Procedure	Procedure Code : 00100 AS OF 04/06/2024												
				Pr	cocedure	Descriptio	n						
Begin	D. J. D. L.	36 - 31	M - 30	W- 32	26 - 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS; INCLUDING BIOPSY												
ANESTH SALIVARY GLAND													
2009-04-01	9999-12-31					NO	5.00	400		YES	YES		

Procedure	Procedure Code : 00102 AS OF 04/06/2024													
				Pr	rocedure I	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	Ena Bacc	Modi	Modz	Hous	riod i	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP													
ANESTH REPAIR OF CLEFT LIP														
2009-04-01						NO	6.00	400		YES	YES			

Procedure	Procedure Code : 00103 AS OF 04/06/2024														
				Pı	cocedure	Descriptic	n								
Begin	Begin PA Base Max Facility Manual Covered														
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESI	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG; BLEPHAROPLASTY; PTOSISSURGERY)														
ANESTH BLEPHAROPLASTY															
	9999-12-31					NO	5.00	400		YES	YES				

Procedure	Procedure Code : 00104 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin		34 34		10	34 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY												
ANESTH ELECTROSHOCK													
	9999-12-31					NO	4.00	400		YES	YES		

Procedure	Procedure Code : 00120 AS OF 04/06/2024													
	Procedure Description													
Begin	nud Data	No. 31	W- 30	w- 42	Ma -3.4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED													
ANESTH EAR SURGERY														
	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00124 AS OF 04/06/2024														
				Pr	ocedure	Descriptic	n								
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESI	ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; OTOSCOPY														
ANESTH EAR EXAM															
2009-04-01	9999-12-31					NO	4.00	400		YES	YES				

Procedure	Procedure Code : 00126 AS OF 04/06/2024												
				Pr	ocedure	Descriptio	n						
Begin		34 34	v. 10	». 10	26 24	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; TYMPANOTOMY												
ANESTH TYMPANOTOMY													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	Procedure Code : 00140 AS OF 04/06/2024													
				Pr	cocedure 1	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	MOGI	MOGZ	Mods	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED														
ANESTH PROCEDURES ON EYE														
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00142 AS OF 04/06/2024													
	Procedure Description													
Begin			_		_	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit			
ANESTHES	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY													
ANESTH LE	ANESTH LENS SURGERY													
	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00144 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin	Tod Data	No. 31	Wa 30	Wa da	W- 44	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT												
ANESTH CORNEAL TRANSPLANT													
	9999-12-31					NO	6.00	400		YES	YES		

Procedure	Procedure Code : 00145 AS OF 04/06/2024													
	Procedure Description													
Begin	D. J. D. L.	24 - 31	M - 30	w. 40	24 - 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY														
ANESTH VITREORETINAL SURG														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 00147 AS OF 04/06/2024													
				Pr	ocedure	Descriptio	n							
Begin		74	70	10	14	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY													
ANESTH IF	NESTH IRIDECTOMY													
2015-08-01						NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00148 AS OF 04/06/2024													
				Pı	cocedure	Descriptio	n							
Begin	End Doto	Mod1	Mad 2	Mad2	Wo d 4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY													
ANESTH EYE EXAM														
2009-04-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00160 AS OF 04/06/2024													
				Pr	ocedure	Descriptio	n							
Begin	End Data	W - 41	Mad0	w- do	Mo d 4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED													
ANESTH NOSE/SINUS SURGERY														
	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00162 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Modi	MOG2	MOQ3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY														
ANESTH NOSE/SINUS SURGERY														
	9999-12-31					NO	7.00	400		YES	YES			

Procedure	Procedure Code : 00164 AS OF 04/06/2024													
	Procedure Description													
Begin	D. J. D. L.	34 - 31	M - 40	M - 30	34 - 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY; SOFT TISSUE													
ANESTH BIOPSY OF NOSE														
2009-04-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00170 AS OF 04/06/2024													
Procedure Description														
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit														
Date	ZIIG ZGGG					Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED														
ANESTH PROCEDURE ON MOUTH														
2009-04-01 9999-12-31 NO 5.00 400 YES YES														

Procedure	Procedure Code : 00172 AS OF 04/06/2024													
				Pr	ocedure 1	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; REPAIR OF CLEFT PALATE														
ANESTH CLEFT PALATE REPAIR														
2009-04-01 9999-12-31 NO 6.00 400 YES YES														

Procedure	Procedure Code : 00174 AS OF 04/06/2024														
	Procedure Description														
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered				
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESI	ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; EXCISION OFRETROPHARYNGEAL TUMOR														
ANESTH PHARYNGEAL SURGERY															
2009-04-01	9999-12-31					NO	6.00	400		YES	YES				

Procedure	Procedure Code : 00176 AS OF 04/06/2024														
				Pr	ocedure 1	Descriptio	n								
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit				
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; RADICAL SURGERY															
ANESTH PHARYNGEAL SURGERY															
2009-04-01 9999-12-31 NO 7.00 400 YES YES															

Procedure	Procedure Code : 00190 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOQZ	MOG3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED													
ANESTH FACE/SKULL BONE SURG														
2009-04-01 9999-12-31 NO 5.00 400 YES YES														

Procedure	Procedure Code : 00192 AS OF 04/06/2024													
				Pı	cocedure	Descriptio	n							
Begin	To d Date	Ma 31	N - 40	Ma 42	Wa da	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDINGPROGNATHISM)													
ANESTH FACIAL BONE SURGERY														
	9999-12-31					NO	7.00	400		YES	YES			

Procedure	Procedure Code : 00210 AS OF 04/06/2024													
Procedure Description														
Begin			10	10	24 74	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED														
ANESTH CRANIAL SURG NOS														
	9999-12-31					NO	11.00	400		YES	YES			

Procedure	Procedure Code : 00211 AS OF 04/06/2024													
	Procedure Description													
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOGZ	MOG3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOREVACUATION OF HEMATOMA														
ANESTH CRAN SURG HEMOTOMA														
2009-04-01 9999-12-31 NO 10.00 400 YES YES														

Procedure	Procedure Code : 00212 AS OF 04/06/2024													
				Pı	cocedure	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	MOGI	MOQ2	MOG.3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS													
ANESTH SKULL DRAINAGE														
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure Code : 00214 AS OF 04/06/2024													
				Pı	ocedure	Description	n						
Begin	To d. D. t.	24 - 31	M - 30	W - 32	34 - 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES; INCLUDING VENTRICULOGRAPHY												
ANESTH SKULL DRAINAGE													
2009-04-01						NO	9.00	400		YES	YES		

Procedure	Procedure Code : 00215 AS OF 04/06/2024													
				Pı	cocedure 1	Descriptio	n							
Begin	End Date	Mod1	Ma 40	w- 42	24-34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSEDSKULL FRACTURE; EXTRADURAL (SIMPLE OR COMPOUND)														
ANESTH SKULL REPAIR/FRACT														
2009-04-01	9999-12-31					NO	9.00	400		YES	YES			

Procedure	Procedure Code : 00216 AS OF 04/06/2024												
Procedure Description													
Begin	D. J. D. L.	36 - 31	M- 40	M - 30	36 - 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES												
ANESTH HEAD VESSEL SURGERY													
	9999-12-31					NO	15.00	400		YES	YES		

Procedure	Procedure Code : 00218 AS OF 04/06/2024													
				Pr	rocedure	Descriptio	n							
Begin	Total Data	No. 31	M = 40	w - 32	N - 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION														
ANESTH SPECIAL HEAD SURGERY														
	9999-12-31					NO	13.00	400		YES	YES			

Procedure	Procedure Code: 00220 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit														
Date	End Date	MOGI	MOGZ	MOG3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES														
ANESTH INTRCRN NERVE														
2009-04-01	9999-12-31					NO	10.00	400		YES	YES			

Procedure	Procedure Code : 00222 AS OF 04/06/2024													
	Procedure Description													
Begin	_ ,	74	10		74	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE														
ANESTH HEAD NERVE SURGERY														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 00300 AS OF 04/06/2024													
				Pr	rocedure I	Descriptio	n							
Begin	End Date	Mod1	w- 40	W- 42	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM; MUSCLES AND NERVESOF HEAD; NECK; AND POSTERIOR														
TRUNK; NO	OT OTHERWI	ISE SPECIE	FIED											
ANESTH HE	ANESTH HEAD/NECK/PTRUNK													
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00320 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS; THYROID; LARYNX; TRACHEA AND LYMPHATIC SYSTEM OF NECK; NOT													
OTHERWISE SPECIFIED; AGE 1 YEAR OR OLDER														
ANESTH NECK ORGAN 1YR/>														

2009-04-01 9999-12-3	1		NO	6.00	400	YES	YES

Procedure	Procedure Code : 00322 AS OF 04/06/2024													
				P:	rocedure	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Wo d 4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOQZ	MOG.3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS; THYROID; LARYNX; TRACHEA ANDLYMPHATIC SYSTEM OF NECK; NEEDLE BIOPSY OF THYROID														
ANESTH BI		THYROID				NO	3.00	400		YES	YES			

Procedure Code : 00326 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n						
Begin			7.0	70		PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN YOUNGERTHAN 1 YEAR OF AGE												
ANESTH LARYNX/TRACH < 1 YR													
2009-04-01						NO	7.00	400		YES	YES		

Procedure	e Code : (	00350 AS (	OF 04/06/2	2024								
				Pr	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit	
	NESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED											
ANESTH NECK VESSEL SURGERY												

2009-04-01 9999-12-31			NO	10.00	400	YES	YES

Procedure	e Code : (	0352 AS (	OF 04/06/	2024								
				Pr	ocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit	
ANESTHES	IA FOR PRO	CEDURES (	ON MAJOR '	VESSELS OF	F NECK; S	SIMPLE LIGA						
ANESTH NI	ANESTH NECK VESSEL SURGERY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES	

Procedure	Procedure Code : 00400 AS OF 04/06/2024													
				Pr	cocedure I	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date						Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; NOT													
OTHERWISE	SPECIFIE	ED												
ANESTH SKIN EXT/PER/ATRUNK														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	e Code : (	00402 AS	OF 04/06/2	2024									
	Procedure Description												
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit		
ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; RECONSTRUCTIVE PROCEDURES ON BREAST (EG; REDUCTIONOR AUGMENTATION MAMMOPLASTY; MUSCLE FLAPS)													

ANESTH SURGERY	OF BREAST						
2009-04-01 9999-12-	-31		NO	5.00	400	YES	YES

Procedure	Procedure Code : 00404 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n		,				
Begin		74		10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM;												
RADICAL C	R MODIFIE	D RADICAI	L PROCEDUI	RES ON BR	EAST								
ANESTH SURGERY OF BREAST													
2009-04-01		-				NO	5.00	400		YES	YES		

Procedure Code : 00406 AS OF 04/06/2024													
			Pı	rocedure 1	Descriptio	n							
_ ,	74		10	74	PA	Base	Max	Facility	Manual	Covered			
End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM;													
R MODIFIE	D RADICAI	L PROCEDUI	RES ON BRI	EASTWITH	INTERNAL N	MAMMARY N	ODE DISSE	CTION					
ANESTH SURGERY OF BREAST													
9999-12-31	<b>_</b>				NO	13.00	400		YES	YES			
] E	End Date A FOR PRO R MODIFIE	End Date Mod1  A FOR PROCEDURES ( R MODIFIED RADICAL  RGERY OF BREAST	End Date Mod1 Mod2  A FOR PROCEDURES ON THE INTERMODIFIED RADICAL PROCEDURES  RGERY OF BREAST	End Date Mod1 Mod2 Mod3  A FOR PROCEDURES ON THE INTEGUMENTAL R MODIFIED RADICAL PROCEDURES ON BRI RGERY OF BREAST	Procedure 1  End Date Mod1 Mod2 Mod3 Mod4  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM R MODIFIED RADICAL PROCEDURES ON BREASTWITH RGERY OF BREAST	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Required  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXAMPLE OF BREAST  RGERY OF BREAST	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Required Units  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NORTH RESERV OF BREAST	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Required Units Units  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSERGERY OF BREAST	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Required Units Units Pricing  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK A R MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSECTION  RGERY OF BREAST	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Required Units Units Pricing Pricing  A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINE REMODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSECTION  RGERY OF BREAST			

Procedure	e Code : 0	00450 AS 0	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHESI	A FOR	PROCEDURES	ON CLAVICI	E AND	SCAPULA;	NOT	OTHERWISE	SPECIF	'IED		
ANESTH SU	JRGERY	OF SHOULDER	2								
2009-04-01	9999-12	-31					NO	5.00	400	YES	YES

Procedure	e Code : 0	0454 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	Liid Dacc	11041	Mode	11045	11041	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	IA FOR PRO	CEDURES (	ON CLAVICI	LE AND SC	APULA; BI	OPSY OF CI	LAVICLE				
ANESTH COLLAR BONE BIOPSY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure	Procedure Code : 00470 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin						PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
	.v E∪b DyE	ייידאו. דרם	DECECTION	J: NOT OTI	ALDMIGE C				,					
	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED													
ANESTH RE	MOVAL OF	KTR												
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	e Code : (	00472 AS (	OF 04/06/2	2024									
	Procedure Description												
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Modi	MOGZ	11003	11001	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHES	IA FOR PAF	RTIAL RIB	RESECTION;	THORAC	OPLASTY	(ANY	TYPE)				
ANESTH CH	HEST WALL	REPAIR									
2009-04-01	9999-12-31						NO	10.00	400	YES	YES

Procedure	Procedure Code : 00474 AS OF 04/06/2024												
				Pı	rocedure	Descriptio	n						
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered		
Date						Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	IA FOR PAR	RTIAL RIB	RESECTION	N; RADICA	L PROCEDU	RES (EG; I	PECTUS EX	CAVATUM)					
ANESTH SURGERY OF RIB													
2009-04-01	9999-12-31					NO	13.00	400		YES	YES		

Procedure	Procedure Code : 00500 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin						PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit			
Date						Required	UIIICS	UIIICS	Pricing	Pricing	Bellette			
ANESTHESI	A FOR ALI	PROCEDUR	RES ON ESC	OPHAGUS										
ANESTH ESOPHAGEAL SURGERY														
2009-04-01			-			NO	15.00	400		YES	YES			

Procedure	e Code : (	00520 AS (	OF 04/06/2	2024									
	Procedure Description												
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	MOGI	MOGZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHESI	IA FOR CL	OSED CHEST	PROCEDURES;	(INCLUDING	BRONCHOSCOPY	() NOT	OTHERWISESP	ECIFIED		
ANESTH CH	HEST PROC	EDURE								
2009-04-01	9999-12-31				NO	6.00	400		YES	YES

Procedure	Procedure Code : 00522 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
	Date   Required Units Units Pricing Pricing Benefit  ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA												
ANESTH CHEST LINING BIOPSY													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	Procedure Code : 00524 AS OF 04/06/2024												
				Pr	cocedure	Descriptio	n						
Begin						PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit		
ANESTHESI	A FOR CLC	SED CHEST	r procedui	RES: DNEII	MOCENTESI								
	EST DRAIN		111001101		. IOCEIVIEDE	<u> </u>							
AMEDIA CE	IF21 DKATI	IAGE				I			1				
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	e Code : (	0528 AS (	OF 04/06/2	2024									
	Procedure Description												
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	MOGI	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHESIA FOR (	CLOSED CHEST	PROCEDURES;	MEDIASTINOSCO	Y AND	DIAGNOSTIC	THORACOSCO	OPY NOT	UTILIZING	1 LUNG			
VENTILATION												
ANES MEDIASCPY & DX THORSCPY												
2009-04-01 9999-12-	-31			NO	8.00	400		YES	YES			

Procedure	Procedure Code : 00529 AS OF 04/06/2024												
				Pı	cocedure 1	Descriptio	n						
Begin	D. J. D. L.	Nr. 31	W - 30	M = 32	34-34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY UTILIZING 1 LUNG VENTILATION													
ANES MEDSCPY&THORSCPY 1 LUNG													
2009-04-01	9999-12-31					NO	11.00	400		YES	YES		

Procedure	Procedure Code : 00530 AS OF 04/06/2024												
				Pı	rocedure	Descriptic	n						
Begin	End Date	Mod1	ModO	Wo d 2	Wo d 4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION												
ANESTH PACEMAKER INSERTION													
2009-04-01 9999-12-31 NO 4.00 400 YES YES													

Procedure Code : 00532 AS OF 04/06/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit		
ANESTHES	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION												
ANESTH V	ANESTH VASCULAR ACCESS												
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	Procedure Code : 00534 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n							
Begin		26 31		10	26 24	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACINGCARDIOVERTER-DEFIBRILLATOR													
ANESTH CARDIOVERTER/DEFIB														
	9999-12-31					NO	7.00	400		YES	YES			

Procedure	Procedure Code : 00537 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin					74	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCYABLATION													
ANESTH CA	ANESTH CARDIAC ELECTROPHYS													
	9999-12-31					NO	10.00	400		YES	YES			

Procedure Code : 00539 AS OF 04/06/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit	
ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION												
ANESTH TRACH-BRONCH RECONST												
2009-04-01	9999-12-31					NO	18.00	400		YES	YES	

Procedure	Procedure Code : 00540 AS OF 04/06/2024													
				Pr	cocedure 1	Descriptic	n							
Begin	End Data	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOGZ	MOG 3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); NOT OTHERWISE SPECIFIED														
ANESTH CHEST SURGERY														
2009-04-01	2009-04-01 9999-12-31 NO 12.00 400 YES YES													

Procedure	Procedure Code : 00541 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	on							
Begin		7.1	10	10	24	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING													
SURGICAL	SURGICAL THORACOSCOPY); UTILIZING 1 LUNG VENTILATION													
ANESTH ONE LUNG VENTILATION														
	9999-12-31					NO	15.00	400		YES	YES			

Procedure	Procedure Code : 00542 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	on							
Begin		74	10	70	74	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING													
SURGICAL	SURGICAL THORACOSCOPY); DECORTICATION													
Anesthesi	Anesthesia removal pleura													
2009-04-01		_				NO	15.00	400		YES	YES			

Procedure	Procedure Code : 00546 AS OF 04/06/2024													
				Pr	rocedure I	Descriptio	n							
Begin	End Date  Mod1   Mod2   Mod3   Mod4													
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING													
SURGICAL	SURGICAL THORACOSCOPY); PULMONARY RESECTION WITHTHORACOPLASTY													
ANESTH LUNG CHEST WALL SURG														
2009-04-01	9999-12-31					NO	15.00	400		YES	YES			

Procedure Code : 00548 AS OF 04/06/2024													
				Pr	cocedure	Description	on						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING												
SURGICAL	SURGICAL THORACOSCOPY); INTRATHORACIC PROCEDURES ON THETRACHEA AND BRONCHI												
ANESTH TR	ANESTH TRACHEA BRONCHI SURG												

2009-04-01 9999-12-3	_		NO	17.00	400	YES	YES

Procedure	Procedure Code : 00550 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n							
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility		Covered Benefit			
	Date													
ANESTH STERNAL DEBRIDEMENT														
2009-04-01	9999-12-31					NO	10.00	400		YES	YES			

Procedure	Procedure Code : 00560 AS OF 04/06/2024													
				Pr	rocedure	Description	n							
Begin	End Date  Mod1   Mod2   Mod3   Mod4													
Date	End Date	MOGI	MOQ Z	Mod 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITHOUT PUMP OXYGENATOR													
ANESTH HEART SURG W/O PUMP														
2009-04-01						NO	15.00	400		YES	YES			

Procedure	Procedure Code : 00561 AS OF 04/06/2024												
				Pr	rocedure	Description	n	_	,				
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR PRO	CEDURES (	ON HEART;	PERICARD:	IAL SAC;	AND GREAT	VESSELS	OFCHEST;	WITH PUMP	OXYGENAT	OR;		
YOUNGER 7	OUNGER THAN 1 YEAR OF AGE												
Anesth he	Anesth heart surg <1 yr												

2009-04-01 9999-12-31			NO	25.00	400	YES	YES

Procedure	Procedure Code : 00562 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit	
ANES HRT	PRCRD&GRT	T VSL CH 1	W/PMP OXT	J PT AGE 1	1/>							
ANESTH HE	RT SURG W/	PMP AGE	1+									
2009-04-01	9999-12-31					NO	20.00	400		YES	YES	

Procedure	e Code : (	0563 AS (	OF 04/06/	2024								
				Pı	rocedure	Description	on					
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered	
Date						Required	Units	Units	Pricing	Pricing	Benefit	
	ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITH PUMP OXYGENATOR WITH HYPOTHERMIC CIRCULATORY ARREST											
	NESTH HEART SURG W/ARREST											
2009-04-01	9999-12-31					NO	25.00	400		YES	YES	

Procedure	e Code : (	00566 AS (	OF 04/06/2	2024							
				Pı	rocedure :	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered
Date	 	OFFICE COPON	13 D.U. 3 D.III.			Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	LA FOR DIE	RECT COROL	NARY ARTEI	RY BYPASS	GRAFTING	3; MT.I.HOO.I.	PUMP OXY	GENATOR			
ANESTH CA	ABG W/O PU	JMP									

					1
2009-04-01 9999-12-31	NO	25.00	400	YES	YES

Procedure	e Code : 0	0567 AS (	OF 04/06/2	2024							
				Pr	cocedure 1	Descriptio	on		,		
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHES	IA FOR DIR	RECT CORO	NARY ARTE	RY BYPASS	GRAFTING	; WITH PUI	MP OXYGEN	ATOR			
ANESTH C	ABG W/PUME										
2009-04-01	9999-12-31					NO	18.00	400		YES	YES

Procedure	code : 0	0580 AS (	OF 04/06/2	2024							
				Pr	rocedure	Descriptio	n		,		
Begin		74	70	70		PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR HEA	ART TRANSI	PLANT OR I	HEART/LUNG	G TRANSPL	ANT					
ANESTH HE	EART/LUNG	TRANSPLNT									
	9999-12-31					NO	20.00	400		YES	YES

Covered
Benefit

2009-04-01 9999-12-31			NO	10.00	400	YES	YES

Procedure	e Code : 0	0604 AS	OF 04/06/2	2024							
				Pı	rocedure 1	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered
Date						Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	IA FOR PRO	CEDURES (	ON CERVICA	AL SPINE .	AND CORD;	PROCEDURI	ES WITH	PATIENTIN	THE SITTI	NG POSITI	ON
ANESTH SI	ITTING PRO	CEDURE									
2009-04-01	9999-12-31					NO	13.00	400		YES	YES

Procedure	code : 0	0620 AS (	OF 04/06/2	2024							
				Pı	rocedure 1	Descriptio	n				
Begin		11	10	10	34 34	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR PRO	CEDURES (	ON THORAC	C SPINE	AND CORD;	NOT OTHER	RWISE SPE	CIFIED			
ANESTH SE	PINE CORD	SURGERY									
2009-04-01						NO	10.00	400		YES	YES

Procedure	e Code : 0	0625 AS (	OF 04/06/2	2024								
				Pr	ocedure	Descriptio	n					
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered	
Date   Find Date   Mod1   Mod2   Mod3   Mod4   Required   Units   Units   Pricing   Pricing   Benefit												
ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD; VIA AN ANTERIOR TRANSTHORACIC APPROACH; NOT UTILIZING ONE LUNG VENTILATION												
ANES SPINE TRANTHOR W/O VENT												

2009-04-01 9999-12-31	NO	13.00	400	YES	YES

Procedure	e Code : 0	00626 AS (	OF 04/06/2	2024									
				Pr	cocedure	Descriptio	n						
Begin			<b>-</b> -			PA	Base	Max	Facility	Manual	Covered		
Date	Date   End Date   Mod1   Mod2   Mod3   Mod4   Required   Units   Units   Pricing   Pricing   Benefit												
ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD; VIA AN ANTERIORTRANSTHORACIC APPROACH; UTILIZING													
1 LUNG VENTILATION													
ANES SPINE TRANSTHOR W/VENT													
	9999-12-31	·				NO	15.00	400		YES	YES		

Procedure	code : 0	0630 AS (	OF 04/06/2	2024							
				Pı	rocedure :	Descriptio	n		,		
Begin				70		PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	IA FOR PRO	CEDURES :	IN LUMBAR	REGION;	NOT OTHER	WISE SPECI	IFIED				
ANESTH SE	PINE CORD	SURGERY									
2009-04-01						NO	8.00	400		YES	YES

Procedure	e Code : (	00632 AS (	OF 04/06/2	2024							
				Pr	rocedure 1	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY  ANESTH REMOVAL OF NERVES											

2009-04-01 9999-12-31		NO	7.00	400	YES	YES

Procedure	e Code : 0	00635 AS (	OF 04/06/2	2024							
				Pı	rocedure	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHES	IA FOR PRO	CEDURES :	IN LUMBAR	REGION;	DIAGNOSTI	C OR THERA	APEUTIC L	UMBARPUNC	CTURE		
ANESTH LU	JMBAR PUNC	TURE									
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure	code : 0	0640 AS C	OF 04/06/2	2024							
				Pı	rocedure 1	Descriptio	n				
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR MAN	 	OF THE	SPINE OR :	FOR CLOSE	D PROCEDUR	RES ON TH	ECERVICAL	; THORACI	C OR LUME	AR SPINE
ANESTH SE	PINE MANIF	PULATION									
	9999-12-31					NO	3.00	400		YES	YES

Procedure	c Code : 0	0670 AS (	OF 04/06/2	2024							
				Pr	ocedure	Description	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered
Date Required Units Units Pricing Pricing Benefit											
ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG; SPINALINSTRUMENTATION OR VASCULAR PROCEDURES)											
ANESTH SPINE CORD SURGERY											

2009-04-01 9999-12-31							
	2009-04-01 9999-12-31		NΩ	13.00	400	VEC	7777.0

Procedure	e Code : (	00700 AS (	OF 04/06/2										
				Pr	cocedure 1	<u>Descriptio</u>	n						
Begin Date	End Date   Mod1   Mod2   Mod3   Mod4												
ANESTHES	IA FOR PRO	OCEDURES (	ON UPPER A	ANTERIOR A	ABDOMINAL	WALL; NOT	COTHERWI	SESPECIFI	ED				
ANESTH A	BDOMINAL W	VALL SURG											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	code : 0	0702 AS 0	OF 04/06/2	2024							
				Pı	rocedure I	Descriptio	n				
Begin	To d. D. b.	36. 31	W - 30	W - 32	34 - 34	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR PRO	CEDURES (	ON UPPER A	ANTERIOR A	ABDOMINAL	WALL; PER	RCUTANEOU	S LIVERBI	OPSY		
ANESTH FO	R LIVER E	BIOPSY									
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure	e Code : (	00730 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	NESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL										
ANESTH AE	ANESTH ABDOMINAL WALL SURG										

2009-04-01	9999-12-31			NO	5.00	400	YES	YES

Procedure	Procedure Code : 00731 AS OF 04/06/2024											
				Pı	rocedure 1	Descriptio	n					
Begin	_					PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHES	NESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM;											
NOT OTHER												
ANES UPR	ANES UPR GI NDSC PX NOS											
	9999-12-31					NO	5.00	400		YES	YES	

Procedure	Procedure Code : 00732 AS OF 04/06/2024											
				Pı	rocedure I	Descriptio	n					
Begin	To d Date	Nr. 21	W- 40	W- 42	No 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM; ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)												
ANES UPR	ANES UPR GI NDSC PX ERCP											
2018-01-01	9999-12-31					NO	6.00	400		YES	YES	

Procedure	e Code : (	0750 AS (	OF 04/06/2	2024							
				Pr	cocedure :	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	14003	MOGT	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHES	IA FOR OTH	ER REPAIR	OF UPPER	ABDOMEN	HERNIA					
ANES HRNA	A RPR UPR .	ABD NOS								
2009-04-01	9999-12-31					NO	4.00	400	YES	YES

Procedure	Procedure Code : 00752 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
Date						Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHES	IA FOR PRO	CEDURE TO	REPAIR (	JPPER ABDO	OMINAL IN	CISIONAL H	HERNIA AN	D/OR WOUN	D OPENING	}		
ANES HRNA RPR LMBR&VNT&/DEHS												
	9999-12-31					NO	6.00	400		YES	YES	

Procedure	Procedure Code: 00754 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin						PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit	
ANESTHESI	A FOR PRO	CEDURE TO	) REPAIR (	IPPER ABDO	OMINAL HE		ENT AT BI					
ANES HRNA			, italian	<u> </u>	011111111111111111111111111111111111111							
ANES HRIVE	RPR OMPR	IALOCELE				Т			T 1			
2009-04-01	9999-12-31					NO	7.00	400		YES	YES	

Procedure	e Code : C	0756 AS (	OF 04/06/2	2024							
				Pı	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	14003	14004	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESIA FOR PROCEDURE TO REPAIR ABDOMINAL HERNIA					
ANES HRNA RPR DIPHRG HRNA					
2009-04-01 9999-12-31	NO	7.00	400	YES	YES

Procedure	Procedure Code : 00770 AS OF 04/06/2024											
				Pı	cocedure	Descriptio	n					
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Modi	MOGZ	Mods	Moda	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	IA FOR PRO	OCEDURE ON	N LARGE BI	LOOD VESS	ELS IN AE	BDOMEN						
ANES PX N	ANES PX MAJ ABD BLOOD VESSEL											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES	

Procedure	code : 0	0790 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin						PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit
ANESTHESI	A FOR OTH	IER PROCEI	OURE ON UI	PPER ABDOI	MEN						
ANES IPER	UPR ABD	NOS									
2009-04-01	-					NO	7.00	400		YES	YES

Procedure	e Code : (	0792 AS (	OF 04/06/2	2024											
	Procedure Description														
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered				
Date	End Date	Modi	MOGZ	1.003	11001	Required	Units	Units	Pricing	Pricing	Benefit				

ANESTHES	A FOR	PARTIAL	REMOVAL	OF I	LIVER	OR	MANAGEMENT	OF	BLEEDING	INCLUD	ING USE	OF	AN	ENDOSCOPE	
ANES IPER	R UPR <i>F</i>	ABD PRTL	HPTC												
2009-04-01	9999-12	2-31							NO 1	3.00	400			YES	YES

Procedure	Procedure Code : 00794 AS OF 04/06/2024													
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	HIG Bacc	Modi	MOGZ	Mods	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR REMOVAL OF PANCREAS INCLUDING USE OF AN ENDOSCOPE														
ANES IPER UPR ABD PNCRTECT														
2009-04-01	9999-12-31					NO	8.00	400		YES	YES			

Procedure	Procedure Code : 00796 AS OF 04/06/2024													
	Procedure Description													
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR LIVER TRANSPLANT RECIPIENT INCLUDING USE OF AN ENDOSCOPE														
ANES IPER UPR ABD LVR TRNSPL														
2009-04-01						NO	30.00	400		YES	YES			

Procedure	e Code : C	0797 AS (	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Modi	MOGZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHESIA FOR PROCEDURE ON STOMACH FOR WEIGHT LOSS											
ANES IPER UPR ABD GSTR PX MO											
2008-01-01 9999-12-31 NO 11.00 400 YES YES											

Procedure	Procedure Code : 00800 AS OF 04/06/2024													
	Procedure Description													
Begin	End Data	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOQZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	A FOR PRO	CEDURES (	ON LOWER .	ANTERIOR .	ABDOMINAL	WALL; NOT	OTHERWI	SESPECIFI	ED					
ANESTH ABDOMINAL WALL SURG														
2009-04-01						NO	4.00	400		YES	YES			

Procedure Code : 00802 AS OF 04/06/2024														
			Pı	rocedure I	Descripti	.on								
Begin PA Base Max Facility Manual Covered														
End Date	Mod1	Mod2	Mod3	Mod4				- 1		Benefit				
A FOR PRO	CEDIIRES (	ON LOWER	ANTERTOR				OMY							
	LEMOVAL				NO	5.00	400		VFC	YES				
	End Date  A FOR PRO	End Date Mod1  A FOR PROCEDURES ( T LAYER REMOVAL	End Date Mod1 Mod2  A FOR PROCEDURES ON LOWER  T LAYER REMOVAL	End Date Mod1 Mod2 Mod3  A FOR PROCEDURES ON LOWER ANTERIOR  T LAYER REMOVAL	End Date Mod1 Mod2 Mod3 Mod4  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL  T LAYER REMOVAL	Procedure Descripti  End Date Mod1 Mod2 Mod3 Mod4 PA  Required  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PA  T LAYER REMOVAL	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Required Units  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECT	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Required Units Units  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Required Units Units Pricing  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY  T LAYER REMOVAL	Procedure Description  End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Required Units Units Pricing Pricing  A FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY  T LAYER REMOVAL				

Procedure	Procedure Code: 00811 AS OF 04/06/2024														
	Procedure Description														
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered				
Date	End Date	Modi	MOGZ	11003	11001	Required	Units	Units	Pricing	Pricing	Benefit				

ANESTHESIA	A FOR	LOWER	INTESTINAL	ENDOSCOPIC	PROCEDURES;	ENDOSCOPE	INTRODUCED	DISTAL	TO DU	JODENUM;	NOT	
OTHERWISE	SPECI	FIED										
ANES LWR INTST NDSC NOS												
2018-01-01	9999-12	-31				NO	4.00	.00		YES		YES

Procedure	Procedure Code : 00812 AS OF 04/06/2024														
	Procedure Description														
Begin	End Date  Mod1   Mod2   Mod3   Mod4														
Date	End Date	ModI	Mod2	Mod3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; SCREENING															
COLONOSCO	COLONOSCOPY														
ANES LWR INTST SCR COLSC															
	2018-01-01 9999-12-31 NO 3.00 400 YES YES														

Procedure	Procedure Code : 00813 AS OF 04/06/2024														
	Procedure Description														
Begin	End Date   Mod1   Mod2   Mod3   Mod4														
Date	End Date	ModT	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED BOTH															
PROXIMAL TO AND DISTAL TO THE DUODENUM															
ANES UPR LWR GI NDSC PX															
2018-01-01	2018-01-01 9999-12-31 NO 5.00 001 YES YES														

Procedure Code : 00820 AS OF 04/06/2024

	Procedure Description												
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered		
Date				11000	11001	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL												
ANESTH ABDOMINAL WALL SURG													
2009-04-01	9999-12-31					NO	5.00	400		YES	YES		

Procedure	Procedure Code : 00830 AS OF 04/06/2024													
Procedure Description														
Begin	n	34. 34	M. 30		od3 Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3		Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED													
ANESTH REPAIR OF HERNIA														
	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00832 AS OF 04/06/2024												
Procedure Description													
Begin						PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS												
ANESTH REPAIR OF HERNIA													
	9999-12-31					NO	6.00	400		YES	YES		

Procedure Code : 00834 AS OF 04/06/2024

	Procedure Description													
Begin	7. 1. D. t.	Nr. 31	W - 40	w. 40	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3		Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED; YOUNGER THAN 1 YEAR OF AGE													
ANESTH HERNIA REPAIR < 1 YR														
2009-04-01			-			NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00836 AS OF 04/06/2024												
Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered		
Date						Required	Units	Units	Pricing	Pricing	Benefit		
	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED; INFANTS LESS THAN 37 WEEKS GESTATIONAL AGE AT BIRTH AND LESS THAN 50 WEEKS GESTATIONAL AGE AT TIME OF SURGERY												
ANESTH HERNIA REPAIR PREEMIE													
2009-04-01	9999-12-31					NO	6.00	400		YES	YES		

Procedure	Procedure Code : 00840 AS OF 04/06/2024													
Procedure Description														
Begin		74	10		PA	Base	Max	Facility	Manual	Covered				
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; NOT OTHERWISE SPECIFIED													
ANESTH SURG LOWER ABDOMEN														
	9999-12-31					NO	6.00	400		YES	YES			

Procedure Code : 00842 AS OF 04/06/2024											
				Pr	cocedure I	Descriptio	n				
Begin	End Date	Mod1	W- 40	W- 42	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	MOGI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR INT	RAPERITON	IEAL PROCE	EDURES IN	LOWER AB	DOMEN INCI	LUDINGLAP	AROSCOPY;	AMNIOCEN	TESIS	
ANESTH AM											
2009-04-01 9999-12-31 NO 4.00 400 YES YES											

Procedure	Procedure Code : 00844 AS OF 04/06/2024												
				Pr	rocedure 1	Descriptio	n						
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES:	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; ABDOMINOPERINEAL												
ANESTH PI													
2009-04-01	2009-04-01 9999-12-31 NO 7.00 400 YES YES												

Procedure	Procedure Code : 00846 AS OF 04/06/2024													
				Pr	cocedure 1	Descriptic	n							
Begin						PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing		Benefit			
ANESTHESI	A FOR TNT	RAPERTTON	JEAI. PROCI	EDURES IN	LOWER AB			AROSCOPY;		HYSTERECT				
			VIIII TROCI	DONES III	HOWER 71D	DOMENT LIVE		1110000117			OFFE			
	STERECTOM													
2009-04-01	9999-12-31					NO	8.00	400		YES	YES			

Procedure	Procedure Code : 00848 AS OF 04/06/2024												
				Pr	cocedure	Descriptic	n						
Begin		74	70	70	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR INT	RAPERITON	NEAL PROCI	EDURES IN	LOWER AB	DOMEN INCI	LUDINGLAP	AROSCOPY;	PELVIC E	XENTERATI	ON		
ANESTH PELVIC ORGAN SURG													
2009-04-01 9999-12-31 NO 8.00 400 YES YES													

Procedure	Procedure Code : 00851 AS OF 04/06/2024												
				Pı	rocedure I	Descriptio	n						
Begin	7 J. D. t	M - 31	W = 30	W - 32	34 - 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; TUBAL												
LIGATION/	TRANSECTI	ON											
ANESTH TUBAL LIGATION													
2009-04-01 9999-12-31 NO 6.00 400 YES YES													

Procedure	Procedure Code : 00860 AS OF 04/06/2024												
	,			Pı	cocedure	Descriptio	n		,				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered		
Date						Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	IA FOR EXT	RAPERITON	IEAL PROCE	EDURES IN	LOWER AE	BDOMEN; INC	CLUDING U	RINARYTRA	ACT; NOT O	THERWISE			
SPECIFIE	SPECIFIED												
ANESTH SURGERY OF ABDOMEN													

2009-04-01 9999-12-31			NO	6.00	400	YES	YES

Procedure	Procedure Code : 00862 AS OF 04/06/2024												
				Pı	cocedure :	Descriptio	n						
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES	IA FOR EXT	TRAPERITON	NEAL PROCE	EDURES IN	LOWER AB	DOMEN; INC	CLUDING U	RINARYTRA	ACT; RENAL	PROCEDUR	RES;		
INCLUDING	G UPPER ON	NE-THIRD (	OF URETER	; OR DONO	RNEPHRECT	'OMY							
литсти к	ANESTH KIDNEY/URETER SURG												
	9999-12-31	LLIC BOILG				NO	7.00	400		YES	YES		

Procedure	Procedure Code : 00864 AS OF 04/06/2024												
				Pı	rocedure 1	Descriptic	n						
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR EXT	RAPERITON	NEAL PROCE	EDURES IN	LOWER AB	DOMEN; INC	CLUDING U	RINARYTRA	CT; TOTAL	CYSTECTO	)MY		
ANESTH RE	MOVAL OF	BLADDER											
2009-04-01						NO	8.00	400		YES	YES		

				Pr	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	Lina Dace	HOUL	11002	11003	11001	Required	Units	Units	Pricing	Pricing	Benefit

(SUPRAPUBIC; RETROPUBIC)

ANESTH REMOVA	L OF PROSTATE						
2009-04-01 9999-	12-31		NO	7.00	400	YES	YES

Procedure	e Code : C	0866 AS (	OF 04/06/2	2024							
				Pı	rocedure	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit
ANESTHES	IA FOR EXT	RAPERITO	NEAL PROCE	EDURES IN	LOWER AE		CLUDING (	JRINARYTR <i>A</i>		ALECTOMY	
ANESTH REMOVAL OF ADRENAL											
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure	Procedure Code : 00868 AS OF 04/06/2024													
				Pr	cocedure I	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered			
Date						Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RENAL TRANSPLANT (RECIPIENT)														
ANESTH KIDNEY TRANSPLANT														
2009-04-01 9999-12-31 NO 10.00 400 YES YES														

Procedure	e Code : (	00870 AS (	OF 04/06/	2024										
Procedure Description														
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit			

ANESTHESI	A FOR	EXTRAPE	RITONEAL	PROCEDURES	IN	LOWER	ABDOMEN;	INCL	UDING	URINARYTR	ACT; CYS	TOLITHOTOMY	7
ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; CYSTOLITHOTOMY  ANESTH BLADDER STONE SURG													
2009-04-01	9999-12	2-31					NO		5.00	400		YES	YES

Procedure	e Code : 0	00872 AS (	OF 04/06/2	2024								
				Pı	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility		Covered Benefit	
Date Required Units Units Pricing Pricing Benefit  ANESTHESIA FOR LITHOTRIPSY; EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH												
ANESTH KIDNEY STONE DESTRUCT												
2009-04-01	9999-12-31					NO	7.00	400		YES	YES	

Procedure	Procedure Code : 00873 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	on							
Begin						PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required		Units	Pricing		Benefit			
ANESTHESIA FOR LITHOTRIPSY; EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH														
ANESTH KIDNEY STONE DESTRUCT														
2009-04-01			>±			NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00880 AS OF 04/06/2024												
Procedure Description													
Begin	End Date Mod1 Mod2			Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	MOGI	MOGZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHESI	A FOR	PROCEDURES	ON MAJOR	LOWER A	ABDOMINAL	VESSELS;	NOT	OTHERWI	SESPECIFI	ED		
ANESTH ABDOMEN VESSEL SURG												
2009-04-01	9999-12-	-31				NO		15.00	400		YES	YES

Procedure	Procedure Code : 00882 AS OF 04/06/2024													
				Pr	rocedure	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	HIIG Date	Hour	MOGZ	Mods	11001	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVALIGATION														
ANESTH MAJOR VEIN LIGATION														
2009-04-01	9999-12-31					NO	10.00	400		YES	YES			

Procedure	Procedure Code : 00902 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	MOGI	MOGZ	MOGS	MOG4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR; ANORECTAL PROCEDURE														
ANESTH ANORECTAL SURGERY														
2009-01-01	9999-12-31					NO	5.00	400		YES	YES			

Procedur	Procedure Code : 00904 AS OF 04/06/2024												
Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	Elia Dace	MOGI	MOGZ	Mod3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE												
ANESTH PERINEAL SURGERY												
2009-04-01	9999-12-31					NO	7.00	400		YES	YES	

Procedure	Procedure Code : 00906 AS OF 04/06/2024													
Procedure Description														
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered			
Date   Required Units   Units   Pricing   Pricing   Benefit    ANESTHESIA FOR; VULVECTOMY														
ANESTHESIA FOR: VULVECTOMY  ANESTH REMOVAL OF VULVA														
2009-04-01 9999-12-31 NO 4.00 400 YES YES														

Procedure	Procedure Code : 00908 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin	End Date	M = 31	M- 40			PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHES	IA FOR; PE	ERINEAL PE	ROSTATECTO	OMY								
ANESTH RE												
	9999-12-31					NO	6.00	400		YES	YES	

Procedure	e Code : (	00910 AS (	OF 04/06/2	2024							
				Pı	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	11003	MOGT	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESIA FOR TRANSURETHRAL	PROCEDURES (IN	CLUDING UR	RETHROCYST	OSCOPY);	NOTOTHERW	ISE SPECI	FIED	
ANESTH BLADDER SURGERY								
2009-04-01 9999-12-31			NO	3.00	400		YES	YES

Procedure	Procedure Code: 00912 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModT	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	NESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF BLADDER													
TUMOR(S)														
	ANESTH BLADDER TUMOR SURG													
								400						
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 00914 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin		26 . 35	M. 10	M. 30	25. 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF PROSTATE											
ANESTH REMOVAL OF PROSTATE												
2009-04-01						NO	5.00	400		YES	YES	

Procedure	e Code : (	00916 AS (	OF 04/06/2	2024							
				Pı	cocedure :	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	MOGI	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESIA FO	OR TRANSURETHRA	L PROCEDURES	(INCLUDING	URETHROCYST	OSCOPY);P	OST-TRANS	URETHRAL	RESECTION	
BLEEDING									
ANESTH BLEED	ING CONTROL								
2009-04-01 9999	-12-31			NO	5.00	400		YES	YES

Procedure	Procedure Code : 00918 AS OF 04/06/2024												
				Pı	rocedure	Descriptio	n						
Begin			10	10	24	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR TRA	ANSURETHR <i>I</i>	AL PROCEDU	JRES (INC	LUDING UR	ETHROCYST	OSCOPY);	WITHFRAGN	MENTATION;	MANIPULA	TION		
AND/OR RE	EMOVAL OF	URETERAL	CALCULUS										
ANESTH ST	ANESTH STONE REMOVAL												
2009-04-01	9999-12-31					NO	5.00	400		YES	YES		

Procedure	Procedure Code : 00920 AS OF 04/06/2024												
				Pı	rocedure I	Descriptio	on						
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered												
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required		Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); NOT OTHERWISE SPECIFIED												
ANESTH GE	ANESTH GENITALIA SURGERY												
2009-04-01						NO	3.00	400		YES	YES		

Procedure Code : 00921 AS OF 04/06/2024

Procedure Description

Begin	End Date	Wo di	ModO	Wo do	Mo d 4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
	IA FOR PRO	OCEDURES (	ON MALE GI	ENITALIA	(INCLUDIN	G OPEN UR	ETHRALPRO	CEDURES);	VASECTOM	IY; UNILAT	TERAL OR
BILATERAL ANESTH V	L ASECTOMY										
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure	Procedure Code : 00922 AS OF 04/06/2024											
				Pı	rocedure I	Descriptio	n					
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered												
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	A FOR PRO	CEDURES (	ON MALE G	ENITALIA	(INCLUDIN	G OPEN URI	ETHRALPRO	CEDURES);	SEMINAL	VESICLES		
ANESTH SE	ANESTH SPERM DUCT SURGERY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES	

Procedure	Procedure Code : 00924 AS OF 04/06/2024												
				Pr	rocedure I	Descriptio	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date	End Date	Modi	MOGZ	Mod3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit		
	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); UNDESCENDED TESTIS; UNILATERAL OR BILATERAL												
ANESTH TE	ANESTH TESTIS EXPLORATION												
2009-04-01	2009-04-01 9999-12-31 NO 4.00 400 YES YES												

Procedure	Procedure Code : 00926 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin		se 11		10	24 24	PA	Base	Max	Facility	Manual	Covered			
Date	Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit													
ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL ORCHIECTOMY;														
INGUINAL														
ANESTH REMOVAL OF TESTIS														
	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00928 AS OF 04/06/2024													
				Pı	cocedure I	Description	n							
Begin	To d Date	Ma 31	N = 40	W- 42	W- 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL ORCHIECTOMY;													
ABDOMINAL														
ANESTH REMOVAL OF TESTIS														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	c Code : 0	00930 AS (	OF 04/06/2	2024										
				Pr	cocedure :	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date	Date   End Date   Mod1   Mod2   Mod3   Mod4   Required   Units   Units   Pricing   Pricing   Benefit													
ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); ORCHIOPEXY; UNILATERAL OR BILATERAL														
ANESTH TESTIS SUSPENSION														

2009-04-01 9999-12-31    NO   4.00   400   YES   YES							
	2009-04-01 9999-12-31		INIC Y	4.00	400		

Procedure	Procedure Code : 00932 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); COMPLETE AMPUTATION OF													
PENIS														
ANESTH AMPUTATION OF PENIS														
2009-04-01						NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00934 AS OF 04/06/2024												
				Pr	rocedure I	Descriptio	n						
Begin	Tod Date	M- 41	M- 40	W- 42	24 - 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL LYMPHADENECTOMY													
ANESTH PENIS NODES REMOVAL													
2009-04-01						NO	6.00	400		YES	YES		

Procedure	e Code : C	0936 AS C	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHESIA	FOR PROC	EDURES (	N MALE	GENITALIA	(INCLUDING	OPEN	URETHRALPRO	CEDURES);	RADICAL	AMPUTATIO	N OF
PENIS WITH	BILATERA	L INGUIN	IAL AND	ILIACLYMPH	HADENECTOMY						
ANESTH PENI	S NODES	REMOVAL									
2009-04-01 999	99-12-31					NO	8.00	400		YES	YES

Procedure	Procedure Code : 00938 AS OF 04/06/2024													
				Pı	rocedure I	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date														
ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); INSERTION OF PENILE PROSTHESIS (PERINEAL APPROACH)														
ANESTH INSERT PENIS DEVICE														
2009-04-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 00940 AS OF 04/06/2024													
				Pr	cocedure	Description	on							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Modi	Modz	Mod3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); NOT OTHERWISE  SPECIFIED														
ANESTH VAGINAL PROCEDURES														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure Code : 00942 AS OF 04/06/2024

Procedure Description													
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility		Covered Benefit		
	Date   Required Units Units   Pricing   Pricing   Benefit  ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); COLPOTOMY;												
	VAGINECTOMY; COLPORRHAPHY; AND OPEN URETHRAL PROCEDURES												
ANESTH SURG ON VAG/URETHRAL													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	Procedure Code : 00944 AS OF 04/06/2024													
				Pr	rocedure	Descriptic	n							
Begin	D. J. D. L.	36 - J1	M = 40	N - 42	20-34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); VAGINAL													
HYSTERECT	HYSTERECTOMY													
ANESTH VAGINAL HYSTERECTOMY														
2009-01-01						NO	6.00	400		YES	YES			

Procedure	e Code : C	00948 AS (	OF 04/06/	2024									
				Pr	rocedure	Description	n						
Begin Date	Date   End Date   Mod1   Mod2   Mod3   Mod4   Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); CERVICAL  CERCLAGE													
ANESTH REPAIR OF CERVIX													

2009-04-01 9999-12-3	L		NO	4.00	400	YES	YES

Procedure	code : 0	00950 AS (	OF 04/06/	2024							
				Pr	rocedure	Description	on	_			
Begin	End Data	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR VAC	SINAL PROC	CEDURES (	INCLUDING	BIOPSY	OF LABIA;	VAGINA;	CERVIX OR	ENDOMETRIU	M); CULDO	SCOPY
ANESTH VA	AGINAL END	OSCOPY									
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure	e Code : (	00952 AS (	OF 04/06/	2024							
				Pr	rocedure	Description	on				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit
ANESTHES	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); HYSTEROSCOPY  AND/OR HYSTEROSALPINGOGRAPHY										
	ANESTH HYSTEROSCOPE/GRAPH										
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure	e Code : (	)1112 AS (	OF 04/06/2	2024									
				Pr	rocedure 1	Descriptio	n						
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY; ANTERIOR OR POSTERIORILIAC CREST													
ANESTH BO	ANESTH BONE ASPIRATE/BX												

2009-04-01 9999-12-31		NO	5.00	400	YES	YES

Procedure	e Code : 0	)1120 AS (	OF 04/06/2	2024							
				Pı	rocedure	Descriptio	n				
Begin Date Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit											
ANESTHES	IA FOR PRO	CEDURES (	ON BONY PI	ELVIS							
ANESTH PI	ANESTH PELVIS SURGERY										
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure	code : 0	)1130 AS (	OF 04/06/2	2024							
				Pı	rocedure	Descriptio	n				
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR BOD	OY CAST AI	PPLICATION	N OR REVI	SION						
ANESTH BO	ANESTH BODY CAST PROCEDURE										
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure	e Code : C	)1140 AS (	OF 04/06/2	2024								
				Pı	rocedure 1	Descriptio	n					
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit											
	Date   Required Units   Units   Pricing   Pricing   Benefit											
	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION  ANESTH AMPUTATION AT PELVIS											
ANESTH AN	APUTATION	A.I. BETAIS	5									

2009-04-01 9999-12-31    NO   15.00   400   YES   YES							
	2009-04-01 9999-12-31		NΩ	15.00	400	VEC	YES

Procedure	e Code : (	)1150 AS (	OF 04/06/2								
				Pr	<u>cocedure</u> 1	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit
ANESTHES	IA FOR RAI	DICAL PROC	CEDURES FO	OR TUMOR (	OF PELVIS	; EXCEPT I	HINDQUART	ERAMPUTAT	TION		
ANESTH PI	ELVIC TUMO	R SURGER	Y								
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure	code : 0	1160 AS C	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHESI	A FOR CLC	SED PROCE	EDURES IN	JOLVING ST	YMPHYSIS	PUBIS OR S	SACROILIA	C JOINT			
ANESTH PE	LVIS PROC	EDURE									
2009-04-01						NO	4.00	400		YES	YES

Procedure	e Code : C	)1170 AS (	OF 04/06/2	2024									
				Pr	cocedure	Descriptio	n						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit													
ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT													
ANESTH PELVIS SURGERY													

2009-04-01 9999-12-31    NO   8.00   400   YES							
	9-04-01 9999-12-31		NO	8.00	400	YES	YES

Procedure	e Code : 0	)1173 AS (	OF 04/06/2	2024									
				Pr	cocedure :	Descriptio	on						
Begin Date	Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
	IA FOR OPE	EN REPAIR	OF FRACT	JRE DISRU	PTION OF	PELVIS OR							
ANESTH FX REPAIR PELVIS													
2009-04-01	9999-12-31					NO	12.00	400		YES	YES		

Procedure	Procedure Code : 01200 AS OF 04/06/2024												
				Pr	rocedure	Descriptio	n		,				
Begin	End Date  Mod1   Mod2   Mod3   Mod4												
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT													
ANESTH HIP JOINT PROCEDURE													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	e Code : (	)1202 AS (	OF 04/06/2	2024									
				Pr	cocedure 1	Descriptio	n						
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
Date	Date   Da												
ANESTHESI	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT												
ANESTH ARTHROSCOPY OF HIP													
ANESTH AF	KIHKUSCOPI	C OF HIP											

2009-04-01 9999-12-31    NO   4.00   400   YES   YES							
	17009-04-0119999-17-311		NO	4.00	400	YES	YES

Procedure	e Code : 0	)1210 AS (	OF 04/06/2	2024								
				Pı	cocedure	Descriptio	n					
Begin Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED												
ANESTH HIP JOINT SURGERY												
2009-04-01	9999-12-31					NO	6.00	400		YES	YES	

Procedure Code : 01212 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n		,				
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION													
ANESTH HIP DISARTICULATION													
-	9999-12-31					NO	10.00	400		YES	YES		

Procedure	e Code : (	)1214 AS (	OF 04/06/2	2024									
				Pr	cocedure	Descriptio	n						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY													
ANESTH HIP ARTHROPLASTY													

2009-01-01 9999-12-31		NO	8.00	400	YES	YES

Procedure	Procedure Code : 01215 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit	
ANESTHES	IA FOR OPE	IN PROCEDU	JRES INVOI	LVING HIP	JOINT; R	_		HIPARTHROF		rrreing	Bellette	
ANESTH REVISE HIP REPAIR												
2009-04-01	9999-12-31					NO	10.00	400		YES	YES	

Procedure Code : 01220 AS OF 04/06/2024													
				Pr	rocedure	Descriptio	n		,				
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR													
ANESTH PROCEDURE ON FEMUR													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	e Code : (	)1230 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	NESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOTOTHERWISE SPECIFIED										
ANESTH SU	ANESTH SURGERY OF FEMUR										

			•				
2009-04-01 9999-12-31			NO	6.00	400	YES	YES
•	•	•				•	•

Procedure Code: 01232 AS OF 04/06/2024													
Procedure Description													
Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; AMPUTATION													
ANESTH AMPUTATION OF FEMUR													
2009-04-01 9999-12-31 NO 5.00 400 YES YES													

Procedure Code : 01234 AS OF 04/06/2024												
				Pr	ocedure	Descriptio	n		,			
Begin	Total Data	No. 21	W- 30	M - 42	M = 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; RADICALRESECTION											
ANESTH RADICAL FEMUR SURG												
2009-04-01	9999-12-31					NO	8.00	400		YES	YES	

Procedure	e Code : (	)1250 AS (	OF 04/06/2	2024							
				Pr	rocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	Mod3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAEOF UPPER LEG										
ANESTH III	ANESTH UPPER LEG SURGERY										

2009-04-01 9999-12-31		NO	4.00	400	YES	YES

Procedure	Procedure Code : 01260 AS OF 04/06/2024												
Procedure Description													
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit		
ANESTHES	IA FOR ALI	PROCEDUE	RES INVOLV	JING VEINS	S OF UPPE	R LEG; INC	CLUDINGEX	PLORATION	I				
ANESTH UPPER LEG VEINS SURG													
2009-04-01 9999-12-31 NO 3.00 400 YES YES													

Procedure	Procedure Code : 01270 AS OF 04/06/2024												
				Pı	rocedure I	Descriptic	n						
Begin	Dad Data	M - 31	OF an	w- 42	M = 34	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	IA FOR PRO	CEDURES :	INVOLVING	ARTERIES	OF UPPER	LEG; INCI	LUDING BY	PASSGRAFT	T; NOT OTH	ERWISE SF	ECIFIED		
ANESTH THIGH ARTERIES SURG													
2009-04-01	9999-12-31					NO	8.00	400		YES	YES		

Procedure	e Code : (	)1272 AS (	OF 04/06/2	2024								
				Pr	ocedure I	Descriptio	n					
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered												
Date						Required	Units	<u>Units</u>	Pricing	Pricing	Benefit	
ANESTHESI	IA FOR PRO	CEDURES :	INVOLVING	ARTERIES	OF UPPER	LEG; INC	LUDING	BYPASSGRAFT	; FEMORAL	ARTERY I	JIGATION	
ANESTH FE	ANESTH FEMORAL ARTERY SURG											

2009-04-01 9999-12-31			NO	4.00	400	YES	YES

Procedure	e Code : 0	)1274 AS	OF 04/06/2	2024							
				Pı	rocedure 1	Descriptio	n				
Begin		74		70	74	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	IA FOR PRO	CEDURES	INVOLVING	ARTERIES	OF UPPER	LEG; INCI	LUDING BY	PASSGRAFT	:; FEMORAL	ARTERY	
EMBOLECTO	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG; INCLUDING BYPASSGRAFT; FEMORAL ARTERY EMBOLECTOMY										
ANESTH FEMORAL EMBOLECTOMY											
	9999-12-31					NO	6.00	400		YES	YES

Procedure	Procedure Code : 01320 AS OF 04/06/2024												
				Pr	ocedure	Descriptic	n						
Begin	End Data	W- 41	W- 40	W- 42	Mo d 4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR ALI	PROCEDUE	RES ON NEE	RVES; MUSO	CLES; TEN	DONS; FASO	CIA; AND	BURSAEOF	KNEE AND/	OR POPLIT	'EAL AREA		
ANESTH KNEE AREA SURGERY													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	e Code : (	)1340 AS (	OF 04/06/2	2024									
				Pr	cocedure	Descriptio	n						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit												
ANESTHES	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER ONE-THIRD OF FEMUR												
ANESTH KNEE AREA PROCEDURE													

2009-04-01 9999-12-31    NO   4.00   400   YES   YES							
	17009-04-0119999-17-311		NO	4.00	400	YES	YES

Procedure	e Code : (	)1360 AS (	OF 04/06/2	2024								
				Pr	cocedure 1	Descriptio	n					
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER ONE-THIRD OF FEMUR												
ANESTH KNEE AREA SURGERY												
2009-04-01	9999-12-31					NO	5.00	400		YES	YES	

Procedure	Procedure Code : 01380 AS OF 04/06/2024												
				Pı	rocedure 1	Descriptio	n						
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	IA FOR ALI	CLOSED I	PROCEDURES	S ON KNEE	JOINT								
ANESTH KN	NEE JOINT	PROCEDURE	<u> </u>										
	9999-12-31					NO	3.00	400		YES	YES		

Procedure	e Code : (	)1382 AS (	OF 04/06/2	2024									
				Pr	cocedure	Descriptio	n						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	Date   Mod1   Mod2   Mod3   Mod4   Required Units Units Pricing Pricing Benefit												
ANESTHES	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT												
ANESTH DX KNEE ARTHROSCOPY													

2009-04-01 9999-12-31				NO	3.00	400		YES	YES
	•	•	•		•	•	•		

Procedure	e Code : 0	)1390 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESI	IA FOR ALI	_ CLOSED I	PROCEDURES	S ON UPPE	R ENDS OF		IBULA; AN			11101119	Bellerre
ANESTH KI	VEE AREA F	PROCEDURE									
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure	Procedure Code : 01392 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA; FIBULA; AND/ORPATELLA												
ANESTH KNEE AREA SURGERY													
2009-04-01	9999-12-31					NO	4.00	400		YES	YES		

Procedure	e Code : (	)1400 AS (	OF 04/06/2	2024									
				Pr	rocedure 1	Descriptio	n		,				
Begin	End Date   Mod1   Mod2   Mod3   Mod4												
Date	Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit												
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOTOTHERWISE SPECIFIED													
ANESTH KNEE JOINT SURGERY													

2009-04-01 9999-12-31		NO	4.00	400	YES	YES

Procedure	e Code : 0	)1402 AS (	OF 04/06/2	2024							
				Pı	cocedure	Descriptio	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility		Covered Benefit
ANESTHES	IA FOR OPE	IN OR SURC	GICAL ARTI	HROSCOPIC	PROCEDUR	ES ON KNEE		TOTALKNEE			
ANESTH KNEE ARTHROPLASTY											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 01404 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n						
Begin	End Date  Mod1   Mod2   Mod3   Mod4												
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR OPE	N OR SURC	GICAL ARTI	HROSCOPIC	PROCEDUR	ES ON KNEE	E JOINT;D	ISARTICUL	ATION AT	KNEE			
ANESTH AMPUTATION AT KNEE													
2009-04-01						NO	5.00	400		YES	YES		

Procedure	Procedure Code : 01420 AS OF 04/06/2024												
				Pr	rocedure	Descriptio	n						
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date   Mod1   Mod2   Mod3   Mod4												
ANESTHES	ANESTHESIA FOR ALL CAST APPLICATIONS; REMOVAL; OR REPAIR INVOLVING KNEE JOINT												
VMEGLI KV	ANESTH KNEE JOINT CASTING												
ANESTHESI			PLICATIONS	S; REMOVA	L; OR REP				11101115		Benefit		

2009-04-01 9999-12-31		NO	3.00	400	YES	YES

Procedure	Procedure Code : 01430 AS OF 04/06/2024												
				Pr	cocedure	Descriptio	n						
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit		
ANESTHES	IA FOR PRO	CEDURES (	ON VEINS (	OF KNEE AI	ND POPLIT	EAL AREA;				11101115	<b>D</b> 01101110		
ANESTH KNEE VEINS SURGERY													
2009-04-01	9999-12-31					NO	3.00	400		YES	YES		

Procedure	Procedure Code : 01432 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	A FOR PRO	CEDURES (	ON VEINS (	OF KNEE A	ND POPLIT	EAL AREA;	ARTERIOV	ENOUSFIST	:ULA					
ANESTH KNEE VESSEL SURG														
2009-04-01						NO	6.00	400		YES	YES			

Procedure	e Code : (	)1440 AS (	OF 04/06/2	2024							
				Pr	rocedure :	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	Liia Bacc	Hour	11002	Mods	11001	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISESPECIFIED										
ANESTH KI	ANESTH KNEE ARTERIES SURG										

2009-04-01 9999-12-31		NO	8.00	400	YES	YES

Procedure	Procedure Code : 01442 AS OF 04/06/2024													
				Pr	cocedure	Descriptic	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	HIG Bacc	Hour	Houz	nous		Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEALTHROMBOENDARTERECTOMY; WITH OR WITHOUT PATCH GRAFT														
ANESTH KNEE ARTERY SURG														
2009-04-01	9999-12-31					NO	8.00	400		YES	YES			

Procedure	Procedure Code : 01444 AS OF 04/06/2024												
				Pr	rocedure 1	Descriptio	n						
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	NESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEALEXCISION AND GRAFT OR REPAIR												
FOR OCCLU	JSION OR A	NEURYSM											
ANESTH KN	ANESTH KNEE ARTERY REPAIR												
2009-04-01	9999-12-31					NO	8.00	400		YES	YES		

Procedure	e Code : C	1462 AS C	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHES	IA FOR ALI	CLOSED	PROCEDURES	ON LOWER	LEG;	ANKLE;	AND	FOOT			
ANESTH LO	OWER LEG F	ROCEDURE	]								
2009-04-01	9999-12-31					I	NO.	3.00	400	YES	YES

Procedure	Procedure Code : 01464 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin Date														
	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT													
ANESTH ANKLE/FT ARTHROSCOPY														
2009-04-01 9999-12-31 NO 3.00 400 YES YES														

Procedure	Procedure Code : 01470 AS OF 04/06/2024												
				Pr	rocedure 1	Descriptio	n						
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
Date						Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; AND FASCIA OF LOWER LEG; ANKLE; AND FOOT; NOT OTHERWISE SPECIFIED													
ANESTH LOWER LEG SURGERY													
2009-04-01	9999-12-31					NO	3.00	400		YES	YES		

Procedure	e Code : 0	)1472 AS (	OF 04/06/2											
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	liid bacc	MOGI	14002	11003	Modi	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHESIA FOR PROCEDURES	ON NERVES; MUSCLES	; TENDONS;	AND FASC	CIA OF I	LOWER LEG;A	NKLE; AND	FOOT; F	REPAIR	OF				
RUPTURED ACHILLES TENDON; WITH OR WITHOUT GRAFT													
ANESTH ACHILLES TENDON SURG													
2009-04-01 9999-12-31			NO	5.00	400		YES	YES	S				

Procedure	Procedure Code : 01474 AS OF 04/06/2024												
				Pr	rocedure I	Descriptio	n						
Begin			10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR PRO	OCEDURES (	N NERVES	MUSCLES	; TENDONS	; AND FASO	CIA OF LC	WER LEG;	ANKLE; AND	FOOT;			
GASTROCNE	MIUS RECE	ESSION (EG	; STRAYER	R PROCEDUI	RE)								
ANESTH LO	ANESTH LOWER LEG SURGERY												
2009-04-01						NO	5.00	400		YES	YES		

Procedure	e Code : 0	1480 AS (	OF 04/06/	2024										
				Pı	rocedure I	Descriptio	n	_						
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	MOGI	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	IA FOR OPE	N PROCEDU	JRES ON BO	ONES OF LO	OWER LEG;	ANKLE; AN	ND FOOT;	NOTOTHERW	NISE SPECI	FIED				
ANESTH LO	ANESTH LOWER LEG BONE SURG													
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure Code : 01482 AS OF 04/06/2024

Procedure Description

Begin	End Date	Mod1	Mod2	Mod2	World	PA	Base	Max	Facility	Manual	Covered
Date	End Date	MOGI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit
	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; RADICALRESECTION (INCLUDING BELOW KNEE AMPUTATION)										
ANESTH RADICAL LEG SURGERY											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure	Procedure Code : 01484 AS OF 04/06/2024													
				Pı	cocedure I	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date						Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; OSTEOTOMY OR OSTEOPLASTY OF TIBIA  AND/OR FIBULA														
ANESTH LOWER LEG REVISION														
2009-04-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 01486 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; TOTALANKLE REPLACEMENT													
ANESTH ANKLE REPLACEMENT														
2009-04-01						NO	7.00	400		YES	YES			

Procedure	Procedure Code : 01490 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin	Tool Date	W = 31	Wa 30	W- 32	N - 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	NESTHESIA FOR LOWER LEG CAST APPLICATION; REMOVAL; OR REPAIR													
ANESTH LOWER LEG CASTING														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	Procedure Code : 01500 AS OF 04/06/2024													
				Pr	ocedure	Description	n							
Begin	End Date  Mod1   Mod2   Mod3   Mod4													
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG; INCLUDING BYPASS GRAFT; NOTOTHERWISE SPECIFIED													
ANESTH LEG ARTERIES SURG														
2009-04-01	9999-12-31					NO	8.00	400		YES	YES			

Procedure	Procedure Code : 01502 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin		20. 31	25. 10	M. 12	26. 24	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	IA FOR PRO	CEDURES (	N ARTERII	ES OF LOW	ER LEG; I	NCLUDING E	BYPASS GR	RAFT; EMBOI	LECTOMY; D	IRECT OR	WITH			
CATHETER														
ANESTH LV														
AMEDIA TA	AK TEG EME	POLECIOMI				T								
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 01520 AS OF 04/06/2024												
				Pı	rocedure	Descriptio	n						
Begin		74	70			PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES	IA FOR PRO	CEDURES (	ON VEINS (	OF LOWER :	LEG; NOT	OTHERWISE	SPECIFIE	D					
ANESTH LOWER LEG VEIN SURG													
2009-04-01	9999-12-31					NO	3.00	400		YES	YES		

Procedure	Procedure Code : 01522 AS OF 04/06/2024													
				Pı	rocedure :	Descriptio	n							
Begin	End Date  Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY; DIRECT ORWITH CATHETER													
ANESTH LOWER LEG VEIN SURG														
	2009-04-01 9999-12-31 NO 5.00 400 YES YES													

Procedure	Procedure Code : 01610 AS OF 04/06/2024												
				Pr	cocedure 1	Descriptic	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	MOGI	MOGZ	MOG3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR ALI	PROCEDUF	RES ON NEF	RVES; MUSO	CLES; TEN	DONS; FASO	CIA; AND	BURSAEOF	SHOULDER	AND AXILI	ıA		
ANESTH SU	ANESTH SURGERY OF SHOULDER												
2009-04-01	2009-04-01 9999-12-31 NO 5.00 400 YES YES												

Procedure	code : 0	)1620 AS (	OF 04/06/2	2024									
				Pr	rocedure 1	Descriptio	on		_				
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Parising Priging Prigin													
Date	End Date	MOGI	MOG Z	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR ALI	CLOSED I	PROCEDURES	S ON HUMEI	RAL HEAD	AND NECK;	STERNOCL	JAVICULARJ	JOINT; ACR	OMIOCLAVI	CULAR		
JOINT; AN	ID SHOULDE	ER JOINT											
ANESTH SE	NESTH SHOULDER PROCEDURE												
2009-04-01	NESTH SHOULDER PROCEDURE 009-04-01 9999-12-31 NO 4.00 400 YES YES												

Procedure	Procedure Code : 01622 AS OF 04/06/2024												
Procedure Description													
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	IA FOR DIA	GNOSTIC A	ARTHROSCO	PIC PROCE	DURES OF	SHOULDER J	JOINT						
ANES DX SHOULDER ARTHROSCOPY													
2009-04-01 9999-12-31 NO 4.00 400 YES YES													

Procedure	Procedure Code : 01630 AS OF 04/06/2024												
Procedure Description													
Begin End Date Mod1 Mod2 Mod3 Mod4 Partition Units Date Date Date Date Date Date Date Date													
End Date   Mod1   Mod2   Mod3   Mod4   Required Units Units Pricing Pricing Benefit													
ANESTHES	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT;												
ACROMIOCI	ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT; NOTOTHERWISE SPECIFIED												
ANESTH SU	ANESTH SURGERY OF SHOULDER												

2009-04-01 9999-12-31		NO	5.00	400	YES	YES

Procedure	rocedure Code : 01634 AS OF 04/06/2024												
				Pr	cocedure	Descriptio	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
	IA FOR OPE					ES ON HUME		ANDNECK;	STERNOCL	AVICULAR	JOINT;		
ANESTH SE	NESTH SHOULDER JOINT AMPUT												
2009-04-01	009-04-01 9999-12-31 NO 9.00 400 YES YES												

Procedure	Procedure Code : 01636 AS OF 04/06/2024												
				Pr	cocedure I	Descriptio	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 Parity Wanual Covered Mod3 Mod4 Remissed Units Date Resident Remains													
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT;  ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT; INTERTHORACOSCAPULAR (FOREOUARTER) AMPUTATION												
ANESTH FO	ANESTH FOREQUARTER AMPUT												
	ANESTH FOREQUARTER AMPUT 2009-04-01 9999-12-31 NO 15.00 400 YES YES												

Procedure	e Code : (	1638 AS (	OF 04/06/2	2024							
				Pr	cocedure	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	HIG Date	Modi	14002	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC F	PROCEDURES ON HUM	IERAL HEAD ANDNECK;	STERNOCLAVICULAR	JOINT;
ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT; TO	OTAL SHOULDER REP	LACEMENT		
ANESTH SHOULDER REPLACEMENT				
2009-04-01 9999-12-31	NO	10.00 400	YES	YES

Procedure	Procedure Code : 01650 AS OF 04/06/2024												
	Procedure Description												
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
	Date   Required Units Units   Pricing   Pricing   Benefit  ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISESPECIFIED												
ANESTH SE	ANESTH SHOULDER ARTERY SURG												
2009-04-01	2009-04-01 9999-12-31 NO 6.00 400 YES YES												

Procedure	Procedure Code : 01652 AS OF 04/06/2024													
				Pr	cocedure	Descriptic	n							
Begin PA Base Max Facility Manual Covered														
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIALANEURYSM													
ANESTH SHOULDER VESSEL SURG														
2009-04-01 9999-12-31 NO 10.00 400 YES YES														

Procedure	e Code : (	)1654 AS (	OF 04/06/		rocedure	Descriptio	ın				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	MOGI	MOGZ	MOG 3	MOG4	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESI	A FOR	PROCEDURES	ON ARTERIES	OF SH	OULDER	AND	AXILLA;	BYPASS	GRAFT		
ANESTH SE	IOULDER	. VESSEL SUR	G								
2009-04-01	9999-12	-31					NO	8.00	400	YES	YES

Procedure	e Code : 0	)1656 AS (	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility		Covered			
Date						Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORALBYPASS GRAFT													
ANESTH ARM-LEG VESSEL SURG														
	9999-12-31					NO	10.00	400		YES	YES			

Procedure	code : C	rocedure Code : 01670 AS OF 04/06/2024													
				Pr	ocedure	Descriptio	n								
Begin	gin End Date Mod1 Mod2 Mod3 Mod4					PA	Base	Max	Facility	Manual	Covered				
Date	End Date	MOGI	MOGZ	MOGS	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA															
ANESTH SH															
2009-04-01	9999-12-31					NO	4.00	400		YES	YES				

Procedure	e Code : C	)1680 AS (	OF 04/06/2	2024										
	Procedure Description													
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit			

ANESTHES	A FOR	SHOULDER	CAST	APPLICATION	1; REM	MOVAL OR	REPAIR;	NOT	OTHERW	ISESPECIF	'IED		
ANESTH SE	IOULDER	CASTING											
2009-04-01	9999-12	-31					NO		3.00	400		YES	YES

Procedure	Procedure Code: 01710 AS OF 04/06/2024													
				Pr	ocedure I	Descriptio	on							
Begin	End Date	Mod1	w- 40	Mo 42	W- 44	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	.3 Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
	ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED													
ANESTH EI	ANESTH ELBOW AREA SURGERY													
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	code : 0	)1712 AS (	OF 04/06/2	2024									
				Pr	ocedure I	Descriptio	on						
Begin						PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3 Mod4 R	Required	Units	Units	Pricing		Benefit			
ANESTHESI	NESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; TENOTOMY;												
ELBOW TO	SHOULDER;	OPEN											
ANESTH UE	ANESTH UPPR ARM TENDON SURG												
2009-04-01	9999-12-31					NO	5.00	400		YES	YES		

Procedure Code : 01714 AS OF 04/06/2024

Procedure Description

Begin	End Date Mod1 Mod2	W- 42	Wo d 4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	MOGI	MOG2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
	NESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; ENOPLASTY; ELBOW TO SHOULDER											
ANESTH UPPR ARM TENDON SURG												
2009-04-01	9999-12-31					NO	5.00	400		YES	YES	

Procedure	e Code : (	)1716 AS (	OF 04/06/2	2024									
				Pr	ocedure I	Descriptio	on						
Begin	End Date	Mod1	Mod2	Mod 2	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	MOGI	MOGZ	Mod3 Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; TENODESIS; RUPTURE OF LONG TENDON OF BICEPS													
ANESTH BI	ANESTH BICEPS TENDON REPAIR												
	9999-12-31					NO	5.00	400		YES	YES		

Procedure	code : C	1730 AS (	OF 04/06/2	2024								
				Pr	rocedure	Descriptio	n					
Begin	Total Data	M- 31	M- 40	w- 42	24 - 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW											
ANESTH UPPR ARM PROCEDURE												
2009-04-01	9999-12-31					NO	3.00	400		YES	YES	

Procedure	Procedure Code : 01732 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin	_ ,	74	10		74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHES	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT												
ANESTH DX	ANESTH DX ELBOW ARTHROSCOPY												
	9999-12-31					NO	3.00	400		YES	YES		

Procedure	Procedure Code : 01740 AS OF 04/06/2024													
Procedure Description														
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	Liia Dace	Hour	Houz	nous		Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHES	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOTOTHERWISE SPECIFIED													
ANESTH UPPER ARM SURGERY														
	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 01742 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	on							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Modi	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMYOF HUMERUS													
ANESTH HU														
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 01744 AS OF 04/06/2024													
				Pr	rocedure I	Descriptio	on							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date	End Date	MOGI	MOGZ	MOG 5	MOG4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OFNONUNION OR MALUNION OF HUMERUS														
ANESTH HUMERUS REPAIR														
2009-04-01	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 01756 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	on							
Begin	Total Data	No. 31	W- 40	w - 32	24-34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICALPROCEDURES													
ANESTH RADICAL HUMERUS SURG														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 01758 AS OF 04/06/2024													
				Pr	rocedure I	Descriptio	n							
Begin	_					PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	A FOR OPE	N OR SURC	GICAL ARTI	HROSCOPIC	PROCEDUR	ES OF THE	ELBOW;	EXCISIONOF	CYST OR	TUMOR OF	HUMERUS			
ANESTH HUMERAL LESION SURG														
	9999-12-31					NO	5.00	400		YES	YES			

Procedure	Procedure Code : 01760 AS OF 04/06/2024													
				Pı	cocedure :	Descriptio	on							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	MOGI	MOG.2	MOQ.3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTALELBOW REPLACEMENT													
ANESTH ELBOW REPLACEMENT														
2009-04-01 9999-12-31 NO 7.00 400 YES YES														

Procedure	Procedure Code : 01770 AS OF 04/06/2024													
				Pr	ocedure	Descriptio	n							
Begin			10	10	. 14	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISESPECIFIED														
ANESTH UPPR ARM ARTERY SURG														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 01772 AS OF 04/06/2024													
				Pr	ocedure 1	Descriptic	n							
Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOGZ	MOG 3	MOC 4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY														
ANESTH UPPR ARM EMBOLECTOMY														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 01780 AS OF 04/06/2024													
				Pı	rocedure	Descriptic	n							
Begin		34 34	w 10	10	36 14	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISESPECIFIED													
ANESTH UPPER ARM VEIN SURG														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	Procedure Code : 01782 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin														
Date					11041	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY													
ANESTH UPPR ARM VEIN REPAIR														
2009-04-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 01810 AS OF 04/06/2024													
				Pr	cocedure 1	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	NESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAEOF FOREARM; WRIST; AND HAND													
ANESTH LOWER ARM SURGERY														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	Procedure Code : 01820 AS OF 04/06/2024														
	Procedure Description														
Begin	To d Data	M = 21	Wa do	W- 42	M- 44	PA	Base	Max	Facility	Manual	Covered				
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS; ULNA; WRIST; OR HAND BONES															
ANESTH LOWER ARM PROCEDURE															
2009-04-01	9999-12-31					NO	3.00	400		YES	YES				

Procedure	Procedure Code : 01829 AS OF 04/06/2024													
Procedure Description														
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOG Z	MOG.3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST														
ANESTH DX WRIST ARTHROSCOPY														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	Procedure Code : 01830 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin		36. 31	M. 10	M. 10	25. 24	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTALRADIUS; DISTAL ULNA; WRIST; OR													
HAND JOIN	HAND JOINTS; NOT OTHERWISE SPECIFIED													
ANESTH LOWER ARM SURGERY														
2009-04-01	9999-12-31					NO	3.00	400		YES	YES			

Procedure	Procedure Code : 01832 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date			11002		11041	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTALRADIUS; DISTAL ULNA; WRIST; OR HAND JOINTS; TOTAL WRIST REPLACEMENT														
ANESTH WRIST REPLACEMENT														
2009-04-01	9999-12-31					NO	6.00	400		YES	YES			

Procedure	Procedure Code : 01840 AS OF 04/06/2024													
				Pı	rocedure :	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	ModI	Mod2	Mod 3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM; WRIST; AND HAND; NOTOTHERWISE SPECIFIED													
ANESTH LWR ARM ARTERY SURG														
2009-04-01 9999-12-31 NO 6.00 400 YES YES														

Procedure	Procedure Code : 01842 AS OF 04/06/2024													
				Pr	cocedure	Descriptic	n							
Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM; WRIST; AND HAND; EMBOLECTOMY														
ANESTH LWR ARM EMBOLECTOMY														
2009-04-01 9999-12-31 NO 6.00 400 YES YES														

Procedure	Procedure Code : 01844 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n						
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered												
Date	End Date	MOGI	MOGZ	Mods	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR VASCULAR SHUNT; OR SHUNT REVISION; ANY TYPE (EG; DIALYSIS)												
ANESTH VASCULAR SHUNT SURG													
	9999-12-31					NO	6.00	400		YES	YES		

Procedure	Procedure Code: 01850 AS OF 04/06/2024														
	Procedure Description														
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered															
Date	End Date	MOGI	MOGZ	MOG3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM; WRIST; AND HAND; NOT OTHERWISESPECIFIED															
ANESTH LOWER ARM VEIN SURG															
2009-04-01	2009-04-01 9999-12-31 NO 3.00 400 YES YES														

Procedure	Procedure Code : 01852 AS OF 04/06/2024												
				Pr	ocedure 1	Descriptio	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered													
Date	End Date	MOGI	MOGZ	MOG3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM; WRIST; AND HAND; PHLEBORRHAPHY												
ANESTH LWR ARM VEIN REPAIR													
2009-04-01 9999-12-31 NO 4.00 400 YES YES													

Procedure Code : 01860 AS OF 04/06/2024												
				Pı	cocedure	Descriptio	n					
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered												
Date	End Date	Modi	Mod2	Mod 3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESIA FOR FOREARM; WRIST; OR HAND CAST APPLICATION; REMOVAL; OR REPAIR												
ANESTH LOWER ARM CASTING												
2009-04-01 9999-12-31 NO 3.00 400 YES YES												

Procedure	Procedure Code : 01916 AS OF 04/06/2024													
	Procedure Description													
Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	MOGI	MOG.2	Mod.3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY														
ANESTH DX ARTERIOGRAPHY														
2009-04-01	2009-04-01 9999-12-31 NO 5.00 400 YES YES													

Procedure	Procedure Code : 01920 AS OF 04/06/2024													
				Pr	rocedure 1	Descriptio	n							
Begin														
Date						Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY ANDVENTRICULOGRAPHY (NOT TO INCLUDE SWAN-GANZ CATHETER)														
ANESTH CATHETERIZE HEART														
2009-04-01 9999-12-31 NO 7.00 400 YES YES														

Procedure	Procedure Code : 01922 AS OF 04/06/2024													
	Procedure Description													
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered														
Date	End Date	Modl	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY													
ANESTH CAT OR MRI SCAN														
2009-04-01 9999-12-31 NO 7.00 400 YES YES														

Procedure	Procedure Code : 01924 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit														
Date	End Date	Modi	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM; NOT OTHERWISE SPECIFIED														
Anes ther interven rad artrl														
2015-08-01 9999-12-31 NO 5.00 400 YES YES														

Procedure	e Code : 0	1925 AS (	OF 04/06/2		rocedure	Descriptio	on .						
Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date   Required Units   Units   Pricing   Benefit   ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM; CAROTID OR CORONARY													
Anes ther interven rad card													

2009-04-01	9999-12-31					NO	7.00	400		YES	YES		
Procedure	Procedure Code : 01926 AS OF 04/06/2024												
	Procedure Description												
Begin						PA	Base	Max	Facility	Manual	Covered		

Required

Units

Units

Pricing | Pricing | Benefit

ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM;

Mod3

Mod4

INTRACRANIAL; INTRACARDIAC; OR AORTIC

Mod1

Mod2

End Date

Date

ANES TX INTERV RAD HRT/CRAN
2015-08-01 9999-12-31 NO 8.00 400 YES YES

Procedure	e Code : 0	)1930 AS (	OF 04/06/	2024										
				Pı	rocedure 1	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModT	MOQ2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM														
(NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); NOTOTHERWISE SPECIFIED														
	Anes ther interven rad vein 2009-04-01 9999-12-31 NO 5 00 400 YES YES													

Procedure	e Code : (	)1931 AS (	OF 04/06/2	2024									
	Procedure Description												
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	liid bacc	Modi	Mode	11045	l lou i	Required	Units	Units	Pricing	Pricing	Benefit		

ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM

(NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); INTRAHEPATIC OR PORTAL CIRCULATION (EG; TRANSVENOUS

INTRAHEPATIC PORTOSYSTEMICSHUNT[S] [TIPS])

Anes ther	r interver	n rad tips	3						
2009-04-01	9999-12-31				NO	7.00	400	YES	YES

Procedure	Procedure Code : 01932 AS OF 04/06/2024													
				Pı	cocedure 1	Descriptio	on							
Begin	Dad Data	W - 31	Wa do	W- 42	No. 34	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM														
(NOT TO ]	NCLUDE AC	CCESS TO	THE CENTRA	AL CIRCUL	ATION);IN	TRATHORAC	IC OR JUG	ULAR						
ANES TX INTERV RAD TH VEIN														
	ANES TX INTERV RAD TH VEIN 2009-04-01 9999-12-31 NO 6.00 400 YES YES													

Procedure	Procedure Code : 01933 AS OF 04/06/2024													
				Pı	rocedure	Descriptio	n							
Begin	End Date   Mod1   Mod2   Mod3   Mod4													
Date	End Date	ModI	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM														
(NOT TO I	NCLUDE AC	CCESS TO	THE CENTRA	AL CIRCUL	ATION); I	NTRACRANIA	AL							
ANES TX INTERV RAD CRAN VEIN														
	2009-04-01 9999-12-31 NO 7.00 400 YES YES													

Procedure	Procedure Code : 01937 AS OF 04/06/2024														
				Pı	rocedure	Descriptio	n								
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit														
Date	End Date	Modi	MOGZ	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit				
ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED INJECTION; DRAINAGE OR ASPIRATION PROCEDURES ON THE SPINE OR SPINAL CORD; CERVICAL OR THORACIC															
ANES DRG/ASPIR CRV/THRC															
2022-01-01	ANES DRG/ASPIR CRV/IHRC  2022-01-01 9999-12-31 NO 4.00 400 YES YES														

Procedure	Procedure Code : 01938 AS OF 04/06/2024													
				Pı	rocedure 1	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date	End Date	Modi	MOGZ	Mods	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED INJECTION; DRAINAGE OR ASPIRATION PROCEDURES ON THE SPINE OR SPINAL CORD; LUMBAR OR SACRAL														
ANES DRG/ASPIR LMBR/SAC														
2022-01-01	2022-01-01 9999-12-31 NO 4.00 400 YES YES													

Procedure	e Code : (	)1939 AS (	OF 04/06/2		rocedure	Description	n				
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit
ANESTHES	IA FOR PER	RCUTANEOUS	G IMAGE-GU	JIDED DES'	TRUCTION	PROCEDURES				E SPINE C	
CORD; CERVICAL OR THORACIC  ANES NULYT AGT CRV/THRC											

2022-01-01 9999-12-31		NO	4.00	400	YES	YES

Procedure	Procedure Code : 01940 AS OF 04/06/2024													
				Pr	cocedure	Descriptio	n							
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered			
Date	End Date	Modi	MOGZ	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED DESTRUCTION PROCEDURES BY NEUROLYTIC AGENT ON THE SPINE OR SPINAL CORD; LUMBAR OR SACRAL														
ANES NULYT AGT LMBR/SAC														
2022-01-01	9999-12-31					NO	4.00	400		YES	YES			

Procedure	Procedure Code : 01941 AS OF 04/06/2024													
				Pı	cocedure 1	Descriptio	n							
Begin	Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit													
Date	End Date	MOGI	MOGZ	MOG 3	MOQ4	Required	Units	Units	Pricing	Pricing	Benefit			
ANESTHESI VERTEBROE		RCUTANEOUS				ION OR INT		BRAL PROCE	EDURES (EG	; KYPHOPI	ASTY;			
ANES NEUR	ROMD/NTRVF	RT CRV/THE	RC											
	NES NEUROMD/NTRVRT CRV/THRC 022-01-01 9999-12-31 NO 5.00 400 YES YES													

Procedure	e Code : (	1942 AS (	OF 04/06/2	2024							
				Pr	cocedure :	Descriptio	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOUZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit

ANESTHESIA FOR PERCUTANEOUS	S IMAGE-GUIDED NEUF	ROMODULATION C	R INTRAVERTE	BRAL PROCED	OURES (EG;	KYPHOPL	ASTY;
VERTEBROPLASTY) ON THE SPIN	NE OR SPINAL CORD;	LUMBAR OR SAC	RAL				
ANES NEUROMD/NTRVRT LMBR/S	AC						
2022-01-01 9999-12-31		N	5.00	400		YES	YES

Procedure	Procedure Code : 01951 AS OF 04/06/2024											
				Pı	rocedure I	Descriptio	n					
Begin		11	10	10	34 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHES	ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY											
SITE; FOR	R TOTAL BO	DDY SURFAC	CE AREA (	TBSA) TRE	ATEDDURIN	G ANESTHES	SIA AND S	SURGERY; I	LESS THAN	4% TOTAL	BODY	
SURFACE A	AREA											
ANESTH BU	JRN LESS 4	PERCENT										
2009-04-01	9999-12-31					NO	3.00	400		YES	YES	

Procedure	code : (	)1952 AS (	OF 04/06/2	2024								
				Pı	cocedure I	Descriptio	n					
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY											
SITE; FOR	R TOTAL BO	DY SURFAC	CE AREA (	rbsa) tre	ATEDDURIN	G ANESTHES	SIA AND S	SURGERY; E	BETWEEN 4%	AND 9% C	F TOTAL	
BODY SURF	FACE AREA											
ANESTH BU	JRN 4-9 PE	ERCENT										
2009-04-01	9999-12-31					NO	5.00	400		YES	YES	

Procedure	Procedure Code : 01953 AS OF 04/06/2024											
				Pr	cocedure 1	Descriptio	on					
Begin	Dad Date	W- 31	Wa 30	W- 42	M = 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY												
SITE; FOR	R TOTAL BO	DDY SURFAC	CE AREA (1	TBSA) TREA	ATEDDURIN	G ANESTHE:	SIA AND S	SURGERY; E	CACH ADDIT	'IONAL 9%	TOTAL	
BODY SURE	BODY SURFACE AREA ORPART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)											
ANESTH BURN EACH 9 PERCENT												
2009-04-01	9999-12-31					NO	1.00	400		YES	YES	

Procedure	Procedure Code : 01958 AS OF 04/06/2024												
				Pr	ocedure	Descriptio	n						
Begin End Date Mod1 Mod2 Mod3 Mod4 Paguired Units Units Pricing Pricing Repetit													
Date	End Date	ModI	Mod2	Mod3	Moa4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR PRO	CEDURE TO	TURN THE	POSITIO	N OF FETU	S IN UTERU	JS						
ANES XTRN	IL CEPHALI	C VERSION	1										
2009-04-01	9999-12-31					NO	5.00	400		YES	YES		

Procedure	e Code : (	)1960 AS (	OF 04/06/2	2024							
				Pr	ocedure	Description	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	2110 2000		11042			Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	ESTHESIA FOR VAGINAL DELIVERY										
ANES VAGI	NES VAGINAL DELIVERY ONLY										

2009-04-01 9999-12-31		NO	5.00	400	YES	YES

Procedure	e Code : 0	)1961 AS (	OF 04/06/2	2024								
				Pı	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit	
ANESTHES	IA FOR CES	SAREAN DEI	LIVERY									
ANES CESA	AREAN DELI	VERY ONLY	Z									
2009-04-01	2009-04-01 9999-12-31 NO 7.00 400 YES YES											

Procedure	Procedure Code : 01962 AS OF 04/06/2024												
				Pr	cocedure	Descriptio	n		,				
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit		
ANESTHESI	A FOR PRO	CEDURE TO	O REMOVE I	UTERUS FO	LLOWING D	ELIVERY							
ANES URGE	NT HYSTER	RECTOMY											
2009-04-01	9999-12-31					NO	8.00	400		YES	YES		

Procedure	e Code : (	)1963 AS (	OF 04/06/2	2024								
				Pr	cocedure	Descriptio	n					
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered	
Date	Ina bacc	Modi	Houz	11003	11001	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI												
ANES CESA												

2015-08-01 9999-12-31		NO	8.00	400	YES	YES

Procedure	Procedure Code: 01965 AS OF 04/06/2024											
				Pr	cocedure	Descriptio	n					
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing		Covered Benefit	
ANESTHES	IA FOR INC	COMPLETE (	OR MISSED	ABORTION		1			,			
ANES INCO	ANES INCOMPL/MISSED AB PX											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES	

Procedure	Procedure Code : 01966 AS OF 04/06/2024											
				Pr	rocedure	Descriptio	n					
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	IA FOR INI	OUCED ABOR	RTION									
ANES INDU	JCED ABORT	TON PX										
	9999-12-31					NO	4.00	400		YES	YES	

Procedure	e Code : (	)1967 AS (	OF 04/06/2	2024							
				Pı	rocedure	Descriptio:	n				
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered
Date	End Date	Modi	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit
ANESTHES	IA FOR LAE	BOR DURING	G PLANNED	VAGINAL :	DELIVERY						
NEURAXL I	NEURAXL LBR ANES VAG DLVR										

			•				
2009-04-01 9999-12-31			NO	5.00	400	YES	YES
•	•	•				•	•

Procedure Code : 01968 AS OF 04/06/2024												
				Pr	cocedure :	Descriptio	n					
Begin Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit												
ANESTHES	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING LABOR											
ANES/ANALG CS DLVR NEURAXIAL												
2015-08-01	9999-12-31					NO	2.00	400		YES	YES	

Procedure Code : 01969 AS OF 04/06/2024												
				Pr	rocedure	Descriptio	n		,			
Begin		74	10	10	74	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS FOLLOWING LABOR											
ANES C HYST FLWG NEURAXIAL												
2009-04-01						NO	5.00	400		YES	YES	

Procedure	e Code : (	Procedure Code : 01990 AS OF 04/06/2024											
				Pr	cocedure	Descriptic	n						
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered		
Date	End Date	Modi	MOGZ	Mod3	MOGT	Required	Units	Units	Pricing	Pricing	Benefit		
PHYSIOLOG	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT												
SUPPORT I	SUPPORT FOR ORGAN DONOR												

2009-04-01 9999-12-31			NO	7.00	400	YES	YES

Procedure	Procedure Code : 01991 AS OF 04/06/2024											
				Pr	cocedure 1	Descriptio	n					
Begin						PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHES	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHENBLOCK OR INJECTION IS PERFORMED											
BY A DIF	FERENT PHY	SICIAN OF	R OTHER QU	JALIFIEDHI	EALTH CAR	E PROFESS:	IONAL); O	THER THAN	THE PRON	E POSITIC	N	
Anesth nerve block/inj												
	9999-12-31	· <u> </u>				NO	3.00	400		YES	YES	

Procedure	Procedure Code : 01992 AS OF 04/06/2024											
				Pr	rocedure I	Descriptio	n					
Begin		74	10	10	34 34	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	Mod1	Mod2	Mod3	Mod4	Required	Units	Units	Pricing	Pricing	Benefit	
ANESTHESI	A FOR DIA	AGNOSTIC (	OR THERAPI	EUTIC NER	VE BLOCKS	AND INJE	CTIONS (W	HENBLOCK	OR INJECT	'ION IS PE	RFORMED	
BY A DIFF	ERENT PHY	SICIAN OF	R OTHER QU	JALIFIEDHI	EALTH CAR	E PROFESSI	IONAL); P	RONE POSI	TION			
Anesth n	Anesth n block/inj prone											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES	

Procedure	e Code : (	1996 AS (	OF 04/06/2	2024								
	Procedure Description											
Begin	End Date	Mod1	Mod2	Mod3	Mod4	PA	Base	Max	Facility	Manual	Covered	
Date	End Date	MOGI	MOGZ	Mods	MOGT	Required	Units	Units	Pricing	Pricing	Benefit	

DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMINISTRATION													
HOSP MANAGE CONT DRUG ADMIN													
201	6-08-	01 9999-12	2-31					NO	3.00	001		YES	YES