING OF CONTACT LENS FOR TR	$17.96	$15.27

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92072			FITTING OF CONTACT LENS FOR MA	$62.19	$52.86
92081			EXAM OF VISUAL FIELD WITH LIMI	$16.89	$14.36
92082			EXAM OF VISUAL FIELD WITH INTE	$23.85	$20.27
92083			EXAM OF VISUAL FIELD WITH EXTE	$32.18	$27.35
92100			MULTIPLE MEASUREMENTS OF EYE F	$43.25	$36.76
92132			IMAGING OF FRONT THIRD OF EYE	$15.86	$13.48
92132	TC		SCANNING COMPUTERIZED OPHTHALM	NA	$8.48
92132	26		SCANNING COMPUTERIZED OPHTHMAL	$7.95	$6.76
92133			IMAGING OF OPTIC NERVE	$18.34	$15.59
92133	TC		SCANNING COMPUTERIZED OPHTHMAL	NA	$8.48
92133	26		SCANNING COMPUTERIZED OPHTHMAL	$10.44	$8.87
92134			IMAGING OF RETINA	$20.36	$17.30
92134	TC		SCANNING COMPUTERIZED OPHTHMAL	NA	$8.67
92134	26		SCANNING COMPUTERIZED OPHTHMAL	$12.11	$10.29
92136			OPTHALMIC BIOMETRY	$23.71	$20.15
92136	TC		OPHTHALMIC BIOMETRY	NA	$30.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92136	26		OPHTHALMIC BIOMETRY	$14.77	$12.55
92145			MEASUREMENT OF CORNEAL PRESSUR	$6.60	$5.61
92145	TC		CORNEAL HYSTERESIS DETERMINATI	NA	$3.94
92145	26		CORNEAL HYSTERESIS DETERMINATI	$2.65	$2.25
92201			EXTENDED EXAM OF THE BACK PART	$12.32	$10.47
92201	26		EXTENED EXAMINATION OF EYE WIT	$11.12	$9.45
92202			EXTENDED EXAM OF THE BACK PART	$7.65	$6.50
92202	26		EXTENDED EXAMINATION OF EYE WI	$7.14	$6.06
92227			IMAGING OF RETINA WITH REMOTE	$9.11	$7.74
92228			IMAGING OF RETINA WITH REMOTE	$14.98	$12.73
92228	TC		REMOTE IMAGING FOR MONITORING	NA	$6.97
92228	26		REMOTE IMAGING FOR MONITORING	$8.11	$6.89
92229			IMAGING OF RETINA FOR DISEASE	$21.15	$17.98
92235			EXAM OF RETINAL BLOOD VESSELS	$83.02	$70.56
92235	TC		OPHTHALMOSCOPY W/ANGIOGRAPHY	NA	$18.00
92235	26		OPHTHALMOSCOPY W/ANGIOGRAPHY	$20.58	$17.49

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92240			EXAM OF BLOOD VESSELS BETWEEN	$96.18	$81.75
92240	26		INDOCYANINE-GREEN ANGIOGRAPHY	$22.91	$19.47
92242			EXAM OF RETINAL BLOOD VESSELS	$144.05	$122.44
92242	TC		FLUORESCEIN ICG ANGIOGRAPHY	NA	$109.46
92242	26		FLUORESCEIN ICG ANGIOGRAPHY	$26.39	$22.43
92250			OPHTHALMOSCOPY W/FUNDUS PHOTO	$18.69	$15.88
92250	26		OPHTHALMOSCOPY W/FUNDUS PHOTO	$10.09	$8.58
92260			MEASUREMENT OF EYE ARTERY PRES	$9.77	$8.30
92265			MEASUREMENT OF EYE MUSCLE ELEC	$44.08	$37.47
92265	TC		OCULOELECTROMYOGRAPHY	NA	$9.00
92265	26		OCULOELECTROMYOGRAPHY	$22.24	$18.90
92270			MEASUREMENT OF EYE MOVEMENT	$59.73	$50.77
92270	TC		ELECTRO-OCULOGRAPHY	NA	$6.00
92270	26		ELECTRO-OCULOGRAPHY	$20.52	$17.44
92273			MEASUREMENT OF RETINAL AND OPT	$64.32	$54.67
92273	TC		FULL FIELD RECORDING OF RETINA	NA	$52.32

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92273	26		FULL FIELD RECORDING OF RETINA	$17.54	$14.91
92274			MEASUREMENT OF RETINAL AND OPT	$45.48	$38.66
92274	TC		MULTIFOCAL RECORDING OF RETINA	NA	$31.36
92274	26		MULTIFOCAL RECORDING OF RETINA	$16.08	$13.66
92286			IMAGING OF FRONT THIRD OF EYE	$19.72	$16.76
92286	TC		SPECULAR ENDOTHELIAL MICROSCOP	NA	$6.00
92286	26		SPECULAR ENDOTHELIAL MICROSCOP	$10.44	$8.87
92310			CONTACT LENS SERVICES BOTH EYE	NA	$78.00
92326			REPLACEMENT OF CONTACT LENS	$20.29	$17.25
92499			OTHER SERVICE OR PROCEDURE ON	BY REPORT	BY REPORT
92502			EXAM OF HEAD, NECK, INCLUDING	$47.47	$40.35
92504			EXAM OF EAR USING A MICROSCOPE	$14.78	$12.56
92507	HI		SPEECH THERAPY,IN HOME, PER DI	NA	$26.84
92507	HI	UN	SPEECH THERAPY IN HOME PER DIE	NA	$7.67
92507	HI	UP	SPEECH THERAPY IN HOPE PER DIE	NA	$8.67
92507	HI	UQ	SPEECH THERAPY IN HOME PER DIE	NA	$6.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92507	HI	UR	SPEECH THERAPY,IN HOME,PER DIE	NA	$5.20
92511			EXAM OF THE NOSE AND THROAT US	$59.92	$50.93
92512			STUDY OF NASAL FUNCTION	$32.63	$27.74
92516			STUDY OF FACIAL NERVE FUNCTION	$36.89	$31.35
92517			VEMP TESTING OF LOWER BRANCH O	$38.92	$33.08
92517	26		VEMP TESTING OF LOWER BRANCH O	$20.69	$17.59
92518			VEMP TESTING OF UPPER BRANCH O	$39.43	$33.52
92518	26		VEMP TESTING OF UPPER BRANCH O	$21.03	$17.87
92519			VEMP TESTING OF UPPER AND LOWE	$64.50	$54.82
92519	26		VEMP TESTING OF UPPER AND LOWE	$31.12	$26.45
92520			STUDY OF VOICE BOX FUNCTION	$44.48	$37.81
92521			EVALUATION OF SPEECH CONTINUIT	$66.37	$56.41
92522			EVALUATION OF SPEECH SOUND PRO	$55.51	$47.18
92523			EVALUATION OF SPEECH SOUND PRO	$113.78	$96.71
92524			ANALYSIS OF VOICE AND RESONANC	$54.65	$46.45
92526			TREATMENT OF SWALLOWING AND FE	$42.34	$35.99

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92533			TEST TO ASSESS BALANCE DURING	$4.00	$4.00
92537			TEST TO ASSESS BALANCE DURING	$19.86	$16.88
92537	TC		ASSESSMENT AND RECORDING OF BA	NA	$5.84
92537	26		ASSESSMENT AND RECORDING OF BA	$15.06	$12.80
92538			TEST TO ASSESS BALANCE DURING	$11.22	$9.53
92538	TC		ASSESSMENT AND RECORDING OF BA	NA	$3.76
92538	26		ASSESSMENT AND RECORDING OF BA	$7.78	$6.61
92540			EVALUATION AND TESTING FOR BAL	$53.54	$45.50
92541			TEST FOR ABNORMAL EYE MOVEMENT	$12.50	$10.62
92541	TC		SPONTANEOUS NYSTAGMUS W/RECORD	NA	$1.28
92541	26		SPONTANEOUS NYSTAGMUS W/RECORD	$10.26	$8.72
92542			TEST FOR ABNORMAL EYE MOVEMENT	$14.30	$12.16
92542	TC		POSITIONAL NYSTAGMUS W/RECORDI	NA	$1.28
92542	26		POSITIONAL NYSTAGMUS W/RECORDI	$12.08	$10.26
92543	26		CALORIC VESTIBULAR TEST W/RECO	$5.15	$4.15
92544			TEST FOR ABNORMAL EYE MOVEMENT	$8.84	$7.51

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92544	TC		OPTOKINETIC NYSTAGMUS W/RECORD	NA	$1.28
92544	26		OPTOKINETIC NYSTAGMUS W/RECORD	$6.95	$5.91
92545			TEST FOR ABNORMAL EYE MOVEMENT	$8.34	$7.09
92545	TC		OSCILLATING TRACKING W/RECORDI	NA	$1.28
92545	26		OSCILLATING TRACKING W/RECORDI	$6.46	$5.49
92547			USE OF ELECTRODES DURING BALAN	$5.51	$4.68
92548			TEST FOR BALANCE AND POSTURE	$23.57	$20.03
92548	TC		COMPUTERIZED DYNAMIC POSTUROGR	NA	$24.00
92548	26		COMPUTERIZED DYNAMIC POSTUROGR	$16.35	$13.90
92549			TEST FOR BALANCE AND POSTURE W	$32.33	$27.48
92549	TC		COMPUTERIZED DYNAMIC ASSESSMEN	NA	$10.37
92549	26		COMPUTERIZED DYNAMIC ASSESSMEN	$21.84	$18.56
92550			TEST FOR EARDRUM AND MUSCLE FU	$10.83	$9.20
92551			TEST FOR SCREENING HEARING	$16.10	$13.69
92552			TEST FOR HEARING VARIOUS PITCH	$19.61	$16.66
92552	SA		PURE TONE AUDIOMETRY: AIR ONLY	NA	$11.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92553			TEST FOR HEARING VARIOUS PITCH	$23.73	$20.17
92553	SA		PURE TONE AUDIOMETRY: AIR AND	NA	$14.00
92555			TEST FOR ABILITY TO DETECT AND	$14.97	$12.72
92557			COMPREHENSIVE HEARING AND SPEE	$18.14	$15.42
92565			TEST TO ASSESS HEARING LOSS	$10.83	$9.21
92567			TEST TO ASSESS MIDDLE EAR FUNC	$8.22	$6.99
92567	SA		TYMPANOMETRY	NA	$5.00
92568			TEST TO ASSESS MIDDLE EAR MUSC	$7.45	$6.33
92568	SA		ACOUSTIC REFLEX TESTING CNP/CN	NA	$5.00
92570			COMPREHENSIVE HEARING TEST	$15.96	$13.56
92570	26		ACOUSTIC IMMITANCE TESTING,INC	$14.24	$12.10
92572			TEST TO ASSESS HEARING USING 2	$27.52	$23.39
92576			TEST TO ASSESS HEARING LOSS US	$22.01	$18.71
92577			TEST TO ASSESS HEARING LOSS US	$11.35	$9.65
92582			TEST TO ASSESS HEARING SENSITI	$44.72	$38.01
92587			EVOKED OTOACOUSTIC EMISSIONS/L	$10.65	$9.05

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92587	TC		EVOKED OTOACOUSTIC EMISSIONS/L	NA	$2.74
92587	26		EVOKED OTOACOUSTIC EMISSIONS/L	$8.77	$7.45
92588			PLACEMENT OF EAR PROBE FOR COM	$16.48	$14.00
92588	TC		EVOKED OTOAVOUS EMISSIONS/COMP	NA	$3.66
92588	26		EVOKED OTOACOUS EMISSIONS/COMP	$13.90	$11.82
92590			EXAM FOR HEARING AID, 1 EAR	$40.00	$34.00
92591			EXAM FOR HEARING AID, BOTH EAR	$40.00	$34.00
92597			EVALUATION FOR USE OF VOICE AR	$36.06	$30.65
92603			ANALYSIS AND PROGRAMMING OF IN	$74.28	$63.13
92604			ANALYSIS AND REPROGRAMMING OF	$44.84	$38.11
92607			EVALUATION WITH PRESCRIPTION O	$62.12	$52.80
92608			EVALUATION WITH PRESCRIPTION O	$24.41	$20.74
92609			THERAPY SERVICE FOR USE OF SPE	$51.81	$44.04
92610			EVAL ORAL/PHARYNGEAL SWALLOWIN	$42.72	$36.31
92611			EVALUATION OF SWALLOWING FUNCT	$46.11	$39.19
92612			FLEX FIBEROPTIC ENDO EVAL SWAL	$101.23	$86.04

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92612	26		FLEX FIBEROPTIC ENDO EVAL SWAL	$32.59	$27.70
92614			FLEX FIBER ENDO EVAL LARYNG SE	$75.77	$64.40
92614	26		FLEX FIBER ENDO EVAL LARYNG SE	$32.07	$27.26
92616			FLEX ENDO EVAL SWALLOW/LARYN S	$116.08	$98.66
92616	26		FLEX ENDO EVAL SWALLOW/LARYN S	$48.82	$41.49
92620			EVALUATION OF HEARING FUNCTION	$43.89	$37.31
92621			EVALUATION OF HEARING FUNCTION	$10.83	$9.20
92625			EVALUATION OF HEARING RINGING	$33.41	$28.39
92626			EVALUATION OF HEARING FUNCTION	$42.97	$36.52
92627			EVALUATION OF HEARING FUNCTION	$10.16	$8.64
92630			THERAPY SERVICE FOR HEARING LO	$25.19	$21.41
92633			THERAPY SERVICE FOR HEARING LO	$25.19	$21.41
92640			EVALUATION OF AUDITORY BRAINST	$53.96	$45.87
92650			SCREENING EVALUATION OF BRAIN	NA	$19.35
92650	SB		SCREENING EVALUATION OF BRAIN	NA	$19.35
92651			EVALUATION OF BRAIN RESPONSE T	$41.64	$35.39

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92651	SB		EVALUTION OF BRAIN RESPONSE TO	NA	$47.09
92652			EVALUATION OF BRAIN RESPONSE T	$56.26	$47.82
92653			EVALUATION OF BRAIN RESPONSE T	$41.76	$35.49
92700			OTHER PROCEDURE ON EAR, NOSE,	BY REPORT	BY REPORT
92920			BALLOON DILATION OF SINGLE COR	$254.69	$216.48
92921			BALLOON DILATION OF CORONARY A	BY REPORT	BY REPORT
92924			REMOVAL OF PLAQUE WITH BALLOON	$303.82	$258.24
92925			REMOVAL OF PLAQUE WITH BALLOON	BY REPORT	BY REPORT
92928			INSERTION OF STENTS WITH BALLO	$283.37	$240.86
92929			INSERTION OF STENTS WITH BALLO	BY REPORT	BY REPORT
92933			REMOVAL OF PLAQUE, INSERTION O	$317.82	$270.15
92934			REMOVAL OF PLAQUE, INSERTION O	BY REPORT	BY REPORT
92937			REMOVAL OF PLAQUE, INSERTION O	$283.37	$240.86
92938			REMOVAL OF PLAQUE, INSERTION O	BY REPORT	BY REPORT
92941			REMOVAL OF PLAQUE AND BLOOD CL	$318.15	$270.43
92943			REMOVAL OF PLAQUE, INSERTION O	$318.14	$270.42

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92944			REMOVAL OF PLAQUE, INSERTION O	BY REPORT	BY REPORT
92950			MANUAL ATTEMPT TO RESTORE BLOO	$162.82	$138.40
92950	SA		CARDIOPULMONARY RESUSCITATION	NA	$30.40
92953			TEMPORARY TRANSCUTANEOUS PACIN	$0.50	$0.43
92960			ELECTRICAL CARDIOVERSION	$76.88	$65.35
92961			CARDIOVERSION ELECTIVE INTERNA	$118.30	$100.55
92970			PLACEMENT OF INTERNAL DEVICE T	$90.83	$77.21
92971			PLACEMENT OF EXTERNAL DEVICE T	$48.41	$41.15
92973			REMOVAL OF BLOOD CLOT IN HEART	$84.90	$72.17
92974			INSERTION OF RADIATION DELIVER	$77.82	$66.14
92975			REMOVAL OF HEART ARTERY BLOOD	$181.00	$153.85
92977			REMOVAL OF HEART ARTERY BLOOD	$28.48	$24.20
92977	26		ELECTRONIC ANALYSIS OF IMPLANT	$27.30	$23.20
92978			ULTRASOUND EVALUATION OF HEART	$116.00	$110.00
92978	TC		INTRAVASC ULTRASOUND(COR VESS)	NA	$75.00
92978	26		INTRAVASC ULTRASOUND(COR VESS)	$45.49	$38.67

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
92979			ULTRASOUND EVALUATION OF HEART	$71.00	$66.00
92979	TC		INTRAVASC ULTRASOUND EACH ADD	NA	$37.00
92979	26		INTRAVASC ULTRASOUND EACH ADD	$36.09	$30.68
92986			BALLOON DILATION REPAIR OF AOR	$645.08	$548.31
92987			BALLOON DILATION REPAIR OF MIT	$664.69	$564.98
92990			BALLOON DILATION REPAIR OF PUL	$532.78	$452.86
92997			BALLOON DILATION OF PULMONARY	$305.49	$259.67
92998			BALLOON DILATION OF PULMONARY	$153.27	$130.28
93000			ROUTINE ELECTROCARDIOGRAM (ECG	$7.22	$6.13
93000	TC		ECG...TRACING ONLY,WO I&R	NA	$11.00
93000	26		ECG: INTERPRETATION AND REPORT	$5.00	$5.00
93005			ROUTINE ELECTROCARDIOGRAM (ECG	$3.27	$2.78
93010			ROUTINE ELECTROCARDIOGRAM (ECG	$3.95	$3.36
93015			EXERCISE OR DRUG-INDUCED HEART	$36.39	$30.93
93016			EXERCISE OR DRUG-INDUCED HEART	$10.22	$8.68
93017			EXERCISE OR DRUG-INDUCED HEART	$19.43	$16.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93018			EXERCISE OR DRUG-INDUCED HEART	$6.75	$5.74
93024			ERGONOVINE PROVOCATION TEST	$56.42	$47.96
93024	TC		ERGONOVINE PROVOCATION TEST	NA	$24.00
93024	26		ERGONOVINE PROVOCATION TEST	$26.51	$22.53
93025			ELECTROCARDIOGRAM (ECG) ASSESS	$63.74	$54.18
93040			ELECTROCARDIOGRAM (ECG) 1 TO 3	$6.55	$5.57
93041			ELECTROCARDIOGRAM (ECG) 1 TO 3	$3.27	$2.78
93042			ELECTROCARDIOGRAM (ECG) 1 TO 3	$3.29	$2.79
93050			ANALYSIS OF CENTRAL ARTERIAL P	$8.08	$6.86
93050	TC		ANALYSIS OF PRESSURE OF UPPER	NA	$4.32
93050	26		ANALYSIS OF PRESSURE OF UPPER	$3.95	$3.36
93224			ELECTROCARDIOGRAM (ECG) 2-DAY	$36.75	$31.24
93225			ELECTROCARDIOGRAM (ECG) 2-DAY	$9.46	$8.04
93226			ELECTROCARDIOGRAM (ECG) 2-DAY	$18.40	$15.64
93227			ELECTROCARDIOGRAM (ECG) 2-DAY	$8.90	$7.56
93228			ELECTROCARDIOGRAM (ECG) UP TO	$12.24	$10.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93229			ELECTROCARDIOGRAM (ECG) UP TO	$420.03	$357.02
93241			HEART RHYTHM RECORDING, ANALYS	$132.80	$112.88
93242			HEART RHYTHM RECORDING CONTINU	$6.19	$5.26
93243			HEART RHYTHM ANALYSIS AND REPO	$115.42	$98.11
93244			HEART RHYTHM REVIEW, AND INTER	$11.19	$9.51
93245			HEART RHYTHM RECORDING, ANALYS	$139.63	$118.68
93246			HEART RHYTHM RECORDING OF CONT	$6.19	$5.26
93247			HEART RHYTHM ANALYSIS AND REPO	$121.10	$102.93
93248			HEART RHYTHM REVIEW AND INTERP	$12.34	$10.49
93260			PROGRAMMING OF IMPLANTABLE DEF	$38.01	$32.31
93260	TC		PROGRAMMING DEVICE EVALUATION	NA	$18.32
93260	26		PROGRAMMING DEVICE EVALUATION	$19.95	$16.96
93261			EVALUATION OF IMPLANTABLE DEFI	$35.03	$29.77
93261	TC		EVALUATION OF DEFIBRILLATOR WI	NA	$18.12
93261	26		EVALUATION OF DEFIBRILLATOR WI	$17.15	$14.57
93264			REMOTE MONITORING OF PULMONARY	$25.75	$21.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93264	26		REMOTE MONITORING OF WIRELESS	$17.32	$14.72
93268			ELECTROCARDIOGRAM (ECG) UP TO	$89.77	$76.30
93268	TC		ECG,PT DEMAND:PRE-SYMPTOM MEM	NA	$19.00
93268	26		ECG,PT DEMAND:PRE-SYMPTOM MEM	$13.00	$11.00
93270			ELECTROCARDIOGRAM (ECG) UP TO	$4.30	$3.65
93271			ELECTROCARDIOGRAM (ECG) UP TO	$73.79	$62.72
93272			ELECTROCARDIOGRAM (ECG) UP TO	$11.69	$9.93
93278			SIGNAL-AVERAGED ECG,W/WO ECG	$16.09	$13.67
93278	TC		SIGNAL-AVERAGED ECG,W/WO ECG	NA	$18.38
93278	26		SIGNAL-AVERAGED ECG,W/WO ECG	$6.11	$5.19
93279			PROGRAMMING OF SINGLE LEAD PAC	$33.91	$28.82
93279	TC		PROGRAMMING DEVICE EVALUATION	NA	$19.07
93279	26		PROGRAMMING DEVICE EVALUATION	$15.00	$12.75
93280			PROGRAMMING OF DUAL LEAD PACEM	$39.65	$33.70
93280	TC		PROG DEVICE EVAL:DUAL LEAD PAC	NA	$22.28
93280	26		PROG DEVICE EVAL:DUAL LEAD PAC	$17.80	$15.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93281			PROGRAMMING OF MULTIPLE LEAD P	$42.14	$35.81
93281	TC		PROGRAMMING DEVICE EVALUATION	NA	$22.66
93281	26		PROGRAMMING DEVICE EVALUATION	$19.95	$16.96
93282			PROGRAMMING OF SINGLE LEAD IMP	$39.90	$33.92
93282	TC		PROGRAMMING DEVICE EVALUATION	NA	$20.58
93282	26		PROGRAMMING DEVICE EVALUATION	$19.78	$16.81
93283			PROGRAMMING OF DUAL LEAD IMPLA	$48.89	$41.55
93283	TC		PROGRAMMING DEVICE EVALUATION	NA	$22.47
93283	26		PROGRAMMING DEVICE EVALUATION	$26.87	$22.84
93284			PROGRAMMING OF MULTIPLE LEAD I	$52.75	$44.83
93284	TC		PROGRAMMING DEVICE EVALUATION	NA	$23.99
93284	26		PROGRAMMING DEVICE EVALUATION	$29.18	$24.80
93285			PROGRAMMING OF CARDIAC RHYTHM	$30.26	$25.72
93285	TC		PROGRAMMING DEVICE EVALUATION	NA	$18.50
93285	26		PROGRAMMING DEVICE EVALUATION	$12.21	$10.37
93286			PROGRAMMING OF SINGLE, DUAL, O	$22.92	$19.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93286	TC		PERI-PROCEDURAL DEVICE EVALUAT	NA	$16.61
93286	26		PERI-PROCEDURAL DEVICE EVALUAT	$7.09	$6.03
93287			PROGRAMMING OF SINGLE, DUAL OR	$26.38	$22.42
93287	TC		PERI-PROCEDURAL DEVICE EVALUAT	NA	$16.61
93287	26		PERI-PROCEDURAL DEVICE EVALUAT	$10.39	$8.83
93288			EVALUATION OF SINGLE, DUAL, MU	$28.46	$24.19
93288	TC		INTERROGATION DEVICE EVALUATIO	NA	$18.88
93288	26		INTERROGATION DEVICE EVALUATIO	$9.89	$8.41
93289			EVALUATION OF SINGLE, DUAL, OR	$36.22	$30.78
93289	TC		INTERROGATION DEVICE EVALUATIO	NA	$19.07
93289	26		INTERROGATION DEVICE EVALUATIO	$17.47	$14.85
93290			EVALUATION OF IMPLANTABLE HEAR	$26.91	$22.87
93290	TC		INTERROGATION DEVICE EVALUATIO	NA	$17.18
93290	26		INTERROGATION DEVICE EVALUATIO	$10.06	$8.55
93291			EVALUATION OF CARDIAC RHYTHM M	$24.74	$21.02
93291	TC		INTERROGATION DEVICE EVALUATIO	NA	$16.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93291	26		INTERROGATION DEVICE EVALUATIO	$8.57	$7.28
93292			EVALUATION OF WEARABLE DEFIBRI	$25.88	$21.99
93292	TC		INTERROGATION DEVICE EVALUATIO	NA	$15.66
93292	26		INTERROGATION DEVICE EVALUATIO	$10.06	$8.55
93293			TELEPHONIC RHYTHM STRIP EVALUA	$22.39	$19.03
93293	TC		TRANSTELEPHONIC RHYTHM STRIP P	NA	$19.82
93293	26		TRANSTELEPHONIC RHYTHM STRIP P	$6.91	$5.87
93294			EVALUATION OF SINGLE, DUAL, MU	$14.35	$12.19
93295			EVALUATION OF SINGLE, DUAL, OR	$17.82	$15.14
93296			EVALUATION OF SINGLE, DUAL, MU	$11.01	$9.35
93297			EVALUATION OF IMPLANTABLE HEAR	$30.60	$26.01
93298			EVALUATION OF CARDIAC RHYTHM M	$51.93	$44.14
93303			ULTRASOUND OF HEART FOR CONGEN	$111.86	$95.08
93303	TC		TRANSTHORACIC ECHOCARDIOGRAPHY	NA	$63.00
93303	26		TRANSTHORACIC ECHOCARDIOGRAPHY	$29.65	$25.20
93304			ULTRASOUND OF HEART FOR CONGEN	$79.39	$67.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93304	TC		TRANSTHORACIC ECHOCARD FU/LIMI	NA	$31.00
93304	26		TRANSTHORACIC ECHOCARD FU/LIMI	$17.30	$14.71
93306			ULTRASOUND OF HEART WITH COLOR	$99.82	$84.85
93306	TC		ECHOCARDIOGRAPHY TRANSTHORACIC	NA	$74.26
93306	26		ECHOCARDIOGRAPHY TRANSTORACIC	$33.27	$28.28
93307			ULTRASOUND OF HEART	$69.41	$59.00
93307	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	$29.00
93307	TC	22	ECHOCARDIOGRAPHY: 2 D&M MODE	NA	$44.00
93307	22		ECHOCARDIOGRAPHY: 2 D&M MODE	$90.00	$83.00
93307	22	26	ECHOCARDIOGRAPHY: 2 D&M MODE	$46.00	$39.00
93307	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$20.92	$17.78
93308			ULTRASOUND OF HEART, FOLLOW-UP	$50.37	$42.81
93308	TC		ECHOCARDIOGRAPHY: REAL-TIME SC	NA	$13.00
93308	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$12.02	$10.22
93312			ULTRASOUND OF HEART WITH PROBE	$119.10	$101.23
93312	TC		ECHOCARDIOGRAPHY REAL TIME W I	NA	$36.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93312	26		ECHOCARDIOGRAPHY: REAL-TIME SC	$51.16	$43.49
93313			INSERTION OF PROBE IN ESOPHAGU	$5.41	$4.59
93314			INTERPRETATION AND REPORT OF U	$114.51	$97.33
93314	TC		ECHOCARD/IMAGE ACQUISITION INT	NA	$48.00
93314	26		ECHOCARD/IMAGE ACQUISITION INT	$42.80	$36.38
93315			ULTRASOUND OF HEART WITH PROBE	$122.00	$113.00
93315	TC		TRANSESOPHAGEAL ECHOCARDIOGRAP	NA	$62.00
93315	26		TRANSESOPHAGEAL ECHOCARDIOGRAP	$60.75	$51.64
93316			INSERTION OF PROBE IN ESOPHAGU	$12.45	$10.58
93317			INTERPRETATION AND REPORT OF C	$98.00	$93.00
93317	TC		TRANSESOPHAGEAL ECHOCARD INTER	NA	$62.00
93317	26		TRANSESOPHAGEAL ECHOCARD INTER	$42.31	$35.96
93318			ULTRASOUND OF HEART WITH PROBE	$60.00	$51.00
93318	26		TRANSESOPHAGEAL ECHOCARD MONIT	$48.88	$41.55
93319			3D ULTRASOUND IMAGING OF HEART	$28.04	$23.83
93319	26		3D ULTRASOUND IMAGING OF HEART	$11.35	$9.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93320			ULTRASOUND OF HEART BLOOD FLOW	$25.76	$21.90
93320	TC		DOPPLER ECHOCARDIOGRAPHY	NA	$10.00
93320	26		DOPPLER ECHOCARDIOGRAPHY	$8.56	$7.28
93321			ULTRASOUND OF HEART BLOOD FLOW	$12.75	$10.83
93321	TC		DOPPLER ECG FOLLOW UP/LIMITED	NA	$10.00
93321	26		DOPPLER ECG FOLLOW UP/LIMITED	$3.46	$2.94
93325			ULTRASOUND OF HEART WITH COLOR	$11.97	$10.17
93325	TC		DOPPLER COLOR FLOW VELOC MAPPI	NA	$16.86
93325	26		DOPPLER COLOR FLOW VELOC MAPPI	$1.48	$1.25
93350			ULTRASOUND OF HEART DURING RES	$94.15	$80.03
93350	TC		2D ECHO W/WO M MODE, TRACING	NA	$61.00
93350	26		2D ECHO W/WO M MODE, INTERP &	$33.27	$28.28
93351			ULTRASOUND OF HEART WITH CONTI	$117.93	$100.24
93352			INJECTION OF X-RAY CONTRAST DU	$17.69	$15.04
93355			ULTRASOUND OF HEART WITH PROBE	$108.36	$92.11
93356			HEART MUSCLE STRAIN IMAGING	$18.85	$16.02

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93356	26		HEART MUSCLE STRAIN IMAGING	$5.60	$4.76
93451			INSERTION OF TUBE IN RIGHT HEA	$435.93	$370.54
93451	TC		RIGHT HEART CATHERIZATION INCL	NA	$434.08
93451	26		RIGHT HEART CATHERIZATION INCL	$62.84	$53.41
93452			INSERTION OF TUBE IN LEFT HEAR	$451.21	$383.52
93452	TC		LEFT HEART CATHETERIZATION INC	NA	$401.93
93452	26		LEFT HEART CATHETERIZATION INC	$113.56	$96.52
93453			INSERTION OF TUBE IN RIGHT AND	$575.47	$489.15
93453	TC		COMBINED RIGHT & LEFT HEART CA	NA	$504.62
93453	26		COMBINED RIGHT & LEFT HEART CA	$151.64	$128.89
93454			INSERTION OF TUBE IN CORONARY	$454.94	$386.70
93454	TC		CATHETER PLACEMENT IN CORONARY	NA	$401.18
93454	26		CATHETER PLACEMENT IN CORONARY	$114.72	$97.51
93455			INSERTION OF TUBE IN BYPASS GR	$506.58	$430.59
93455	TC		CATHETER PLACEMENT IN CORONARY	NA	$445.04
93455	26		CATHETER PLACEMENT IN CORONARY	$133.66	$113.61

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93456			INSERTION OF TUBE IN RIGHT HEA	$565.77	$480.90
93456	TC		CATHETER PLACEMENT IN CORONARY	NA	$496.49
93456	26		CATHETER PLACEMENT IN CORONARY	$149.50	$127.08
93457			INSERTION OF TUBE IN RIGHT HEA	$616.39	$523.93
93457	TC		CATHETER PLACEMENT IN CORONARY	NA	$539.76
93457	26		CATHETER PLACEMENT IN CORONARY	$167.79	$142.62
93458			INSERTION OF TUBE IN LEFT LOWE	$522.92	$444.48
93458	TC		CATHETER PLACEMENT IN CORONARY	NA	$453.56
93458	26		CATHETER PLACEMENTIN CORONARY	$141.58	$120.34
93459			INSERTION OF TUBE IN LEFT LOWE	$562.17	$477.84
93459	TC		CATHETER PLACEMENT IN CORONARY	NA	$481.70
93459	26		CATHETER PLACEMENT IN CORONARY	$160.36	$136.31
93460			INSERTION OF TUBE IN RIGHT AND	$623.62	$530.08
93460	TC		CATHETER PLACEMENT IN CORONARY	NA	$532.58
93460	26		CATHETER PLACEMENT IN CORONARY	$179.32	$152.42
93461			INSERTION OF TUBE IN RIGHT AND	$687.98	$584.78

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93461	TC		CATHETER PLACEMENT IN CORONARY	NA	$591.58
93461	26		CATHETER PLACEMENT IN CORONARY	$198.27	$168.53
93462			INSERTION OF TUBE IN LEFT HEAR	$100.05	$85.04
93463			PHARMACOLOGIC AGENT ADMINISTRA	$47.12	$40.05
93464			PHYSIOLOGIC EXERCISE STUDY (EG	$110.47	$93.90
93464	TC		PHYSIOLOGIC EXERCISE STUDY (EG	NA	$83.74
93464	26		PHYSIOLOGIC EXERCISE STUDY (EG	$42.70	$36.30
93503			INSERTION OF TUBE IN PULMONARY	$42.12	$35.80
93505			BIOPSY OF HEART MUSCLE	$324.35	$275.70
93505	TC		ENDOCARDIAL BIOPSY 000	NA	$86.00
93505	26		ENDOCARDIAL BIOPSY 000	$109.51	$93.08
93524	26		TRANSSEPTAL & RETROGRADE LT CA	$153.00	$130.00
93563			INJECTION FOR IMAGING OF CORON	$24.89	$21.16
93564			INJECTION FOR IMAGING OF HEART	$26.71	$22.70
93565			INJECTION FOR IMAGING OF LEFT	$13.03	$11.07
93566			INJECTION FOR IMAGING OF RIGHT	$12.53	$10.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93566	26		INJECTION PROCEDURE DURING CAR	$23.00	$19.55
93567			INJECTION FOR IMAGING OF AORTA	$18.14	$15.41
93567	26		INJECTION PROCEDURE DURING CAR	$26.44	$22.47
93568			INJECTION FOR NONSELECTIVE IMA	$22.42	$19.05
93568	26		INJECTION PROCEDURE DURING CAR	$24.20	$20.57
93569			INJECTION FOR SELECTIVE IMAGIN	$18.29	$15.54
93571			ULTRASOUND EVALUATION OF HEART	$146.00	$138.00
93571	TC		INTRAVASCULAR DOPPLER VELOC IN	NA	$92.00
93571	26		INTRAVASCULAR DOPPLER VELOC IN	$34.61	$29.42
93572			ULTRASOUND EVALUATION OF HEART	$43.00	$37.00
93572	26		INTRAVASC DOPPLER VELOC EA ADD	$25.22	$21.43
93573			INJECTION FOR SELECTIVE IMAGIN	$30.31	$25.76
93574			INJECTION FOR SELECTIVE IMAGIN	$33.77	$28.70
93575			INJECTION FOR SELECTIVE IMAGIN	$44.80	$38.08
93580			REPAIR OF CONGENITAL ABNORMALI	$470.40	$399.84
93581			REPAIR OF CONGENITAL ABNORMALI	$638.20	$542.47

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93582			REPAIR OF CONGENITAL ABNORMALI	$318.47	$270.70
93583			REPAIR OF WALL BETWEEN LOWER H	$357.44	$303.82
93590			REPAIR OF LEAK ADJACENT TO MIT	$515.13	$437.86
93591			REPAIR OF LEAK ADJACENT TO AOR	$423.44	$359.92
93592			REPAIR OF LEAD ADJACENT TO HEA	$185.42	$157.61
93593			INSERTION OF CATHETER INTO RIG	BY REPORT	BY REPORT
93593	26		INSERTION OF CATHETER INTO RIG	$90.73	$77.12
93594			INSERTION OF CATHETER INTO RIG	BY REPORT	BY REPORT
93594	26		INSERTION OF CATHETER INTO RIG	$137.79	$117.12
93595			INSERTION OF CATHETER INTO LEF	BY REPORT	BY REPORT
93595	26		INSERTION OF CATHETER INTO LEF	$124.99	$106.24
93596			INSERTION OF CATHETER INTO RIG	$0.00	$0.00
93596	26		INSERTION OF CATHETER INTO RIG	$155.46	$132.14
93597			INSERTION OF CATHETER INTO RIG	BY REPORT	BY REPORT
93597	26		INSERTION OF CATHETER INTO RIG	$203.09	$172.63
93598			MEASUREMENT OF OUTPUT OF BLOOD	BY REPORT	BY REPORT

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93598	26		MEASUREMENT OF OUTPUT OF BLOOD	$32.08	$27.27
93600			RECORDING OF UPPER HEART RHYTH	$121.00	$103.00
93602			RECORDING OF UPPER HEART CHAMB	$121.00	$103.00
93603			RECORDING OF RIGHT LOWER HEART	$121.00	$103.00
93609			INSERTION OF TUBE IN UPPER AND	$184.00	$156.00
93610			INTRA-ATRIAL PACING	$141.09	$119.92
93612			INTRAVENTRICULAR PACING	$140.48	$119.41
93613			INSERTION OF TUBE FOR 3D MAPPI	$140.66	$119.56
93615			INSERTION OF PROBE IN ESOPHAGU	$25.30	$21.50
93616			INSERTION OF PROBE IN ESOPHAGU	$55.50	$47.00
93618			INDUCTION OF ABNORMAL HEART RH	$253.00	$215.00
93619			INSERTION OF CATHETERS FOR REC	$275.78	$234.41
93619	26		EPS W RA/RV/HIS W PACING & REC	$184.87	$157.14
93620			INSERTION OF CATHETERS FOR REC	$495.00	$421.00
93621			INSERTION OF CATHETERS FOR REC	$98.65	$83.85
93621	26		COMP ELECTROPHYSIOLOGIC EVAL	$39.46	$33.54

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93622			INSERTION OF CATHETERS FOR REC	$145.57	$123.73
93623			PROGRAMMING OF HEART RHYTHM ST	$15.60	$13.25
93624			INSERTION OF CATHETERS FOR REC	$176.50	$150.00
93631			INTRA-OPERATIVE CARD PACING&MA	$367.45	$312.00
93640			ELECTROPHYSIO EVAL CARD-DEFIBR	$117.15	$100.00
93641			EPS TEST CARDIO-DEFIB PULS GEN	$232.00	$197.00
93641	TC		EPS TEST CARDIO-DEFIB PULS GEN	NA	$126.00
93641	26		EPS TEST CARDIO-DEFIB PULS GEN	$148.03	$125.82
93642			PROGRAMMING OF PACING CARDIOVE	$162.93	$138.49
93642	TC		EPS EVAL OF COR-DEFIB INDUCED	NA	$126.00
93642	26		EPS EVAL OF COR-DEFIB INDUCED	$120.80	$102.68
93644			PROGRAMMING OF IMPLANTABLE DEF	$94.80	$80.58
93644	TC		EVALUATION IMPLANTABLE DEFIBRI	NA	$29.47
93644	26		EVALUATION IMPLANTABLE DEFIBRI	$68.66	$58.36
93650			DESTRUCTION OF HEART CONDUCTIO	$280.91	$238.77
93653			COMPREHENSIVE ELECTROPHYSIOLOG	$403.18	$342.70

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93654			COMPREHENSIVE ELECTROPHYSIOLOG	$485.70	$412.85
93655			INSERTION OF CATHETERS AND DES	$147.77	$125.60
93656			COMPREHENSIVE ELECTROPHYSIOLOG	$457.18	$388.60
93657			DESTRUCTION OF TISSUE OF UPPER	$147.94	$125.75
93660			AUTONOMIC NERVOUS SYS.EVAL.CAR	$81.67	$69.42
93662			ULTRASOUND EVALUATION OF HEART	$109.00	$93.00
93662	26		INTRACARDIAC ECHOCARDIOGRAPHY	$33.81	$28.73
93701			BIOIMPEDANCE, THORACIC, ELECTR	$13.93	$11.84
93701	TC		BIOIMPEDANCE, THORACIC, ELECTR	NA	$23.00
93701	26		BIOIMPEDANCE, THORACIC, ELECTR	$8.00	$7.00
93702			MEASUREMENT OF LYMPHEDEMA EXTR	$63.13	$53.66
93724			ELECTRONIC ANALYSIS ANTITACHY	$137.49	$116.86
93724	TC		ELECTRONIC ANALYSIS ANTITACHY	NA	$26.03
93724	26		ELECTRONIC ANALYSIS ANTITACHY	$113.58	$96.54
93740			MEASUREMENT OF HEART BLOOD VES	$20.00	$18.00
93740	TC		TEMPERATURE GRADIENT STUDIES	NA	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93740	26		TEMPERATURE GRADIENT STUDIES	$15.00	$13.00
93745			PROGRAMMING OF WEARABLE CARDIO	$45.34	$38.54
93745	TC		INITIAL SET-UP & PROGRAMMING B	NA	$35.28
93745	26		INITIAL SET-UP & PROGRAMMING B	$11.77	$10.00
93750			EVALUATION OF LOWER HEART CHAM	$25.33	$21.53
93750	26		INTERROGATION OF VENTRICULAR A	$19.49	$16.56
93770			MEASUREMENT OF HEART AND CIRCU	$6.00	$6.00
93770	TC		DETERMINATION OF VENOUS PRESSU	$1.00	$1.00
93770	26		DETERMINATION OF VENOUS PRESSU	$5.00	$5.00
93784			AMBULATORY BLOOD PRESSURE MONI	$23.34	$19.84
93790			AMBULATORY BLOOD PRESSURE MONI	$8.74	$7.42
93792			PATIENT/CAREGIVER TRAINING FOR	$36.28	$30.84
93793			ANTICOAGULANT MANAGEMENT OF PA	$5.66	$4.81
93798			OUTPATIENT HEART REHABILITATIO	$12.96	$11.01
93799			OTHER CARDIOVASCULAR SERVICE O	BY REPORT	BY REPORT
93880			ULTRASOUND OF BOTH SIDES OF HE	$97.20	$82.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93880	TC		DUPLEX SCAN EXTRACRAN.ART:COMP	NA	$26.00
93880	26		DUPLEX SCAN EXTRACRAN.ART:COMP	$18.43	$15.67
93882			ULTRASOUND OF ONE SIDE OF HEAD	$63.80	$54.23
93882	TC		DUPLEX SCAN EXTRACRAN.ART:7/U	NA	$13.00
93882	26		DUPLEX SCAN EXTRACRAN.ART:7/U	$11.51	$9.78
93886			COMPLETE ULTRASOUND OF WITHIN	$140.63	$119.53
93886	TC		TRANSCRANIAL DOPPLER....COMPLE	NA	$33.00
93886	26		TRANSCRANIAL DOPPLER....COMPLE	$22.46	$19.09
93888			ULTRASOUND OF WITHIN THE BRAIN	$67.08	$57.02
93888	TC		TRANSCRAN.DOPPLER STUDY...7/U.	NA	$55.04
93888	26		TRANSCRAN.DOPPLER STUDY...7/U.	$12.04	$10.23
93890			ULTRASOUND OF WITHIN THE BRAIN	$145.52	$123.69
93890	TC		TRANSCRANIAL DOPPLER STUDY	NA	$123.17
93890	26		TRANSCRANIAL DOPPLER STUDY	$24.78	$21.06
93892			ULTRASOUND OF WITHIN THE BRAIN	$83.79	$71.22
93892	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	$60.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93892	26		TRANSCRANIAL DOPPLER STUDY OF	$28.75	$24.44
93893			ULTRASOUND OF WITHIN THE BRAIN	$84.13	$71.51
93893	TC		TRANSCRANIAL DOPPLER STUDY OF	NA	$60.13
93893	26		TRANSCRANIAL DOPPLER STUDY OF	$29.09	$24.72
93922			ULTRASOUND STUDY OF ARM AND LE	$42.22	$35.88
93922	TC		PHYSIO STUDIES U/L EXTREMITY A	NA	$13.00
93922	26		PHYSIO STUDIES U/L EXTREMITY A	$5.76	$4.89
93923			COMPLETE ULTRASOUND STUDY OF A	$66.76	$56.75
93923	TC		U/L EXT STUDIES MULTIPLE LEVEL	NA	$26.90
93923	26		U/L EXT STUDIES MULTIPLE LEVEL	$10.53	$8.95
93924			ULTRASOUND OF LEG ARTERIES AT	$82.03	$69.72
93924	TC		LOWER EXT ARTERIES STUDY AT RE	NA	$24.00
93924	26		LOWER EXT ARTERIES STUDY AT RE	$11.51	$9.78
93925			ULTRASOUND OF LEG ARTERIES OR	$123.17	$104.69
93925	TC		DUPLEX SCAN LOWER EXTREM.ART..	NA	$26.00
93925	26		DUPLEX SCAN LOWER EXTREM.ART..	$18.26	$15.52

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93926			ULTRASOUND OF ONE LEG ARTERIES	$66.20	$56.27
93926	26		DUPLEX SCAN...7/U OR LIMITED S	$11.17	$9.49
93930			ULTRASOUND OF ARM ARTERIES OR	$101.32	$86.12
93930	TC		DUPLEX SCAN UPPER EXT..:COMPLE	NA	$25.00
93930	26		DUPLEX SCAN UPPER EXT..:COMPLE	$18.43	$15.66
93931			ULTRASOUND OF ONE ARM ARTERIES	$63.29	$53.79
93931	TC		DUPLEX SCAN UPPER EXT...7/U OR	NA	$12.00
93931	26		DUPLEX SCAN UPPER EXT...7/U OR	$11.35	$9.64
93970			ULTRASOUND STUDY OF ARM OR LEG	$95.76	$81.39
93970	TC		DUPLEX SCAN EXT.VEINS...COMP.B	NA	$38.00
93970	26		DUPLEX SCAN EXT.VEINS...COMP.B	$15.96	$13.56
93971			ULTRASOUND STUDY OF ONE ARM OR	$60.94	$51.79
93971	TC		DUPLEX SCAN EXT.VEINS...7/U LI	NA	$18.00
93971	26		DUPLEX SCAN EXT.VEINS...7/U LI	$10.20	$8.67
93975			COMPLETE ULTRASOUND OF ABDOMEN	$135.19	$114.91
93975	TC		DUPLEX SCAN ART.INFLOW/VENOUS	NA	$45.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93975	26		DUPLEX SCAN ART.INFLOW/VENOUS	$26.66	$22.66
93976			ULTRASOUND OF ABDOMEN AND PELV	$73.48	$62.46
93976	TC		DUPLEX SCAN...PELVIC...7/U LIM	NA	$38.00
93976	26		DUPLEX SCAN...PELVIC...7/U LIM	$18.44	$15.67
93978			COMPLETE ULTRASOUND OF AORTA,	$92.20	$78.37
93978	TC		DUPLEX SCAN AORTA....COMPLETE	NA	$38.00
93978	26		DUPLEX SCAN AORTA....COMPLETE	$18.41	$15.65
93979			ULTRASOUND OF AORTA, VENA CAVA	$60.36	$51.30
93979	TC		DUPLEX SCAN AORTA...7/U..LIMIT	NA	$18.00
93979	26		DUPLEX SCAN AORTA...7/U..LIMIT	$11.51	$9.78
93980			COMPLETE ULTRASOUND OF PENIS A	$59.10	$50.24
93980	TC		DUPLEX SCAN FOR PENILE VESSELS	NA	$30.10
93980	26		DUPLEX SCAN FOR PENILE VESSELS	$29.01	$24.65
93981			ULTRASOUND OF PENIS ARTERY AND	$36.01	$30.61
93981	TC		PENILE DUPLEX SCAN FOLLOW UP	NA	$21.73
93981	26		PENILE DUPLEX SCAN FOLLOW UP	$10.21	$8.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
93985			COMPLETE ULTRASOUND OF ARTERY	$126.93	$107.89
93985	TC		ULTRASOUND SCAN OF BLOOD FLOW	NA	$124.69
93985	26		ULTRASOUND SCAN OF BLOOD FLOW	$18.23	$15.50
93986			COMPLETE ULTRASOUND OF ARTERY	$66.36	$56.41
93986	TC		ULTRASOUND SCAN OF BLOOD FLOW	NA	$59.14
93986	26		ULTRASOUND SCAN OF BLOOD FLOW	$11.34	$9.63
93990			ULTRASOUND OF HEMODIALYSIS ACC	$66.36	$56.41
93990	TC		DUPLEX SCAN HEMODIALYSIS ACCES	NA	$57.00
93990	26		DUPLEX SCAN HEMODIALYSIS ACCES	$11.33	$9.63
93998			OTHER NONINVASIVE VASCULAR DIA	BY REPORT	BY REPORT
94002			INITIAL HOSPITAL INPATIENT OR	$44.38	$37.72
94003			FOLLOW-UP INPATIENT OR OBSERVA	$31.26	$26.57
94004			NURSING FACILITY VENTILATION A	$23.22	$19.73
94010			TEST TO MEASURE EXPIRATORY AIR	$13.93	$11.84
94010	TC		SPIROMETRY WITH GRAPH, VITAL C	NA	$10.00
94010	26		SPIROMETRY WITH GRAPH, VITAL C	$3.95	$3.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
94014			TEST TO MEASURE EXPIRATORY AIR	$28.37	$24.11
94015			TEST TO MEASURE EXPIRATORY AIR	NA	$6.00
94016			TEST TO MEASURE EXPIRATORY AIR	$11.86	$10.08
94060			TEST TO MEASURE EXPIRATORY AIR	$19.90	$16.92
94060	SA		BRONCHOSPASM EVALUATION	NA	$41.00
94060	SA	TC	BRONCHOSPASM EVALUATION	NA	$30.00
94060	SA	26	BRONCHOSPASM EVALUATION	NA	$11.00
94060	TC		BRONCHOSPASM EVALUTION	NA	$14.97
94060	26		BROCHOSPASM EVALUATION	$4.94	$4.19
94070			TEST TO MEASURE LUNG AIRWAY SE	$31.89	$27.11
94070	TC		BRONCHOSPASM EVALUATION PROLON	NA	$30.48
94070	26		BRONCHOSPASM EVALUATION: PROLO	$13.33	$11.33
94150			TEST TO MEASURE THE TOTAL VOLU	$3.67	$3.67
94150	TC		VITAL CAPACITY, TOTAL	NA	$2.17
94150	26		VITAL CAPACITY, TOTAL	$1.50	$1.50
94200			TEST TO MEASURE LARGEST AMOUNT	$7.68	$6.53

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
94200	TC		MAXIMUM BREATHING CAPACITY	NA	$7.00
94200	26		MAXIMUM BREATHING CAPACITY	$1.32	$1.12
94375			TEST TO MEASURE RATE OF AIRFLO	$19.81	$16.84
94375	TC		RESPIRATORY FLOW VOLUME LOOP	NA	$8.00
94375	26		RESPIRATORY FLOW VOLUME LOOP	$6.91	$5.87
94452			TEST TO MEASURE LUNG FUNCTION	$25.66	$21.81
94452	TC		HIGH ALTITUDE SIMULATION TEST	NA	$20.74
94452	26		HIGH ALTITUDE SIMULATION TEST	$6.74	$5.73
94453			TEST TO MEASURE LUNG FUNCTION	$34.16	$29.03
94453	TC		HIGH ALTITUDE SIMULATION TEST	NA	$28.89
94453	26		HIGH ALTITUDE SIMULATION TEST	$8.88	$7.55
94610			INTRAPULMONARY SURFACTANT ADMI	$27.53	$23.40
94617			TEST FOR EXERCISE-INDUCED SPAS	$45.21	$38.43
94617	TC		EXERCISE TEST FOR SPASM OF LUN	NA	$33.41
94617	26		EXERCISE TEST FOR SPASM OF LUN	$15.30	$13.00
94618			TEST FOR EXERCISE-INDUCED LUNG	$17.06	$14.50

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
94618	TC		EXERCISE TEST SPASM OF LUNG AI	NA	$6.02
94618	26		TEST FOR EXERCISE-INDUCED LUNG	$10.69	$9.09
94619			EXERCISE TEST FOR SPASM OF LUN	$33.04	$28.08
94619	TC		EXERCISE TEST FOR SPASM OF LUN	NA	$22.70
94619	26		EXERCISE TEST FOR SPASM OF LUN	$10.35	$8.79
94621			TEST FOR EXERCISE-INDUCED HEAR	$78.34	$66.59
94621	TC		PULMONARY STRESS TESTING COMPL	NA	$40.00
94621	26		PULMONARY STRESS TESTING COMPL	$32.78	$27.86
94625			PROFESSIONAL SERVICES FOR OUTP	$35.06	$29.80
94625	26		PROFESSIONAL SERVICES FOR OUTP	$9.08	$7.72
94626			PROFESSIONAL SERVICES FOR OUTP	$39.63	$33.68
94626	26		PROFESSIONAL SERVICES FOR OUTP	$13.35	$11.35
94642			INHALATION TREATMENT FOR PNEUM	$30.00	$26.00
94644			INHALATION TREATMENT FOR ACUTE	$30.78	$26.16
94645			INHALATION TREATMENT FOR ACUTE	$8.42	$7.16
94664			EVALUATION OF USE OF BREATHING	$9.28	$7.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
94669			THERAPY PROCEDURE TO CLEAR AIR	$10.66	$9.06
94680			TEST TO MEASURE EXHALED AIR FO	$27.59	$23.45
94680	TC		OXYGEN UPTAKE: DIRECT: SIMPLE	NA	$13.00
94680	26		OXYGEN UPTAKE: DIRECT: SIMPLE	$6.10	$5.18
94681			TEST TO MEASURE EXHALED AIR AN	$24.56	$20.87
94681	TC		OXYGEN UPTAKE W/C02 OUTPUT	NA	$19.95
94681	26		OXYGEN UPTAKE W/CO2 OUTPUT	$4.61	$3.92
94690			TEST TO MEASURE EXHALED AIR FO	$25.04	$21.28
94690	TC		OXYGEN UPTAKE: REST: INDIRECT	NA	$21.19
94690	26		OXYGEN UPTAKE: RESET: INDIRECT	$1.82	$1.54
94726			TEST TO DETERMINE LUNG VOLUMES	$28.63	$24.33
94726	TC		PLETHYSMOGRAPHY FOR DETERMINAT	NA	$23.39
94726	26		PLETHYSMOGRAPHY FOR DETERMINAT	$5.76	$4.89
94727			TEST TO DETERMINE LUNG VOLUMES	$22.78	$19.36
94727	TC		GAS DILUTION OR WASHOUT FOR DE	NA	$17.56
94727	26		GAS DILUTION OR WASHOUT FOR DE	$5.76	$4.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
94728			TEST TO MEASURE RESISTANCE OF	$22.61	$19.22
94728	TC		AIRWAY RESISTANCE BY IMPULSE O	NA	$15.66
94728	26		AIRWAY RESISTANCE BY IMPULSE O	$5.93	$5.04
94729			TEST TO EXAMINE HOW WELL THE L	$29.04	$24.68
94729	TC		DIFFUSING CAPACITY (EG, CARBON	NA	$27.77
94729	26		DIFFUSING CAPACITY (EG, CARBON	$4.28	$3.64
94760			TEST TO MEASURE OXYGEN LEVEL I	$1.38	$1.17
94761			TEST TO MEASURE OXYGEN LEVEL I	$2.06	$1.75
94762			TEST TO MEASURE OXYGEN LEVEL I	$13.07	$11.11
94799			OTHER SERVICE OR PROCEDURE ON	BY REPORT	BY REPORT
94927	TC		GAS DILUTION OR WASHOUT FOR DE	NA	$12.22
94927	26		GAS DILUTION OR WASHOUT FOR DE	$4.66	$3.96
95004			TEST FOR ALLERGY USING ALLERGE	NA	$3.75
95012			TEST TO MEASURE THE LEVEL OF N	$9.80	$8.33
95017			TEST FOR ALLERGY USING COMBINA	$4.40	$3.74
95017	26		ALLERGY TESTING W/VENOMS INTO	$1.82	$1.54

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95018			TEST FOR ALLERGY USING COMBINA	$10.18	$8.65
95018	26		ALLERGY TESTING W/DRUGS INTO S	$3.47	$2.95
95024			TEST FOR ALLERGY USING ALLERGE	NA	$5.50
95027			TEST FOR ALLERGY USING AIRBORN	$2.57	$2.18
95028			TEST FOR ALLERGY USING ALLERGE	NA	$8.30
95044			TEST FOR ALLERGY USING SKIN PA	$2.58	$2.19
95070			TEST FOR ALLERGY USING DRUGS	$18.05	$15.34
95076			TEST FOR ALLERGY USING INGESTE	$62.12	$52.80
95076	26		INGESTION CHALLENGE TEST(SEQUE	$35.97	$30.57
95079			TEST FOR ALLERGY USING INGESTE	$42.63	$36.24
95079	26		INGESTION CHALLENGE TEST (SEQU	$33.17	$28.19
95115			PROFESSIONAL SERVICE FOR SINGL	NA	$2.50
95117			PROFESSIONAL SERVICE FOR MULTI	$6.36	$5.41
95130			PROFESSIONAL SERVICE FOR INJEC	$20.00	$20.00
95131			PROFESSIONAL SERVICE FOR INJEC	$20.00	$20.00
95132			PROFESSIONAL SERVICE FOR INJEC	$20.00	$20.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95133			PROFESSIONAL SERVICE FOR INJEC	$20.00	$20.00
95134			PROFESSIONAL SERVICE FOR INJEC	$20.00	$20.00
95144			PROFESSIONAL SERVICE FOR PREPA	NA	$7.00
95145			PROFESSIONAL SERVICE FOR PREPA	$18.69	$15.88
95146			PROFESSIONAL SERVICE FOR PREPA	$34.86	$29.63
95147			PROFESSIONAL SERVICE FOR PREPA	$33.48	$28.46
95148			PROFESSIONAL SERVICE FOR PREPA	$49.83	$42.35
95149			PROFESSIONAL SERVICE FOR PREPA	$66.34	$56.38
95165			PROFESSIONAL SERVICE FOR PREPA	$7.51	$6.38
95170			PROFESSIONAL SERVICE FOR PREPA	$8.00	$8.00
95180			INJECTION FOR RAPID DESENSITIZ	$69.34	$58.94
95199			OTHER ALLERGY OR CLINICAL IMMU	BY REPORT	BY REPORT
95249			CONTINUOUS MONITORING OF BLOOD	$33.69	$28.64
95250			CONTINUOUS MONITORING OF BLOOD	$76.18	$64.75
95251			CONTINUOUS MONITORING OF BLOOD	$17.00	$14.45
95700			MEASUREMENT OF BRAIN WAVE ACTI	$123.20	$104.72

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95705			MEASUREMENT OF BRAIN WAVE ACTI	$49.28	$41.89
95706			MEASUREMENT OF BRAIN WAVE ACTI	$205.01	$174.26
95707			MEASUREMENT OF BRAIN WAVE ACTI	$256.26	$217.83
95707	26		NERVE CONDUCTION STUDIES: 1-2	$27.29	$23.20
95708			MEASUREMENT OF BRAIN WAVE ACTI	$73.92	$62.84
95709			MEASUREMENT OF BRAIN WAVE ACTI	$409.52	$348.10
95710			MEASUREMENT OF BRAIN WAVE ACTI	$512.03	$435.23
95711			MEASUREMENT OF BRAIN WAVE ACTI	$61.60	$52.36
95712			MEASUREMENT OF BRAIN WAVE ACTI	$246.40	$209.44
95713			MEASUREMENT OF BRAIN WAVE ACTI	$308.01	$261.81
95714			MEASUREMENT OF BRAIN WAVE ACTI	$98.56	$83.78
95715			MEASUREMENT OF BRAIN WAVE ACTI	$492.82	$418.89
95716			MEASUREMENT OF BRAIN WAVE ACTI	$616.02	$523.62
95717			MEASUREMENT OF BRAIN WAVE ACTI	$52.62	$44.73
95718			MEASUREMENT OF BRAIN WAVE ACTI	$66.89	$56.86
95718	26		CONINUOUS MEASUREMENT OF BRAIN	$65.69	$55.83

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95719			MEASUREMENT OF BRAIN WAVE ACTI	$79.79	$67.82
95719	26		CONTINUOUS MEASUREMENT OF BRAI	$78.42	$66.65
95720			MEASUREMENT OF BRAIN WAVE ACTI	$102.97	$87.52
95720	26		CONTINUOUS MEASUREMENT OF BRAI	$101.08	$85.92
95721			MEASUREMENT OF BRAIN WAVE ACTI	$102.98	$87.53
95721	26		CONTINUOUS MEASUREMENT OF BRAI	$100.92	$85.78
95722			MEASUREMENT OF BRAIN WAVE ACTI	$124.80	$106.08
95723			MEASUREMENT OF BRAIN WAVE ACTI	$124.77	$106.05
95723	26		CONTINUOUS MEASUREMENT OF BRAI	$122.36	$104.01
95724			MEASUREMENT OF BRAIN WAVE ACTI	$156.85	$133.32
95724	26		CONTINUOUS MEASUREMENT OF BRAI	$153.92	$130.83
95725			MEASUREMENT OF BRAIN WAVE ACTI	$144.90	$123.16
95725	26		CONTINUOUS MEASUREMENT OF BRAI	$141.29	$120.09
95726			MEASUREMENT OF BRAIN WAVE ACTI	$201.46	$171.24
95726	26		CONTINUOUS MEASUREMENT OF BRAI	$197.33	$167.73
95800			SLEEP STUDY INCLUDING HEART RA	$69.31	$58.91

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95800	TC		SLEEP STUDY UNATTENDED, SIMULT	NA	$69.56
95800	26		SLEEP STUDY UNATTENDED SIMULTA	$19.09	$16.23
95801			SLEEP STUDY INCLUDING HEART RA	$49.36	$41.95
95801	TC		SLEEP STUDY UNATTENDED, SIMULT	NA	$26.82
95801	26		SLEEP STUDY UNATTENDED SIMULTA	$19.78	$16.81
95803			SLEEP STUDY AND WAKE PATTERNS,	$68.93	$58.59
95803	TC		ACTIGRAPHY TESTING RECORDING A	NA	$60.68
95803	26		ACTIGRAPHY TESTING PROFESS COM	$20.25	$17.21
95805			SLEEP STUDY, MULTIPLE TRIALS	$221.66	$188.41
95805	26		MSLT,REC,ANAL&INTERP OF PSYCH	$27.69	$23.53
95806			SLEEP STUDY INCLUDING HEART RA	$47.73	$40.57
95806	TC		SLEEP STUDY UNATTENDED BY TECH	NA	$99.66
95806	26		SLEEP STUDY UNATTENDED BY TECH	$21.25	$18.06
95807			SLEEP STUDY INCLUDING HEART RA	$210.22	$178.69
95807	TC		SLEEP STUDY 3 OR MORE BY TECHN	NA	$172.00
95807	26		SLEEP STUDY 3 OR MORE BY TECHN	$28.63	$24.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95808			SLEEP STUDY IN SLEEP LAB	$262.56	$223.17
95808	TC		POLYSOMNOGRAPHY 1-3 PARAMETERS	NA	$160.00
95808	26		POLYSOMNOGRAPHY 1-3 PARAMETERS	$40.21	$34.18
95810			SLEEP STUDY IN SLEEP LAB (6 YE	$319.40	$271.49
95810	TC		POLYSOMNOGRAPHY 4+ PARAMETERS	NA	$160.00
95810	26		POLYSOMNOGRAPHY 4+ PARAMETERS	$57.15	$48.58
95811			SLEEP STUDY IN SLEEP LAB WITH	$333.91	$283.82
95811	TC		POLYSOMNOGRAPHY 4 OR MORE PARA	NA	$108.00
95811	26		POLYSOMNOGRAPHY 4 OR MORE PARA	$59.46	$50.54
95812			MEASUREMENT OF BRAIN WAVE ACTI	$179.84	$152.86
95812	26		EEG EXTENDED MONITORING UP TO	$27.63	$23.48
95813			MEASUREMENT OF BRAIN WAVE ACTI	$227.10	$193.04
95813	26		EEG EDTENDED MONITORING >1 HOU	$41.69	$35.43
95816	26		EEG,INCL RECOR AWAKE&D,SAME FA	$27.63	$23.48
95819	26		EEG-STD/PORT: SAME FACILITY	$27.63	$23.48
95822	26		EEG: SLEEP ONLY	$27.63	$23.48

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95824			MEASUREMENT OF BRAIN WAVE ACTI	$16.00	$15.00
95824	TC		EEG: CEREBRAL DEATH RECORDING	NA	$9.00
95824	26		EEG: CEREBRAL DEATH RECORDING	$18.86	$16.03
95830			INSERTION OF ELECTRODES FOR ME	$352.94	$299.99
95836			MEASUREMENT OF BRAIN WAVE ACTI	$51.78	$44.01
95851			MEASUREMENT OF RANGE OF MOTION	$11.02	$9.36
95852			MEASUREMENT OF RANGE OF MOTION	$9.17	$7.79
95857			TENSILON TEST FOR MYASTHENIA G	$32.31	$27.46
95857	TC		TENSILON TEST FOR MYASTHENIA G	NA	$2.50
95857	26		TENSILON TEST FOR MYASTHENIA G	$13.90	$11.82
95860			NEEDLE MEASUREMENT OF ELECTRIC	$56.99	$48.44
95860	26		ELECTROMYOGRAPH:1 EXTREMITY&PA	$24.66	$20.96
95861			NEEDLE MEASUREMENT OF ELECTRIC	$80.65	$68.55
95861	TC		ELECTROMYOGRAPH:2 EXTREMITIES&	NA	$11.00
95861	26		ELECTROMYOGRAPH:2 EXTREMITIES&	$39.37	$33.46
95863			NEEDLE MEASUREMENT OF ELECTRIC	$104.92	$89.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95863	TC		ELECTROMYOGRAPH:3 EXTREMITIES&	NA	$14.00
95863	26		ELECTROMYOGRAPH:3 EXTREMITIES&	$47.98	$40.78
95864			NEEDLE MEASUREMENT OF ELECTRIC	$117.34	$99.74
95864	TC		ELECTROMYOGRAPH:4 EXTREMITIES&	NA	$19.00
95864	26		ELECTROMYOGRAPH:4 EXTREMITIES&	$51.13	$43.46
95865			NEEDLE MEASUREMENT OF ELECTRIC	$75.12	$63.85
95865	TC		NEEDLE ELECTROMYOGRAPHY: LARYN	NA	$41.20
95865	26		NEEDLE ELECTROMYOGRAPHY: LARYN	$40.04	$34.03
95866			NEEDLE MEASUREMENT OF ELECTRIC	$61.86	$52.58
95866	TC		NEEDLE ELECTROMYOGRAPHY, HEMID	NA	$39.49
95866	26		NEEDLE ELECTROMYOGRAPHY,HEMIDI	$30.73	$26.12
95867			NEEDLE MEASUREMENT OF ELECTRIC	$54.06	$45.95
95867	26		MYOGRAPHY: CRANIAL NERVE: UNIL	$20.18	$17.15
95868			NEEDLE MEASUREMENT OF ELECTRIC	$70.18	$59.65
95868	TC		MYOGRAPHY: CRANIAL NERVE: BILA	NA	$9.00
95868	26		MYOGRAPHY: CRANIAL NERVE: BILA	$30.28	$25.73

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95869			NEEDLE MEASUREMENT OF ELECTRIC	$48.64	$41.34
95869	TC		ELECTROMYOGRAPHY: SPECIFIC MUS	NA	$39.05
95869	26		ELECTROMYOGRAPHY: SPECIFIC MUS	$9.60	$8.16
95870			NEEDLE MEASUREMENT OF ELECTRIC	$42.45	$36.08
95870	TC		ELECTROMYOGRAPHY OTH THAN PARA	NA	$9.00
95870	26		ELECTROMYOGRAPHY OTH THAN PARA	$9.60	$8.16
95872			NEEDLE MEASUREMENT OF ELECTRIC	$93.90	$79.81
95872	TC		ELECTROMYOGRAPHY,SING.FIBER,AN	NA	$6.00
95872	26		ELECTROMYOGRAPHY,SING.FIBER,AN	$72.06	$61.25
95873			ELECTRICAL STIMULATION FOR GUI	$35.93	$30.54
95873	TC		ELECTRICAL STIMULATION FOR GUI	NA	$33.10
95873	26		ELECTRICAL STIMULATION FOR GUI	$9.44	$8.02
95874			NEEDLE MEASUREMENT OF ELECTRIC	$38.85	$33.02
95874	TC		NEEDLE ELECTROMYOGRAPHY FOR GU	NA	$35.17
95874	26		NEEDLE ELECTROMYOGRAPHY FOR GU	$9.44	$8.02
95875			NEEDLE MEASUREMENT OF ELECTRIC	$61.83	$52.56

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95875	TC		ISCHEMIC LIMB EXERCISE,EMG,...	NA	$18.00
95885			NEEDLE MEASUREMENT OF ELECTRIC	$31.47	$26.75
95885	TC		NEEDLE ELECTROMYOGRAPHY, EACH	NA	$26.66
95885	26		NEEDLE ELECTROMYOGRAPHY, EACH	$8.94	$7.59
95886			NEEDLE MEASUREMENT OF ELECTRIC	$48.67	$41.37
95886	TC		NEEDLE ELECTROMYOGRAPHY, EACH	NA	$31.40
95886	26		NEEDLE ELECTROMYOGRAPHY, EACH	$21.84	$18.56
95887			NEEDLE MEASUREMENT OF ELECTRIC	$41.94	$35.65
95887	TC		NEEDLE ELECTROMYOGRAPHY, NON E	NA	$28.36
95887	26		NEEDLE ELECTROMYOGRAPHY, NON E	$17.86	$15.18
95905			NERVE CONDUCTION STUDY OF ARM	$17.32	$14.72
95907			NERVE CONDUCTION, 1-2 STUDIES	$45.42	$38.61
95907	TC		NERVE CONDUCTION STUDIES: 1-2	NA	$23.23
95908			NERVE CONDUCTION, 3-4 STUDIES	$56.35	$47.90
95908	TC		NERVE CONDUCTION STUDIES: 3-4	NA	$29.66
95908	26		NERVE CONDUCTION STUDIES: 3-4	$32.10	$27.29

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95909			NERVE CONDUCTION, 5-6 STUDIES	$67.62	$57.48
95909	TC		NERVE CONDUCTION STUDIES: 5-6	NA	$35.52
95909	26		NERVE CONDUCTION STUDIES: 5-6	$38.38	$32.62
95910			NERVE CONDUCTION, 7-8 STUDIES	$88.27	$75.03
95910	TC		NERVE CONDUCTION STUDIES: 7-8	NA	$45.36
95910	26		NERVE CONDUCTION STUDIES: 7-8	$51.12	$43.45
95911			NERVE CONDUCTION, 9-10 STUDIES	$106.34	$90.39
95911	TC		NERVE CONDUCTION STUDIES: 9-10	NA	$51.98
95911	26		NERVE CONDUCTION STUDIES: 9-10	$63.86	$54.28
95912			NERVE CONDUCTION, 11-12 STUDIE	$124.23	$105.60
95912	TC		NERVE CONDUCTION STUDIES 11-12	NA	$57.24
95912	26		NERVE CONDUCTION STUDIES 11-12	$76.25	$64.81
95913			NERVE CONDUCTION, 13 OR MORE S	$143.27	$121.78
95913	TC		NERVE CONDUCTION STUDIES 13 OR	NA	$64.43
95913	26		NERVE CONDUCTION STUDIES 13 OR	$90.13	$76.61
95919			MEASUREMENT OF PUPIL WITH HEAL	$7.90	$6.71

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95919	TC		MEASUREMENT OF PUPIL WITH HEAL	NA	$3.09
95919	26		MEASUREMENT OF PUPIL WITH HEAL	$4.80	$4.08
95921			TESTING OF AUTONOMIC NERVOUS S	$44.32	$37.67
95921	TC		TESTING AUT NERV SYS FUNCTION	NA	$6.00
95921	26		TESTING AUT NERV SYS FUNCTION	$21.45	$18.23
95922			TESTING OF AUTONOMIC (SYMPATHE	$47.87	$40.69
95922	TC		TESTING AUTO NERV SYST FUNCTIO	NA	$6.00
95922	26		TESTING AUTO SYST FUNCTION	$22.25	$18.91
95923	26		TESTING AUTO NERV SYST FUNCTIO	$21.62	$18.37
95924			TESTING OF AUTONOMIC (SYMPATHE	$76.15	$64.72
95924	TC		TESTING OF AUTONOMIC NERVOUS S	NA	$35.87
95924	26		TESTING OF AUTONOMIC NERVOUS S	$42.09	$35.78
95925			PLACEMENT OF SKIN ELECTRODES A	$90.26	$76.72
95925	TC		SOMATOSENSORY TESTING, ONE > N	NA	$33.00
95925	26		SOMATOSENSORY TESTING,ONE > NE	$13.55	$11.52
95926			PLACEMENT OF SKIN ELECTRODES A	$80.80	$68.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95926	TC		SHORT LAT SOMATOSEN STUDY/LOWE	NA	$67.59
95926	26		SHORT LAT SOMATOSEN STUDY/LOWE	$13.22	$11.23
95927			PLACEMENT OF SKIN ELECTRODES A	$93.53	$79.50
95927	TC		SHORT-LAT SOMATOSEN STUDY/TRUN	NA	$80.32
95927	26		SHORT-LAT SOMATOSEN STUDY/TRUN	$13.22	$11.23
95928			PLACEMENT OF SKIN ELECTRODES A	$122.66	$104.26
95928	TC		CENTRAL MOTOR EVOKED POTENTIAL	NA	$79.53
95928	26		CENTRAL MOTOR EVOKED POTENTIAL	$38.38	$32.62
95929			PLACEMENT OF SKIN ELECTRODES A	$124.04	$105.43
95929	TC		CENTRAL MOTOR EVOKED POTENTIAL	NA	$83.22
95929	26		CENTRAL MOTOR EVOKED POTENTIAL	$38.21	$32.48
95930			MEASUREMENT OF NERVE CONDUCTIO	$34.39	$29.23
95930	26		VISUAL EVOKED POTENTIAL TESTIN	$8.94	$7.59
95933			BLINK REFLEX,ELETRODIAGNOSTIC	$41.88	$35.60
95933	TC		BLINK REFLEX,ELETRODIAGNOSTIC	NA	$27.86
95933	26		BLINK REFLEX,ELETRODIAGNOSTIC	$15.23	$12.94

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95937			TESTING OF NERVE-MUSCLE JUNCTI	$53.00	$45.05
95937	TC		NEUROMUSCULAR JUNC. TEST: @ NE	NA	$9.00
95937	26		NEUROMUSCULAR JUNC. TEST: @ NE	$16.71	$14.20
95938			PLACEMENT OF SKIN ELECTRODES A	$192.62	$163.72
95938	TC		SHORT-LATENCY SOMATOSENSORY EV	NA	$174.81
95938	26		SHORT-LATENCY SOMATOSENSORY EV	$22.00	$18.70
95939			PLACEMENT OF SKIN ELECTRODES A	$285.63	$242.79
95939	TC		CENTRAL MOTOR EVOKED POTENTIAL	NA	$237.37
95939	26		CENTRAL MOTOR EVOKED POTENTIAL	$57.40	$48.79
95940			CONTINUOUS MONITORING OF NERVO	$15.73	$13.37
95941			CONTINUOUS REMOTE MONITORING O	BY REPORT	BY REPORT
95954			MEASUREMENT OF BRAIN WAVE ACTI	$200.61	$170.52
95954	26		PHARM/PHYSICAL ACTIVATION DURI	$54.27	$46.13
95955			MEASUREMENT OF BRAIN WAVE ACTI	$97.19	$82.61
95957			MEASUREMENT OF BRAIN WAVE ACTI	$149.34	$126.94
95957	TC		DIGITAL ANALYSIS OF EEG	NA	$40.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95957	26		DIGITAL ANALYSIS OF EEG	$49.42	$42.01
95958			MEASUREMENT OF BRAIN WAVE ACTI	$357.04	$303.48
95958	TC		WADA ACTIVATION TEST FOR HEMIS	NA	$63.00
95958	26		WADA ACTIVATION TEST FOR HEMIS	$108.86	$92.53
95961			MEASUREMENT OF BRAIN WAVE ACTI	$166.29	$141.35
95961	TC		FUNCT CORTICAL MAPPI:INIT HR P	NA	$31.00
95961	26		FUNCT CORTICAL MAPPI:INIT HR P	$78.74	$66.93
95962			MEASUREMENT OF BRAIN WAVE ACTI	$140.29	$119.25
95962	TC		FUNCT CORTICAL MAP:EA ADD HR P	NA	$31.00
95962	26		FUNCT CORTICAL MAP:EA ADD HR P	$83.88	$71.30
95965			MEASUREMENT OF BRAIN MAGNETIC	$217.47	$184.85
95965	26		NEEDLE ELECTROMYOGRAPHY, LARYN	$199.48	$169.55
95966			MEASUREMENT OF BRAIN EXTERNALL	$120.00	$102.00
95967			MEASUREMENT OF BRAIN EXTERNALL	$105.00	$89.00
95970			ELECTRONIC ANALYSIS OF IMPLANT	$9.27	$7.88
95971			ELECTRONIC ANALYSIS OF IMPLANT	$23.96	$20.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95972			ELECTRONIC ANALYSIS OF IMPLANT	$28.40	$24.14
95976			ELECTRONIC ANALYSIS OF NEUROST	$19.36	$16.46
95976	26		ELECTRONIC ANALYSIS OF IMPLANT	$19.02	$16.16
95977			ELECTRONIC ANALYSIS OF IMPLANT	$25.81	$21.94
95977	26		ELECTRONIC ANALYSIS OF IMPLANT	$25.30	$21.51
95980			ELECTRONIC ANALYSIS OF IMPLANT	$22.15	$18.82
95981			ELECTRONIC ANALYSIS OF IMPLANT	$19.80	$16.83
95981	26		ELECTRONIC ANALYSIS OF IMPLANT	$8.79	$7.47
95982			ELECTRONIC ANALYSIS OF IMPLANT	$29.91	$25.42
95982	26		ELECTRONIC ANALYSIS OF IMPLANT	$17.86	$15.18
95983			ELECTRONIC ANALYSIS OF IMPLANT	$24.67	$20.97
95983	26		ELECTRONIC ANALYSIS OF IMPLANT	$24.16	$20.54
95984			ELECTRONIC ANALYSIS OF IMPLANT	$21.52	$18.29
95984	26		ELECTRONIC ANALYSIS OF IMPLANT	$21.18	$18.00
95990			MAINTENANCE OF SPINAL CANAL OR	$46.59	$39.60
95991			MAINTENANCE OF SPINAL CANAL OR	$56.29	$47.85

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
95992			REPOSITIONING EXERCISES OF HEA	$21.09	$17.92
95992	26		CANALITH REPOSITIONING PROCEDU	$17.47	$14.85
95999			OTHER DIAGNOSTIC NEUROLOGICAL	BY REPORT	BY REPORT
96000			TEST TO EVALUATE GAIT USING 3D	$40.49	$34.42
96001			TEST TO EVALUATE GAIT USING 3D	$53.85	$45.77
96002			TEST OF ELECTRICAL ACTIVITY OF	$10.41	$8.85
96003			TEST OF ELECTRICAL ACTIVITY OF	$8.06	$6.85
96004			PHYSICIAN REVIEW OF GAIT ANALY	$52.66	$44.76
96020			TEST OF NEUROLOGICAL FUNCTION	$186.50	$158.53
96040			COUNSELING FOR GENETIC TESTING	$27.80	$23.63
96101	HH		PSYCHOLOGICAL TESTING WITH INT	$0.00	$0.00
96102	HH		PSYCHOLOGICAL TESTING BY TECHN	$0.00	$0.00
96103	HH		PSYCHOLOGICAL TESTING (INC PSY	$0.00	$0.00
96105			TEST TO ASSESS THE LOSS OF THE	$47.76	$40.60
96105	UC		ASSESS APHASIA W/INTERP REP PE	$25.00	$25.00
96110			DEVELOP TESTING, LIM W/INTERP	$7.28	$6.19

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96110	HH		DEVELOP TESTING LIM W/INTERP R	$0.00	$0.00
96111	HH		DEVELOP TESTING EXTEND W/INT/R	$0.00	$0.00
96112			ADMINISTRATION OF DEVELOPMENTA	$61.36	$52.15
96112	SA		ADMINISTRATION OF DEVELOPMENTA	NA	$49.54
96112	26		DEVELOPMENTAL TEST ADMINISTRAT	$60.85	$51.72
96113			ADMINISTRATION OF DEVELOPMENTA	$29.77	$25.30
96113	SA		ADMINISTRATION OF DEVELOPMENTA	NA	$24.04
96113	26		DEVELOPMENTAL TEST ADMINISTRAT	$27.88	$23.70
96116			EXAM OF NEUROBEHAVIORAL STATUS	$45.58	$38.74
96116	HH		NEUROBEHAVIORAL STATUS EXAMINA	$0.00	$0.00
96116	UC		NEUROBEHAVIORAL STATUS EXAM(CL	$33.94	$33.94
96118	HH		NEUROPSYCHOLOGICAL TEST INTERP	$0.00	$0.00
96119	HH		NEUROPSYCHO TESTING (EG, HALS)	$0.00	$0.00
96120	HH		NEUROPSYCHOLOGICAL TESTIN (EG.	$0.00	$0.00
96121			EXAM OF NEUROBEHAVIORAL STATUS	$36.98	$31.43
96121	26		NEUROBEHAVIORAL STATUS EXAMINA	$32.16	$27.34

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96125			TEST TO ASSESS THE ABILITY TO	$51.09	$43.42
96125	HH		STANDARDIZED THOUGHT PROCESSIN	$0.00	$0.00
96125	SA		STANDARIZED COGNITIVE PERFORMA	NA	$44.30
96125	SA	26	STANDARIZED COGNITIVE PERFORMA	NA	$33.48
96125	26		STANDARDIZED COGNITIVE PERFORM	$41.46	$35.25
96127			ASSESSMENT OF EMOTIONAL OR BEH	$2.41	$2.04
96127	HD		ASSESSMENT OF EMOTIONAL OR BEH	NA	$2.11
96127	HH		BRIEF EMOTIONAL OR BEHAVIORAL	$0.00	$0.00
96127	SB		ASSESSMENT OF EMOTIONAL OR BEH	NA	$2.60
96130			EVALUATION OF PSYCHOLOGICAL TE	$59.31	$50.41
96130	26		PSYCHOLOGICAL TESTING EVALUATI	$53.29	$45.30
96131			EVALUATION OF PSYCHOLOGICAL TE	$42.23	$35.90
96131	26		PSYCHOLOGICAL TESTING EVALUATI	$36.73	$31.22
96132			EVALUATION OF NEUROPSYCHOLOGIC	$63.63	$54.08
96132	26		NEUROPSYCHOLOGICAL TESTING EVA	$51.42	$43.70
96133			EVALUATION OF NEUROPSYCHOLOGIC	$48.25	$41.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96133	26		NEUROPSYCHOLOGICAL TESTING EVA	$36.90	$31.37
96136			ADMINISTRATION OF PSYCHOLOGICA	$20.95	$17.80
96136	26		PSYCHOLOGICAL OR NEUROPSYCHOLO	$11.31	$9.61
96137			ADMINISTRATION OF PSYCHOLOGICA	$18.98	$16.13
96137	26		PSYCHOLOGICAL OR NEUROPSYCOLOG	$8.66	$7.36
96138			ADMINISTRATION OF PSYCHOLOGICA	$17.72	$15.06
96139			ADMINISTRATION OF PSYCHOLOGICA	$18.23	$15.50
96146			ADMINISTRATION OF PSYCHOLOGICA	$1.20	$1.02
96156			ASSESSMENT OF HEALTH BEHAVIOR	$48.86	$41.53
96156	HH		HLTH BHV ASSMT/REASSESSMENT	$0.00	$0.00
96156	SA		HLTH BHV ASSMT/REASSMENT	NA	$39.47
96156	UC		HLTH BHV ASSMT/REA SSESSMENT	$14.00	$14.00
96158			TREATMENT OF BEHAVIOR IMPACTIN	$33.04	$28.08
96158	EP	HM	HEALTH BEHAVIOR INTV INITIAL 3	NA	$29.75
96158	EP	HN	HEALTH BEHAVIOR INTV INITIAL 3	NA	$34.00
96158	HA		HLTH BHV IVNTJ INDIV 1ST 30	NA	$94.82

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96158	HH		HLTH BHV IVNTJ INDIV 1ST 30	$0.00	$0.00
96158	SA		HLTH BHV IVNTJ INDIV 1ST 30	NA	$27.03
96158	UC		HLTH BHV IVNTJ INDIV 1ST 30	$26.00	$13.00
96159			TREATMENT OF BEHAVIOR IMPACTIN	$11.17	$9.49
96159	HA		HLTH BHV IVNTJ INDIV EA ADDL	NA	$47.41
96159	HH		HLTH BHV IVNTJ INDIV EA ADDL	$0.00	$0.00
96159	SA		HLTH BHV IVNTJ INDIV EA ADDL	NA	$9.33
96159	UC		HLTH BHV IVNTJ EA ADDL	$13.00	$13.00
96160			ADMINISTRATION AND INTERPRETAT	$1.55	$1.32
96160	HD		ADMINISTRATION AND INTERPRETAT	NA	$1.23
96160	SB		ADMINISTRATION AND INTERPRETAT	NA	$1.50
96161			ADMINISTRATION AND INTERPRETAT	$1.55	$1.32
96164			TREATMENT OF BEHAVIOR IMPACTIN	$5.11	$4.34
96164	HH		HLTH BHV IVNTJ GRP 1ST 30	$0.00	$0.00
96164	SA		HLTH BHV IVNTJ GRP 1ST 30	NA	$3.96
96164	UC		HLTH BHV IVNTJ GRP 1ST 30	$10.00	$5.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96165			TREATMENT OF BEHAVIOR IMPACTIN	$2.29	$1.94
96165	HH		HLTH BHV IVNTJ GRP EA ADDL	$0.00	$0.00
96165	SA		HLTH BHV IVNTJ GRP EA ADDL	NA	$1.85
96165	UC		HLTH BHV IVNTJ GRP EA ADDL	$5.00	$5.00
96167			TREATMENT OF BEHAVIOR IMPACTIN	$35.76	$30.40
96167	HH		HLTH BHV IVNTJ FAM 1ST 30	$0.00	$0.00
96167	SA		HLTH BHV IVNTJ FAM 1ST 30	NA	$28.88
96167	UC		HLTH BHV IVNTJ FAM 1ST 30	$26.00	$13.00
96168			TREATMENT OF BEHAVIOR IMPACTIN	$12.80	$10.88
96168	HH		HLTH BHV IVNTJ FAM EA ADDL	$0.00	$0.00
96168	SA		HLTH BHV IVNTJ FAM EA ADDL	NA	$10.33
96168	UC		HLTH BHV IVNTJ FAM EA ADDL	$13.00	$13.00
96170			TREATMENT OF BEHAVIOR IMPACTIN	$24.00	$20.00
96170	SA		HLTH BHV IVNTJ FAM WO PT 1ST	NA	$19.00
96170	UC		HLTH BHV IVNTJ FAM WO PT 1ST	$12.00	$12.00
96171			TREATMENT OF BEHAVIOR IMPACTIN	$12.00	$10.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96171	SA		HLTH BHV IVNTJ FAM W/O PT EA	NA	$9.50
96171	UC		HLTH BHV IVNTJ FAM W/O PT EA	$12.00	$12.00
96360			INFUSION INTO A VEIN FOR HYDRA	$16.51	$14.03
96360	SA		IV INFUSION,HYDRATION, 31MIN-1	NA	$15.60
96361			INFUSION INTO A VEIN FOR HYDRA	$6.27	$5.33
96361	SA		IV INFUSION,HYDRATION EACH ADD	NA	$5.96
96365			INFUSION INTO A VEIN FOR THERA	$32.11	$27.29
96365	SA		IV INFUSION FOR THERAPY UP TO	NA	$31.83
96366			INFUSION INTO A VEIN FOR THERA	$10.31	$8.76
96366	SA		IV INFUSION FOR THERAPY EACH A	NA	$9.50
96367			INFUSION INTO A VEIN FOR THERA	$14.43	$12.26
96367	SA		IV INFUSION FOR THERAPY ADDIT	NA	$13.74
96368			INFUSION INTO A VEIN FOR THERA	$9.98	$8.48
96368	SA		IV INFUSION FOR THERAPY,CONCUR	NA	$9.06
96369			INFUSION INTO TISSUE FOR THERA	$72.72	$61.81
96369	SA		SUBCU INFUSION FOR THERAPY,UP	NA	$69.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96370			INFUSION INTO TISSUE FOR THERA	$8.07	$6.86
96370	SA		SUBCU INFUSION FOR THERAPY,EAC	NA	$6.44
96371			ESTABLISHMENT OF NEW INFUSION	$31.13	$26.46
96371	SA		SUBCU INFUSION FOR THERAPY,ADD	NA	$28.86
96372	AG		INJECTION OF DRUG UNDER SKIN/M	NA	$7.43
96372	FP		THERAPEUTIC/PROPHY/DIAGNOSTIC	$25.99	$22.09
96372	SA		THER/PROPH/DIAG: SUBCU/IM	NA	$6.00
96372	SB		THERAPEUTIC PROPHYLACTIC DIAGN	NA	$7.86
96373			INJECTION OF DRUG OR SUBSTANCE	$9.46	$8.04
96374			INJECTION OF DRUG OR SUBSTANCE	$18.74	$15.92
96374	SA		THER/PROPH/DIAG: IV PUSH	NA	$18.03
96374	SB		IV PUSH THERAP/PROPHYL/DIAGNOS	NA	$21.39
96375			INJECTION OF ADDITIONAL NEW DR	$7.81	$6.64
96375	SA		THER/PROPH/DIAG INJ:EACH ADD I	NA	$7.32
96375	SB		EACH ADDIT IV PUSH THER/PROPHY	NA	$8.62
96376			INJECTION OF ADDITIONAL DRUG O	$14.14	$12.01

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96376	SA		THER/PROPH/DIAG INJ:EACH ADDIT	NA	$11.41
96377			APPLICATION OF ON-BODY INJECTO	$9.29	$7.89
96379			INJECTION OR INFUSION INTO A V	$2.50	$2.50
96379	SA		UNLISTED THER/PROPH/DIAG INJEC	NA	$2.50
96379	SB		UNLISTED THER/PROPHYL/DIAGNOST	NA	$2.50
96380			ADMINISTRATION OF RESPIRATORY	$11.45	$9.78
96381			ADMINISTRATION OF RESPIRATORY	$9.98	$8.48
96401			ADMINISTRATION OF NON-HORMONAL	$36.75	$31.24
96401	SA		CHEMOTHERAPY ADMINIS SUBCU OR	NA	$35.63
96402			ADMINISTRATION OF HORMONAL ANT	$18.04	$15.33
96402	SA		CHEMO ADMIN SUBCU/IM HORM ANTI	NA	$14.20
96405			ADMINISTRATION OF CHEMOTHERAPY	$42.30	$35.96
96406			ADMINISTRATION OF CHEMOTHERAPY	$66.09	$56.17
96409			ADMINISTRATION OF CHEMOTHERAPY	$51.34	$43.63
96409	SA		CHEMOTHERAPY ADMIN IV PUSH SIN	NA	$49.15
96411			ADMINISTRATION OF ADDITIONAL N	$27.83	$23.65

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96411	SA		CHEMO ADMIN IV PUSH EACH ADD S	NA	$26.81
96413			ADMINISTRATION OF CHEMOTHERAPY	$66.43	$56.46
96413	SA		CHEMO ADMINIS IV INFUS UP TO 1	NA	$64.29
96415			ADMINISTRATION OF CHEMOTHERAPY	$14.08	$11.97
96415	SA		CHEMO ADMIN IV INFUSION EACH A	NA	$13.43
96416			ADMINISTRATION OF PROLONGED CH	$65.47	$55.65
96416	SA		CHEMO ADMIN INIT PROLONGED INF	NA	$63.93
96417			ADMINISTRATION OF ADDITIONAL N	$32.63	$27.73
96417	SA		CHEMO ADMIN IV INFUS EACH ADD	NA	$31.07
96420			ADMINISTRATION OF CHEMOTHERAPY	$52.44	$44.57
96420	SA		CHEMOTHERAPY INTRA-ARTERIAL, P	NA	$45.45
96422			ADMINISTRATION OF CHEMOTHERAPY	$80.29	$68.24
96422	SA		CHEMOTHERAPY, INFUSION UP TO 1	NA	$26.60
96423			ADMINISTRATION OF CHEMOTHERAPY	$37.30	$31.71
96423	SA		CHEMOTHERAPY 1 TO 8 HRS, EACH	NA	$13.30
96425	SA		CHEMOTHERAPY INFUSION >8HRS PE	NA	$16.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96440			ADMINISTRATION OF CHEMOTHERAPY	$382.80	$325.38
96446			ADMINISTRATION OF CHEMOTHERAPY	$81.98	$69.68
96446	26		CHEMOTHERAPY ADMINISTRATION IN	$10.08	$8.56
96450			ADMINISTRATION OF CHEMOTHERAPY	$81.83	$69.56
96521			REFILLING AND MAINTENANCE OF P	$63.75	$54.18
96521	SA		PORTABLE PUMP REFILLING/MAINTE	NA	$66.38
96522			REFILLING AND MAINTENANCE OF I	$60.47	$51.40
96522	SA		REFILLING/MAINTENANCE IMPLANT	NA	$56.76
96523			IRRIGATION OF IMPLANTED VENOUS	$12.86	$10.93
96523	SA		IRRIGATION OF IMPLANTED VENOUS	NA	$12.57
96542			INJECTION OF CHEMOTHERAPY VIA	$66.65	$56.65
96567			APPLICATION OF LIGHT TO DESTRO	$70.70	$60.09
96570			APPLICATION OF LIGHT TO DESTRO	$24.49	$20.81
96571			APPLICATION OF LIGHT TO DESTRO	$12.16	$10.34
96573			APPLICATION OF LIGHT BY QUALIF	$116.49	$99.01
96574			APPLICATION OF LIGHT WITH DEBR	$142.26	$120.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96900			ACTINOTHERAPY (ULTRAVIOLET LIG	$12.90	$10.96
96904			PHOTOGRAPH OF ENTIRE BODY	$35.43	$30.12
96910			THERAPY PROCEDURE USING ULTRAV	$61.23	$52.05
96912			THERAPY PROCEDURE USING ULTRAV	$52.11	$44.29
96913			THERAPY PROCEDURE USING ULTRAV	$78.94	$67.10
96920			TREATMENT OF INFLAMMATORY SKIN	$79.16	$67.29
96920	26		LASER TREAT PSORIASIS <250 SQ	$31.17	$26.49
96921			TREATMENT OF INFLAMMATORY SKIN	$86.75	$73.73
96921	26		LASER TX PSORIASIS 250-500 SQ	$35.31	$30.01
96922			TREATMENT OF INFLAMMATORY SKIN	$117.76	$100.09
96922	26		LASER TX PSORIASIS >500 SQW CM	$56.86	$48.33
96931			IMAGING OF SKIN GROWTH USING M	$86.74	$73.73
96932			IMAGING OF SKIN GROWTH USING M	$65.54	$55.70
96933			INTERPRETATION AND REPORT OF I	$21.21	$18.02
96934			IMAGING OF SKIN GROWTH USING M	$59.95	$50.96
96935			IMAGING OF SKIN GROWTH USING M	$39.91	$33.92

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
96936			INTERPRETATION AND REPORT OF I	$20.04	$17.03
96999			OTHER SPECIAL SERVICE OR PROCE	BY REPORT	BY REPORT
97110			THERAPY PROCEDURE USING EXERCI	NA	$16.31
97112			THERAPY PROCEDURE TO RE-EDUCAT	NA	$18.98
97127			ONE-ON-ONE THERAPEUTIC INTERVE	NA	$16.72
97127	HI		ONE-ON-ONE THERAPEUTICA INTER	NA	$36.50
97129			THERAPY PROCEDURE FOR A RANGE	NA	$11.74
97130			THERAPY PROCEDURE FOR A RANGE	NA	$11.40
97161			EVALUATION FOR PHYSICAL THERAP	$50.22	$42.69
97162			EVALUATION FOR PHYSICAL THERAP	$50.22	$42.69
97163			EVALUATION FOR PHYSICAL THERAP	$50.22	$42.69
97164			RE-EVALUATION FOR PHYSICAL THE	$34.98	$29.73
97165			EVALUATION FOR OCCUPATIONAL TH	$50.74	$43.13
97166			EVALUATION FOR OCCUPATIONAL TH	$50.74	$43.13
97167			EVALUATION FOR OCCUPATIONAL TH	$50.74	$43.13
97168			RE-EVALUATION FOR OCCUPATIONAL	$35.15	$29.88

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
97169			EVALUATION FOR ATHLETIC TRAINI	BY REPORT	BY REPORT
97170			EVALUATION FOR ATHLETIC TRAINI	BY REPORT	BY REPORT
97171			EVALUATION FOR ATHLETIC TRAINI	BY REPORT	BY REPORT
97172			RE-EVALUATION FOR ATHLETIC TRA	BY REPORT	BY REPORT
97530			THERAPY PROCEDURE USING FUNCTI	BY REPORT	BY REPORT
97535			TRAINING FOR SELF-CARE OR HOME	$16.41	$13.94
97535	HI		SELF-CARE/HME HGT TRAINING/15	NA	$27.48
97535	HI	UN	OCCUPATIONAL THERAPY 15 MINS	NA	$7.85
97535	HI	UP	OCCUPATIONAL THERAPIST GRP 3 S	NA	$8.87
97535	HI	UQ	OCCUPATIONAL THERAPY 15 MINS	NA	$6.65
97535	HI	UR	SELF-CARE/HME MGT TRAINING/15	NA	$5.32
97535	ST		TBI-OCCUPATIONAL THERAPY VS (3	NA	$73.00
97597			REMOVAL OF TISSUE FROM WOUND,	$51.33	$43.63
97598			REMOVAL OF TISSUE FROM WOUND,	$22.69	$19.29
97605			THERAPY PROCEDURE USING A SPEC	$21.64	$18.39
97606			THERAPY PROCEDURE USING A SPEC	$25.72	$21.86

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
97607			THERAPY PROCEDURE USING A SPEC	$179.32	$152.42
97607	26		NEGATIVE PRESSURE WOUND THERAP	$10.40	$8.84
97608			THERAPY PROCEDURE USING A SPEC	$185.45	$157.63
97608	26		NEGATIVE PRESSURE WOUND THERAP	$12.22	$10.39
97610			THERAPY PROCEDURE USING ULTRAS	$220.30	$187.26
97763			FOLLOW-UP TRAINING IN THE USE	$26.53	$22.55
97799			OTHER PHYSICAL MEDICINE OR REH	$7.00	$7.00
97804			THERAPY PROCEDURE FOR NUTRITIO	NA	$15.02
97810			ACUPUNCTURE, INITIAL 15 MINUTE	$19.16	$16.29
97811			ACUPUNCTURE, EACH ADDITIONAL 1	$14.11	$11.99
97813			ACUPUNCTURE WITH ELECTRICAL ST	$22.73	$19.32
97814			ACUPUNCTURE WITH ELECTRICAL ST	$18.36	$15.60
98925			OSTEOPATHIC MANIPULATIVE TREAT	$15.70	$13.34
98940			CHIROPRACTIC MANIPULATIVE TREA	$13.64	$6.00
98941			CHIROPRACTIC MANIPULATIVE TREA	$19.59	$6.00
98942			CHIROPRACTIC MANIPULATIVE TREA	$25.19	$6.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
98960			EDUCATION AND TRAINING FOR PAT	$13.88	$11.79
98960	SB		EDUCATION AND TRAINING FOR PAT	NA	$13.88
98961			EDUCATION AND TRAINING FOR PAT	$6.85	$5.82
98961	SB		EDUCATION AND TRAINING FOR PAT	NA	$6.85
98962			EDUCATION AND TRAINING FOR PAT	$5.05	$4.29
98962	SB		EDUCATION AND TRAINING FOR PAT	NA	$5.05
98966			TELEPHONE MEDICAL DISCUSSION P	NA	$6.67
98966	HH		TELEPHONE ASSESS & MGMT 5-10MI	$0.00	$0.00
98967			TELEPHONE MEDICAL DISCUSSION P	NA	$12.21
98967	HH		TELEPHONE ASSESS & MGMT 15-20M	$0.00	$0.00
98968			TELEPHONE MEDICAL DISCUSSION P	NA	$12.21
98968	HH		TELEPHONE ASSESS & MGMT 21-30	$0.00	$0.00
98970			ONLINE DIGITAL EVALUATION AND	$5.77	$4.90
98971			ONLINE DIGITAL EVALUATION AND	$10.22	$8.68
98972			ONLINE DIGITAL EVALUATION AND	$15.13	$12.86
98975			SET-UP AND PATIENT EDUCATION F	NA	$10.45

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
98976			DEVICE SUPPLY WITH SCHEDULED R	NA	$30.16
98977			DEVICE SUPPLY WITH SCHEDULED R	NA	$30.16
98980			REMOTE THERAPEUTIC MONITORING	$25.51	$21.68
98980	26		REMOTE THERAPEUTIC MONITORING	$15.02	$12.76
98981			REMOTE THERAPEUTIC MONITORING	$20.01	$17.01
98981	26		REMOTE THERAPEUTIC MONITORING	$14.86	$12.63
99051			SERVICE PROVIDED IN AN OFFICE	$5.00	$5.00
99051	SA		SERVICE(S) PROVIDED IN OFFICE	NA	$4.75
99053			SERVICE PROVIDED BETWEEN 10:00	$5.00	$5.00
99060			SERVICE PROVIDED ON AN EMERGEN	$5.00	$5.00
99070			PROVISION OF SUPPLY AND MATERI	BY REPORT	BY REPORT
99072			ADDITIONAL SUPPLIES, MATERIALS	BY REPORT	BY REPORT
99078	TH		PHYSICIAN OR OTHER QUALIFIED H	NA	$7.00
99082			UNUSUAL TRAVEL	$40.72	$8.14
99152			USE OF A DRUG TO INDUCE DEPRES	$25.71	$21.85
99153			USE OF A DRUG TO INDUCE DEPRES	$6.01	$5.11

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99156			USE OF A DRUG TO INDUCE DEPRES	$36.45	$30.98
99157			USE OF A DRUG TO INDUCE DEPRES	$28.97	$24.62
99173			SCREENING FOR VISUAL SHARPNESS	$5.00	$5.00
99174			SCREENING OF EYE WITH SPECIAL	$9.00	$7.65
99177			SCREENING OF EYE WITH SPECIAL	$11.00	$9.35
99183			MANAGEMENT OF OXYGEN CHAMBER T	$51.77	$44.00
99184			TREATMENT BY LOWERING HEAD OR	$104.41	$88.74
99190			ASSEMBLY AND OPERATION OF HEAR	$45.00	$38.00
99191			ASSEMBLY AND OPERATION OF HEAR	$33.75	$29.00
99192			ASSEMBLY AND OPERATION OF HEAR	$22.50	$19.00
99195			DRAWING OF BLOOD FOR A MEDICAL	$49.34	$41.93
99199			OTHER SPECIAL SERVICE, PROCEDU	BY REPORT	BY REPORT
99199	HD		OTHER MEDICINE AND SERVICES	NA	$16.62
99199	HD	U8	OTHER MEDICINE AND SERVICES	NA	$100.00
99199	HD	22	OTHER MEDICINE AND SERVICES	NA	$16.62
99199	SE	U1	UNDER OTHER MEDICAL SERV & PRO	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99202	FP		E/M FP VISIT,NEW PATIENT IN FP	$130.88	$111.25
99202	FP	52	E/M FP VISIT,NEW PATIENT IN FP	$130.88	$111.25
99202	HD		(HEALTHSTART) INITIAL ANTEPART	$76.10	$72.93
99202	HD	SB	(HEALTHSTART) INITIAL ANTEPART	NA	$70.82
99202	HF		PRESCRIPTION VISIT IN NARCOTIC	NA	$92.13
99202	HF	SA	PRESCRIPTION VISIT IN NARCOTIC	NA	$87.52
99202	HG		PHYSICIAN VISIT-NEW PT (20 MIN	NA	$52.85
99202	HH		NEW PATIENT OFFICE OR OTHER OU	$0.00	$0.00
99203	FP		E/M INITIAL FP VISIT IN FP CLI	$201.38	$171.18
99203	FP	52	E/M INITIAL FP VISIT IN FP CLI	$201.38	$171.18
99203	HF		NEW PATIENT OFFICE OR OTHER OU	$130.01	$130.01
99203	HF	SA	NEW PATIENT OFFICE OR OTHER OU	NA	$130.01
99203	HH		MEW PT OFFICE OR OTHER OP 30MI	$0.00	$0.00
99204	FP	52	E/M INITIAL FP VISIT IN FP CLI	$301.07	$255.91
99204	HF		NEW PATIENT OFFICE OR OTHER PA	$197.44	$197.44
99204	HF	SA	NEW PATIENT OFFICE OR OTHER PA	NA	$197.44

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99204	HH		NEW PT OFFICE OR OTHER OP 45MI	$0.00	$0.00
99204	SB	52	E/M INITIAL FP VISIT IN FP CL	NA	$27.50
99205	HF		NEW PATIENT OFFICE OR OTHER OU	$249.05	$249.05
99205	HF	SA	NEW PATIENT OFFICE OR OTHER OU	NA	$249.05
99205	HH		NEW PT OFFICE OR OTHER OP 60MI	$0.00	$0.00
99205	HU		DYFS PRE PLACEMENT EXAM	NA	$100.00
99205	HU	SA	DYFS PRE PLACEMENT EXAM BY CNP	NA	$95.00
99205	SB		NEW PATIENT OFFICE OR OTHER OU	NA	$165.97
99211			OFFICE OR OTHER OUTPATIENT VIS	$11.86	$10.08
99211	FP		E/M FOLLOW UP VISIT--FP CLINIC	$42.68	$36.28
99211	FP	SB	E/M FOLLOW UP VS. BY CNM IN FP	NA	$46.31
99211	FP	52	E/M FOLLOW UP VISIT--FP CLINIC	$42.68	$36.28
99211	HF		PRESCRIPTION VISIT IN NARCOTIC	NA	$28.53
99211	HG		PHYSICIAN VISIT-EST PT IN OTF	NA	$25.00
99211	HH		OFFICE OR OTHER OUTPATIENT VIS	$0.00	$0.00
99211	HV		PRESCRIPTION VISIT IN SA CENTE	NA	$18.60

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99211	SA		E/M ESTAB.PATIENT MINIMAL PROB	NA	$13.30
99211	SA	UC	E/M ESTAB.PATIENT MINIMAL PROB	NA	$13.50
99211	SB		E/M ESTABLISHED PATIENT - VS B	NA	$16.00
99211	SB	52	E/M FOLLOW UP VS. BY CNM IN FP	NA	$12.40
99211	UC		E/M ESTAB.PATIENT MINIMAL PROB	$14.27	$14.27
99212	FP		E/M - FP VISIT IN FP CLINIC	$102.65	$87.26
99212	FP	52	E/M F/U VISIT IN FP CLINIC	$102.65	$87.26
99212	HF		ESTABLISHED PATIENT OFFICE OR	$55.45	$55.45
99212	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$51.34
99212	HH		ESTABLISHED PATIENT OFFICE OR	$0.00	$0.00
99212	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$59.46
99213	FP		E/M F/U VIVIT IN FAMILY PLANNI	$164.20	$139.57
99213	FP	52	E/M F/U VISIT IN FAMILY PLANNI	$164.20	$139.57
99213	HF		ESTABLISHED PATIENT OFFICE OR	$90.69	$90.69
99213	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$85.38
99213	HH		ESTABLISHED PT OFFICE OR OTH 1	$0.00	$0.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99213	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$85.38
99214	HF		ESTABLISHED PATIENT OFFICE OR	$131.17	$131.17
99214	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$125.42
99214	HH		ESTABLISHED PT OFFICE OR OTH 2	$0.00	$0.00
99214	SA	UC	E/M OFFICER/OP ESTAB PT CLINIC	NA	$125.42
99215	HF		ESTABLISHED PATIENT OFFICE OR	$175.79	$175.79
99215	HF	SA	E/M OFFICE/OP ESTAB PT APN SUD	NA	$168.54
99215	HH		ESTABLISHED PATIENT OFFICE OR	$0.00	$0.00
99215	SA	UC	E/M OFFICE/OP ESTAB PT CLINIC	NA	$187.64
99231			SUBSEQUENT HOSPITAL CARE WITH	$24.24	$20.60
99231	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	$19.60
99231	SB		E/M SUBSEQUENT HOSPITAL CARE B	NA	$23.50
99241			OFFICE CONSULTATION, TYPICALLY	$44.00	$37.00
99242			OFFICE OR OTHER OUTPATIENT CON	$64.70	$54.40
99242	SA		E/M OFFICE OP CONSULT NEW/EST	NA	$51.68
99243			OFFICE OR OTHER OUTPATIENT CON	$64.70	$54.40

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99243	SA		E/M OFFICE/OP CONSULT NEW/EST	NA	$51.68
99244			OFFICE OR OTHER OUTPATIENT CON	$91.10	$77.90
99244	SA		E/M OFFICE/OP CONSULT NEW/ESTA	NA	$74.00
99244	SM		CONSULTATION FOR SECOND OPINIO	$73.50	$62.50
99244	SN		CONSULTATION FOR THIRD OPINION	$73.50	$62.50
99245			OFFICE OR OTHER OUTPATIENT CON	$91.10	$77.90
99252			INPATIENT OR OBSERVATION CONSU	$64.70	$54.40
99253			INPATIENT OR OBSERVATION CONSU	$64.70	$54.40
99254			INPATIENT OR OBSERVATION CONSU	$91.10	$77.90
99255			INPATIENT OR OBSERVATION CONSU	$91.10	$77.90
99281			EMERGENCY DEPARTMENT VISIT FOR	$5.58	$4.74
99281	SA		E/M EMERG.DEPT. VISIT NEW/EST	NA	$13.30
99282			EMERGENCY DEPARTMENT VISIT WIT	$20.35	$17.30
99282	SA		E/M EMERG. DEPT.VISIT NEW/EST	NA	$19.60
99291	SA		CRITICAL CARE DELIVERY CRITICA	NA	$116.58
99292	SA		CRITICAL CARE..EACH ADDITIONAL	NA	$50.57

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99347			RESIDENCE VISIT FOR ESTABLISHE	$22.30	$18.95
99347	SA		E/M HOME VISIT ESTABLISHED PT	NA	$33.30
99348			RESIDENCE VISIT FOR ESTABLISHE	$37.68	$32.03
99348	SA		E/M HOME VISIT ESTABLISHED PT	NA	$48.90
99358			EXTENDED PATIENT SERVICE WITHO	$56.76	$48.25
99359			EXTENDED PATIENT SERVICE WITHO	$27.39	$23.28
99366			MEDICAL TEAM CONFERENCE WITH P	$21.81	$18.53
99366	HH		MEDICAL TEAM CONFERENCE W/INTE	$0.00	$0.00
99367			MEDICAL TEAM CONFERENCE WITH P	$28.83	$24.51
99367	HH		MED TEAM CONFER W/ FTF 30MIN O	$0.00	$0.00
99368			MEDICAL TEAM CONFERENCE WITH N	$18.74	$15.93
99368	HH		MED TEAM CONF W/ NONPHYSICIAN	$0.00	$0.00
99385			INITIAL NEW PATIENT PREVENTIVE	$32.30	$25.00
99385	EP	HU	CHEC VISIT FOR AGES 18 TO 21	NA	$335.00
99385	HU	SA	CHEC VISIT AGES 18-21	NA	$318.25
99385	HU	22	CHEC VISIT 18-21 YEAR COMBO ME	NA	$670.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99385	SA		E/M INITIAL PREV MED AGES 18 T	NA	$23.80
99385	SB		E/M INITIAL PREV MED AGES 18-3	NA	$32.30
99386			INITIAL NEW PATIENT PREVENTIVE	$32.30	$25.00
99386	SA		E/M INITIAL PREV.MED. AGES 40-	NA	$23.80
99386	SB		E/M INITIAL PREV MED AGES 40-6	NA	$32.30
99387			INITIAL NEW PATIENT PREVENTIVE	$32.30	$25.00
99387	SA		E/M INITIAL PREV. MED AGES 65	NA	$23.80
99387	SB		E/M INITIAL PREV MED AGE 65 +	NA	$32.30
99395			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00
99395	FP		E/M PERIODIC EVAL EST PT WO BI	$155.86	$79.70
99395	FP	SB	E/M PERIODIC EVAL.EST. PATIENT	NA	$75.72
99395	FP	22	E/M PERIODIC EVAL EST PT IN FP	$83.70	$83.70
99395	SA		E/M EST PT PREV MED AGES 18-39	NA	$23.80
99395	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$32.30
99395	SB	52	E/M PERIODIC EVAL.IN FP CLINIC	NA	$27.50
99396			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99396	SA		E/M EST.PT. PREV.MED. AGES 40-	NA	$23.80
99396	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$32.30
99397			ESTABLISHED PATIENT PERIODIC P	$32.30	$25.00
99397	SA		E/M EST.PT. PREV.MED. AGES65&	NA	$23.80
99397	SB		E/M EST.PT. PREV.MED. BY CNM	NA	$32.30
99401			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99402			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99403			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99404			PREVENTIVE MEDICINE COUNSELING	$23.50	$20.60
99406	HH		SMOKE & TOBACCO CESS COUN 3-10	$0.00	$0.00
99406	SB		SMOKING AND TOBACCO USE INTENS	NA	$8.29
99407	HH		SMOKEING & TOB USE CESS COUN >	$0.00	$0.00
99407	SB		SMOKING AND TOBACCO USE INTENS	NA	$15.17
99408			ALCOHOL AND/OR SUBSTANCE ABUSE	$15.21	$12.93
99408	HH		ALC&/OR SUBSTANCE SBIRT 15-30M	$0.00	$0.00
99409			ALCOHOL AND/OR SUBSTANCE ABUSE	$29.84	$25.36

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99409	HH		ALC &/OR SUBSTANCE SBIRT >30MI	$0.00	$0.00
99412	HH		E/M COUNSEL/GROUP, APPOX, 60 M	$0.00	$0.00
99415			EXTENDED OFFICE OR OTHER OUTPA	$10.66	$9.06
99416			EXTENDED OFFICE OR OTHER OUTPA	$4.99	$4.24
99420	HH		E/M ADM INTERP HLTH RISK ASSES	$0.00	$0.00
99421			ONLINE DIGITAL EVALUATION AND	$7.48	$6.36
99421	SA		ONLINE DIGITAL EVALUATION	NA	$6.17
99421	26		ONLINE DIGITAL EVALUATION AND	$6.28	$5.33
99422			ONLINE DIGITAL EVALUATION AND	$14.62	$12.42
99422	SA		ONLINE DIGITAL EVALUATION AND	NA	$12.34
99422	26		ONLINE DIGITAL EVALUATION AND	$12.39	$10.53
99423			ONLINE DIGITAL EVALUATION AND	$23.25	$19.76
99423	SA		ONLINE DIGITAL EVALUATION AND	NA	$19.53
99423	26		ONLINE DIGITAL EVALUATION AND	$19.81	$16.84
99424			PRINCIPAL CARE MANAGEMENT SERV	$41.16	$34.98
99424	26		PRINCIPAL CARE MANAGEMENT SERV	$36.51	$31.03

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99425			PRINCIPAL CARE MANAGEMENT SERV	$29.93	$25.44
99425	26		PRINCIPAL CARE MANAGEMENT SERV	$25.12	$21.35
99426			PRINCIPAL CARE MANAGEMENT SERV	$30.96	$26.31
99426	26		PRINCIPAL CARE MANAGEMENT SERV	$24.25	$20.61
99427			PRINCIPAL CARE MANAGEMENT SERV	$23.70	$20.14
99427	26		PRINCIPAL CARE MANAGEMENT SERV	$16.98	$14.43
99437			CHRONIC CARE MANAGEMENT SERVIC	$29.76	$25.29
99437	26		CHRONIC CARE MANAGEMENT SERVIC	$24.77	$21.05
99439			CHRONIC CARE MANAGEMENT SERVIC	$24.05	$20.44
99439	26		CHRONIC CARE MANAGEMENT SERVIC	$17.17	$14.59
99441			TELEPHONE MEDICAL DISCUSSION W	$28.35	$24.10
99441	HH		TELEPHONE EVAL & MGMT 5-10 MIN	$0.00	$0.00
99441	SA		TELEPHONE EVALUATION AND MANAG	NA	$23.80
99442			TELEPHONE MEDICAL DISCUSSION W	$45.45	$38.63
99442	HH		TELEPHONE EVAL & MGMT 11-20MIN	$0.00	$0.00
99442	SA		TELEPHONE EVALUATION AND MANAG	NA	$38.55

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99443			TELEPHONE MEDICAL DISCUSSION W	$64.24	$54.60
99443	HH		TELEPHONE EVAL & MGMT 21-30MIN	$0.00	$0.00
99443	SA		TELEPHONE EVALUATION AND MANAG	NA	$54.53
99446			TELEPHONE, INTERNET, OR ELECTR	$8.75	$7.44
99447			TELEPHONE OR INTERNET ASSESSME	$17.84	$15.16
99448			TELEPHONE OR INTERNET ASSESSME	$26.43	$22.46
99449			TELEPHONE OR INTERNET ASSESSME	$35.19	$29.91
99451			TELEPHONE, INTERNET, OR ELECTR	$17.17	$14.59
99452			TELEPHONE OR INTERNET REFERRAL	$16.66	$14.16
99453			REMOTE MONITORING OF PHYSIOLOG	$10.31	$8.76
99454			REMOTE MONITORING OF PHYSIOLOG	$24.42	$20.76
99457			MANAGEMENT USING THE RESULTS O	$24.66	$20.96
99457	26		REMOTE MONITORING OF PHYSIOLOG	$14.68	$12.48
99458			MANAGEMENT USING THE RESULTS O	$19.67	$16.72
99458	26		REMOTE PHSILOGIC MONITORING TR	$14.68	$12.48
99473			EDUCATION AND TRAINING TO SELF	$7.39	$6.28

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99473	SB		EDUCATION AND TRAINING TO SELF	NA	$6.35
99474			SELF MEASURED BLOOD PRESSURE M	$8.42	$7.15
99474	SB		SELF MEASURED BLOOD PRESSURE M	NA	$7.92
99474	26		SELF-MEASURED BLOOD PRESSURE M	$4.29	$3.65
99477			INITIAL INTENSIVE CARE OF NEWB	$165.30	$140.51
99483			ASSESSMENT OF AND CARE PLANNIN	$136.92	$116.38
99483	26		ASSESSMENT OF AND CARE PLANNIN	$94.77	$80.55
99484			CARE MANAGEMENT SERVICES FOR B	$27.42	$23.31
99484	26		CARE MANAGEMENT SERVICES FOR B	$21.58	$18.34
99487			COMPLEX CHRONIC CARE MANAGEMEN	$67.46	$57.34
99488			COMPLEX CHRONIC CARE COORDINAT	BY REPORT	BY REPORT
99489			COMPLEX CHRONIC CARE MANAGEMEN	$36.30	$19.63
99490			CHRONIC CARE MANAGEMENT SERVIC	$31.31	$26.61
99491			CHRONIC CARE MANAGEMENT SERVIC	$42.14	$35.82
99492			INITIAL PSYCHIATRIC COLLABORAT	$77.19	$65.61
99492	26		INITIAL PSYCHIATRIC COLLABORAT	$46.05	$39.14

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99493			FOLLOW-UP PSYCHIATRIC COLLABOR	$70.13	$59.61
99493	26		SUBSEQUENT COLLABORATIVE CARE	$50.35	$42.79
99494			PSYCHIATRIC COLLABORATIVE CARE	$29.78	$25.31
99494	26		INITIAL OR SUBSEQUENT PSYCHIAT	$20.14	$17.12
99496			TRANSITIONAL CARE MANAGEMENT S	$140.59	$119.50
99496	26		TRANSITIONAL CARE MANAGEMENT S	$93.28	$79.29
99497			ADVANCE CARE PLANNING, FIRST 3	$40.77	$34.65
99498			ADVANCE CARE PLANNING, EACH AD	$35.19	$29.91
99499			OTHER EVALUATION AND MANAGEMEN	BY REPORT	BY REPORT
99500	TH		NST/FHR MONITORING AT HOME	CONTRACT PRICING	NA
99502			HOME VS NEWBORN CARE & ASSESSM	$35.00	$35.00
99502	SA		HOME VS NEWBORN CARE & ASSESSM	$33.25	$33.25
99504			HOME VS PTS RECEIVING MECHAN V	$35.00	$35.00
99600			OTHER HOME VISIT SERVICE OR PR	BY REPORT	BY REPORT
99600	HD		UNLISTED HOME VISIT SERVICE	NA	$16.62
99600	HD	U7	UNLISTED HOME VISIT SERVICE	NA	$16.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

THIS WEBSITE IS FOR INFORMATIONAL PURPOSE ONLY.

Please See "Procedure Master Listing – Children's Rates" for Additional Procedure Code and Rate Information.

MEDICAID FEE FOR SERVICES: UPDATE JUNE 1, 2024

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = : SERVICES TO WHICH THE PROCEDURE CODE BELONGS

N/A = NOT APPLICABLE

				Rates Effective January 1, 2024	
				*Rates are proposed until CMS approval	
CPT/HCPCS /CDT/ PRACTITIONER	**MOD 1**	**MOD 2**	**SHORT-DESCRIPTION**	**MAX FEE ALLOWANCE SPECIALIST**	**MAX FEE ALLOWANCE NON-SPECIALIST**
DME/P&O				**PURCHASE**	**RENTAL**
99600	HD	22	UNLISTED HOME VISIT SERVICE	NA	$16.62

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.