

Procedure Code : 00100 AS OF 07/20/2024

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 SALIVARY GLANDS; INCLUDING BIOPSY											
ANESTH SALIVARY GLAND											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00102 AS OF 07/20/2024

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 INVOLVING PLASTIC REPAIR OF CLEFT LIP											
ANESTH REPAIR OF CLEFT LIP											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00103 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG; BLEPHAROPLASTY; PTOSISSURGERY)											
ANESTH BLEPHAROPLASTY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00104 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ELECTROCONVULSIVE THERAPY											
ANESTH ELECTROSHOCK											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00120 AS OF 07/20/2024

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 EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY;NOT OTHERWISE SPECIFIED											
ANESTH EAR SURGERY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00124 AS OF 07/20/2024

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 EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY;OTOSCOPY											
ANESTH EAR EXAM											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00126 AS OF 07/20/2024

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 EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; TYMPANOTOMY											
ANESTH TYMPANOTOMY											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00140 AS OF 07/20/2024

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 EYE; NOT OTHERWISE SPECIFIED											
ANESTH PROCEDURES ON EYE											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00142 AS OF 07/20/2024

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 EYE; LENS SURGERY											
ANESTH LENS SURGERY											
2015-08-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00144 AS OF 07/20/2024

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 EYE; CORNEAL TRANSPLANT											
ANESTH CORNEAL TRANSPLANT											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00145 AS OF 07/20/2024

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 EYE; VITREORETINAL SURGERY											
ANESTH VITREORETINAL SURG											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00147 AS OF 07/20/2024

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 EYE; IRIDECTOMY											
ANESTH IRIDECTOMY											
2015-08-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00148 AS OF 07/20/2024

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 EYE; OPHTHALMOSCOPY											
ANESTH EYE EXAM											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00160 AS OF 07/20/2024

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 NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED											
ANESTH NOSE/SINUS SURGERY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00162 AS OF 07/20/2024

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 NOSE AND ACCESSORY SINUSES; RADICAL SURGERY											
ANESTH NOSE/SINUS SURGERY											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00164 AS OF 07/20/2024

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 NOSE AND ACCESSORY SINUSES; BIOPSY; SOFT TISSUE											
ANESTH BIOPSY OF NOSE											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00170 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED											
ANESTH PROCEDURE ON MOUTH											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00172 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 00174 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; EXCISION OF RETROPHARYNGEAL TUMOR											
ANESTH PHARYNGEAL SURGERY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00176 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; RADICAL SURGERY											
ANESTH PHARYNGEAL SURGERY											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00190 AS OF 07/20/2024

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 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 Code : 00192 AS OF 07/20/2024

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 FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING PROGNATHISM)											
ANESTH FACIAL BONE SURGERY											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00210 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED											
ANESTH CRANIAL SURG NOS											
2009-04-01	9999-12-31					NO	11.00	400		YES	YES

Procedure Code : 00211 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 00212 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS											
ANESTH SKULL DRAINAGE											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00214 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES; INCLUDING VENTRICULOGRAPHY											
ANESTH SKULL DRAINAGE											
2009-04-01	9999-12-31					NO	9.00	400		YES	YES

Procedure Code : 00215 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED SKULL FRACTURE; EXTRADURAL (SIMPLE OR COMPOUND)											
ANESTH SKULL REPAIR/FRACT											
2009-04-01	9999-12-31					NO	9.00	400		YES	YES

Procedure Code : 00216 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES											
ANESTH HEAD VESSEL SURGERY											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00218 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION											
ANESTH SPECIAL HEAD SURGERY											
2009-04-01	9999-12-31					NO	13.00	400		YES	YES

Procedure Code : 00220 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES											
ANESTH INTRCRN NERVE											
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure Code : 00222 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE											
ANESTH HEAD NERVE SURGERY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00300 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM; MUSCLES AND NERVES OF HEAD; NECK; AND POSTERIOR TRUNK; NOT OTHERWISE SPECIFIED											
ANESTH HEAD/NECK/PTRUNK											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00320 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 00322 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS; THYROID; LARYNX; TRACHEA AND LYMPHATIC SYSTEM OF NECK; NEEDLE BIOPSY OF THYROID

ANESTH BIOPSY OF THYROID

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00326 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN YOUNGER THAN 1 YEAR OF AGE

ANESTH LARYNX/TRACH < 1 YR

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 00350 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA 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
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Procedure Code : 00352 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION

ANESTH NECK VESSEL SURGERY

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00400 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; NOT OTHERWISE SPECIFIED

ANESTH SKIN EXT/PER/ATRUNK

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00402 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; RECONSTRUCTIVE PROCEDURES ON BREAST (EG; REDUCTION OR AUGMENTATION MAMMOPLASTY; MUSCLE FLAPS)

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

Procedure Code : 00404 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES;ANTERIOR TRUNK AND PERINEUM;
RADICAL OR MODIFIED RADICAL PROCEDURES ON BREAST

Procedure Description

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

Procedure Code : 00406 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES;ANTERIOR TRUNK AND PERINEUM;
RADICAL OR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSECTION

Procedure Description

ANESTH SURGERY OF BREAST											
2009-04-01	9999-12-31					NO	13.00	400		YES	YES

Procedure Code : 00450 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED											
ANESTH SURGERY OF SHOULDER											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00454 AS OF 07/20/2024											
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 CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE											
ANESTH COLLAR BONE BIOPSY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 00470 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED											
ANESTH REMOVAL OF RIB											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00472 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)											
ANESTH CHEST WALL REPAIR											
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure Code : 00474 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG; PECTUS EXCAVATUM)											
ANESTH SURGERY OF RIB											
2009-04-01	9999-12-31					NO	13.00	400		YES	YES

Procedure Code : 00500 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS											
ANESTH ESOPHAGEAL SURGERY											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00520 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE SPECIFIED											
ANESTH CHEST PROCEDURE											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00522 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA											
ANESTH CHEST LINING BIOPSY											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00524 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS											
ANESTH CHEST DRAINAGE											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00528 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY NOT UTILIZING 1 LUNG VENTILATION

ANES MEDIASCPY & DX THORSCPY

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 00529 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY UTILIZING 1 LUNG VENTILATION

ANES MEDSCPYP&THORSCPYP 1 LUNG

2009-04-01	9999-12-31					NO	11.00	400		YES	YES
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Procedure Code : 00530 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION

ANESTH PACEMAKER INSERTION

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00532 AS OF 07/20/2024

Procedure Description

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

Procedure Code : 00534 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACINGCARDIOVERTER-DEFIBRILLATOR											
ANESTH CARDIOVERTER/DEFIB											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00537 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCYABLATION											
ANESTH CARDIAC ELECTROPHYS											
2022-01-01	9999-12-31					NO	10.00	400		YES	YES

Procedure Code : 00539 AS OF 07/20/2024											
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 Code : 00540 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); NOT OTHERWISE SPECIFIED											
ANESTH CHEST SURGERY											
2009-04-01	9999-12-31					NO	12.00	400		YES	YES

Procedure Code : 00541 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); UTILIZING 1 LUNG VENTILATION											
ANESTH ONE LUNG VENTILATION											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00542 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); DECORTICATION											
Anesthesia removal pleura											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00546 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING 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 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); INTRATHORACIC PROCEDURES ON THETRACHEA AND BRONCHI											
ANESTH TRACHEA BRONCHI SURG											

2009-04-01	9999-12-31					NO	17.00	400		YES	YES
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Procedure Code : 00550 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR STERNAL DEBRIDEMENT

ANESTH STERNAL DEBRIDEMENT

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 00560 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITHOUT PUMP OXYGENATOR

ANESTH HEART SURG W/O PUMP

2009-04-01	9999-12-31					NO	15.00	400		YES	YES
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Procedure Code : 00561 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITH PUMP OXYGENATOR;

YOUNGER THAN 1 YEAR OF AGE

Anesth heart surg <1 yr

2009-04-01	9999-12-31					NO	25.00	400		YES	YES
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Procedure Code : 00562 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANES HRT PRCRD&GRT VSL CH W/PMP OXTJ PT AGE 1/>

ANESTH HRT SURG W/PMP AGE 1+

2009-04-01	9999-12-31					NO	20.00	400		YES	YES
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Procedure Code : 00563 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITH PUMP OXYGENATOR WITH HYPOTHERMIC CIRCULATORY ARREST

ANESTH HEART SURG W/ARREST

2009-04-01	9999-12-31					NO	25.00	400		YES	YES
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Procedure Code : 00566 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR

ANESTH CABG W/O PUMP

2009-04-01	9999-12-31					NO	25.00	400		YES	YES
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Procedure Code : 00567 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR

ANESTH CABG W/PUMP

2009-04-01	9999-12-31					NO	18.00	400		YES	YES
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Procedure Code : 00580 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT

ANESTH HEART/LUNG TRANSPLNT

2009-04-01	9999-12-31					NO	20.00	400		YES	YES
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Procedure Code : 00600 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED

ANESTH SPINE CORD SURGERY

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 00604 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT IN THE SITTING POSITION

ANESTH SITTING PROCEDURE

2009-04-01	9999-12-31					NO	13.00	400		YES	YES
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Procedure Code : 00620 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED

ANESTH SPINE CORD SURGERY

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 00625 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 00626 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD; VIA AN ANTERIORTRANSTHORACIC APPROACH; UTILIZING 1 LUNG VENTILATION

ANES SPINE TRANSTHOR W/VENT

2009-04-01	9999-12-31					NO	15.00	400		YES	YES
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Procedure Code : 00630 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED

ANESTH SPINE CORD SURGERY

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 00632 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY

ANESTH REMOVAL OF NERVES

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 00635 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBARPUNCTURE

ANESTH LUMBAR PUNCTURE

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00640 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THECERVICAL; THORACIC OR LUMBAR SPINE

ANESTH SPINE MANIPULATION

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00670 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG; SPINALINSTRUMENTATION OR VASCULAR PROCEDURES)

ANESTH SPINE CORD SURGERY

2009-04-01	9999-12-31					NO	13.00	400		YES	YES
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Procedure Code : 00700 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED

ANESTH ABDOMINAL WALL SURG

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00702 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER BIOPSY

ANESTH FOR LIVER BIOPSY

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00730 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL

ANESTH ABDOMINAL WALL SURG

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00731 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM;
NOT OTHERWISE SPECIFIED

ANES UPR GI NDSC PX NOS

2018-01-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00732 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM;
ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

ANES UPR GI NDSC PX ERCP

2018-01-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 00750 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OTHER REPAIR OF UPPER ABDOMEN HERNIA											
ANES HRNA RPR UPR ABD NOS											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00752 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PROCEDURE TO REPAIR UPPER ABDOMINAL INCISIONAL HERNIA AND/OR WOUND OPENING											
ANES HRNA RPR LMBR&VNT&/DEHS											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00754 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PROCEDURE TO REPAIR UPPER ABDOMINAL HERNIA PRESENT AT BIRTH											
ANES HRNA RPR OMPHALOCELE											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00756 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

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

Procedure Code : 00770 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PROCEDURE ON LARGE BLOOD VESSELS IN ABDOMEN											
ANES PX MAJ ABD BLOOD VESSEL											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00790 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OTHER PROCEDURE ON UPPER ABDOMEN											
ANES IPER UPR ABD NOS											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00792 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR PARTIAL REMOVAL OF LIVER OR MANAGEMENT OF BLEEDING INCLUDING USE OF AN ENDOSCOPE											
ANES IPER UPR ABD PRTL HPTC											
2009-04-01	9999-12-31					NO	13.00	400		YES	YES

Procedure Code : 00794 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 00796 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR LIVER TRANSPLANT RECIPIENT INCLUDING USE OF AN ENDOSCOPE											
ANES IPER UPR ABD LVR TRNSPL											
2009-04-01	9999-12-31					NO	30.00	400		YES	YES

Procedure Code : 00797 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR 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 Code : 00800 AS OF 07/20/2024											
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 LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED											
ANESTH ABDOMINAL WALL SURG											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00802 AS OF 07/20/2024											
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 LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY											
ANESTH FAT LAYER REMOVAL											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00811 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; NOT OTHERWISE SPECIFIED

ANES LWR INTST NDSC NOS

2018-01-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00812 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; SCREENING COLONOSCOPY

ANES LWR INTST SCR COLSC

2018-01-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00813 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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	9999-12-31					NO	5.00	001		YES	YES
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Procedure Code : 00820 AS OF 07/20/2024

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 LOWER POSTERIOR ABDOMINAL WALL											
ANESTH ABDOMINAL WALL SURG											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00830 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED											
ANESTH REPAIR OF HERNIA											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00832 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS											
ANESTH REPAIR OF HERNIA											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00834 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED; YOUNGER THAN 1 YEAR OF AGE											
ANESTH HERNIA REPAIR < 1 YR											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00836 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 00840 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; NOT OTHERWISE SPECIFIED											
ANESTH SURG LOWER ABDOMEN											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00842 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; AMNIOCENTESIS											
ANESTH AMNIOCENTESIS											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00844 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; ABDOMINOPERINEAL RESECTION											
ANESTH PELVIS SURGERY											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00846 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; RADICAL HYSTERECTOMY											
ANESTH HYSTERECTOMY											
2009-04-01	9999-12-31					NO	8.00	400		YES	YES

Procedure Code : 00848 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; PELVIC EXENTERATION											
ANESTH PELVIC ORGAN SURG											
2009-04-01	9999-12-31					NO	8.00	400		YES	YES

Procedure Code : 00851 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; TUBAL LIGATION/TRANSECTION											
ANESTH TUBAL LIGATION											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00860 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARY TRACT; NOT OTHERWISE SPECIFIED											
ANESTH SURGERY OF ABDOMEN											

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 00862 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RENAL PROCEDURES; INCLUDING UPPER ONE-THIRD OF URETER; OR DONORNEPHRECTOMY

ANESTH KIDNEY/URETER SURG

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 00864 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; TOTAL CYSTECTOMY

ANESTH REMOVAL OF BLADDER

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 00865 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RADICAL PROSTATECTOMY (SUPRAPUBIC; RETROPUBIC)

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

Procedure Code : 00866 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; ADRENALECTOMY

ANESTH REMOVAL OF ADRENAL

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 00868 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 00870 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; CYSTOLITHOTOMY											
ANESTH BLADDER STONE SURG											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00872 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR LITHOTRIPSY; EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH											
ANESTH KIDNEY STONE DESTRUCT											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 00873 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR LITHOTRIPSY; EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH											
ANESTH KIDNEY STONE DESTRUCT											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00880 AS OF 07/20/2024											
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 MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE SPECIFIED											
ANESTH ABDOMEN VESSEL SURG											
2009-04-01	9999-12-31					NO	15.00	400		YES	YES

Procedure Code : 00882 AS OF 07/20/2024											
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 MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVALIGATION											
ANESTH MAJOR VEIN LIGATION											
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure Code : 00902 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR; ANORECTAL PROCEDURE											
ANESTH ANORECTAL SURGERY											
2009-01-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 00904 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE

ANESTH PERINEAL SURGERY

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 00906 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR; VULVECTOMY

ANESTH REMOVAL OF VULVA

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00908 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR; PERINEAL PROSTATECTOMY

ANESTH REMOVAL OF PROSTATE

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 00910 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOTOTHERWISE SPECIFIED

ANESTH BLADDER SURGERY

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00912 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);TRANSURETHRAL RESECTION OF BLADDER TUMOR(S)

ANESTH BLADDER TUMOR SURG

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00914 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);TRANSURETHRAL RESECTION OF PROSTATE

ANESTH REMOVAL OF PROSTATE

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00916 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);POST-TRANSURETHRAL RESECTION BLEEDING

ANESTH BLEEDING CONTROL

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00918 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITHFRAGMENTATION; MANIPULATION AND/OR REMOVAL OF URETERAL CALCULUS

ANESTH STONE REMOVAL

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00920 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); NOT OTHERWISE SPECIFIED

ANESTH GENITALIA SURGERY

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 00921 AS OF 07/20/2024

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 MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); VASECTOMY; UNILATERAL OR BILATERAL											
ANESTH VASECTOMY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 00922 AS OF 07/20/2024											
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 MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); SEMINAL VESICLES											
ANESTH SPERM DUCT SURGERY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00924 AS OF 07/20/2024											
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 MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); UNDESCENDED TESTIS; UNILATERAL OR BILATERAL											
ANESTH TESTIS EXPLORATION											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00926 AS OF 07/20/2024

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 MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL ORCHIECTOMY; INGUINAL											
ANESTH REMOVAL OF TESTIS											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 00928 AS OF 07/20/2024

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 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 Code : 00930 AS OF 07/20/2024

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 MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); ORCHIOPEXY; UNILATERAL OR BILATERAL											
ANESTH TESTIS SUSPENSION											

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00932 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); COMPLETE AMPUTATION OF PENIS

ANESTH AMPUTATION OF PENIS

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00934 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL LYMPHADENECTOMY

ANESTH PENIS NODES REMOVAL

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 00936 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL AND ILIACLYMPHADENECTOMY

ANESTH PENIS NODES REMOVAL

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 00938 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 00940 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 00942 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 00944 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); VAGINAL HYSTERECTOMY											
ANESTH VAGINAL HYSTERECTOMY											
2009-01-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 00948 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); CERVICAL CERCLAGE											
ANESTH REPAIR OF CERVIX											

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 00950 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); CULDOSCOPY

ANESTH VAGINAL ENDOSCOPY

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 00952 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01112 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY; ANTERIOR OR POSTERIORILIAC CREST

ANESTH BONE ASPIRATE/BX

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01120 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON BONY PELVIS

ANESTH PELVIS SURGERY

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01130 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR BODY CAST APPLICATION OR REVISION

ANESTH BODY CAST PROCEDURE

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01140 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION

ANESTH AMPUTATION AT PELVIS

2009-04-01	9999-12-31					NO	15.00	400		YES	YES
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Procedure Code : 01150 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS; EXCEPT HINDQUARTER AMPUTATION

ANESTH PELVIC TUMOR SURGERY

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 01160 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT

ANESTH PELVIS PROCEDURE

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01170 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT

ANESTH PELVIS SURGERY

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01173 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE INVOLVING ACETABULUM

ANESTH FX REPAIR PELVIS

2009-04-01	9999-12-31					NO	12.00	400		YES	YES
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Procedure Code : 01200 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT

ANESTH HIP JOINT PROCEDURE

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01202 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT

ANESTH ARTHROSCOPY OF HIP

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01210 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01212 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION

ANESTH HIP DISARTICULATION

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 01214 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01215 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIPARTHROPLASTY

ANESTH REVISE HIP REPAIR

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 01220 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01230 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOTOTHERWISE SPECIFIED

ANESTH SURGERY OF FEMUR

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01232 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01234 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01250 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF UPPER LEG

ANESTH UPPER LEG SURGERY

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01260 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG; INCLUDING EXPLORATION

ANESTH UPPER LEG VEINS SURG

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01270 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG; INCLUDING BYPASSGRAFT; NOT OTHERWISE SPECIFIED

ANESTH THIGH ARTERIES SURG

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01272 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG; INCLUDING BYPASSGRAFT; FEMORAL ARTERY LIGATION

ANESTH FEMORAL ARTERY SURG

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01274 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG; INCLUDING BYPASSGRAFT; FEMORAL ARTERY EMBOLECTOMY

ANESTH FEMORAL EMBOLECTOMY

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01320 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF KNEE AND/OR POPLITEAL AREA

ANESTH KNEE AREA SURGERY

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01340 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01360 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01380 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT

ANESTH KNEE JOINT PROCEDURE

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01382 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT

ANESTH DX KNEE ARTHROSCOPY

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01390 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA; FIBULA; AND/ORPATELLA

ANESTH KNEE AREA PROCEDURE

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01392 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01400 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01402 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTALKNEE ARTHROPLASTY

ANESTH KNEE ARTHROPLASTY

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 01404 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;DISARTICULATION AT KNEE

ANESTH AMPUTATION AT KNEE

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01420 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL CAST APPLICATIONS; REMOVAL; OR REPAIR INVOLVING KNEE JOINT

ANESTH KNEE JOINT CASTING

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01430 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE SPECIFIED

ANESTH KNEE VEINS SURGERY

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01432 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS FISTULA

ANESTH KNEE VESSEL SURG

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01440 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE SPECIFIED

ANESTH KNEE ARTERIES SURG

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01442 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01444 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEALEXCISION AND GRAFT OR REPAIR FOR OCCLUSION OR ANEURYSM

ANESTH KNEE ARTERY REPAIR

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01462 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG; ANKLE; AND FOOT											
ANESTH LOWER LEG PROCEDURE											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01464 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT											
ANESTH ANKLE/FT ARTHROSCOPY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01470 AS OF 07/20/2024											
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 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 Code : 01472 AS OF 07/20/2024											
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 NERVES; MUSCLES; TENDONS; AND FASCIA OF LOWER LEG;ANKLE; AND FOOT; 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
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Procedure Code : 01474 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; AND FASCIA OF LOWER LEG;ANKLE; AND FOOT; GASTROCNEMIUS RECESSON (EG; STRAYER PROCEDURE)

ANESTH LOWER LEG SURGERY

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01480 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; NOTOTHERWISE SPECIFIED

ANESTH LOWER LEG BONE SURG

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01482 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01484 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01486 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; TOTALANKLE REPLACEMENT											
ANESTH ANKLE REPLACEMENT											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 01490 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR LOWER LEG CAST APPLICATION; REMOVAL; OR REPAIR											
ANESTH LOWER LEG CASTING											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01500 AS OF 07/20/2024

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 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 Code : 01502 AS OF 07/20/2024

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 ARTERIES OF LOWER LEG; INCLUDING BYPASS GRAFT;EMBOLECTOMY; DIRECT OR WITH CATHETER											
ANESTH LWR LEG EMBOLECTOMY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01520 AS OF 07/20/2024

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 VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED											
ANESTH LOWER LEG VEIN SURG											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01522 AS OF 07/20/2024

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 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 Code : 01610 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF SHOULDER AND AXILLA											
ANESTH SURGERY OF SHOULDER											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01620 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK; STERNOCLAVICULARJOINT; ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT											
ANESTH SHOULDER PROCEDURE											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01622 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT											
ANES DX SHOULDER ARTHROSCOPY											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01630 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT; ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT; NOTOTHERWISE SPECIFIED											
ANESTH SURGERY OF SHOULDER											

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01634 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT; ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT;SHOULDER DISARTICULATION

ANESTH SHOULDER JOINT AMPUT

2009-04-01	9999-12-31					NO	9.00	400		YES	YES
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Procedure Code : 01636 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT; ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT;INTERTHORACOSCAPULAR (FOREQUARTER) AMPUTATION

ANESTH FOREQUARTER AMPUT

2009-04-01	9999-12-31					NO	15.00	400		YES	YES
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Procedure Code : 01638 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT;
ACROMIOCLAVICULAR JOINT; AND SHOULDER JOINT;TOTAL SHOULDER REPLACEMENT

ANESTH SHOULDER REPLACEMENT

2009-04-01	9999-12-31					NO	10.00	400		YES	YES
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Procedure Code : 01650 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISESPECIFIED

ANESTH SHOULDER ARTERY SURG

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01652 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01654 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT											
ANESTH SHOULDER VESSEL SURG											
2009-04-01	9999-12-31					NO	8.00	400		YES	YES

Procedure Code : 01656 AS OF 07/20/2024											
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 ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORALBYPASS GRAFT											
ANESTH ARM-LEG VESSEL SURG											
2009-04-01	9999-12-31					NO	10.00	400		YES	YES

Procedure Code : 01670 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA											
ANESTH SHOULDER VEIN SURG											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01680 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit

ANESTHESIA FOR SHOULDER CAST APPLICATION; REMOVAL OR REPAIR; NOT OTHERWISE SPECIFIED

ANESTH SHOULDER CASTING

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01710 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED

ANESTH ELBOW AREA SURGERY

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01712 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF UPPER ARM AND ELBOW; TENOTOMY; ELBOW TO SHOULDER; OPEN

ANESTH UPPER ARM TENDON SURG

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01714 AS OF 07/20/2024

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 NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF UPPER ARM AND ELBOW; TENOPLASTY; ELBOW TO SHOULDER											
ANESTH UPPR ARM TENDON SURG											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01716 AS OF 07/20/2024											
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 NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF UPPER ARM AND ELBOW; TENODESIS; RUPTURE OF LONG TENDON OF BICEPS											
ANESTH BICEPS TENDON REPAIR											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01730 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW											
ANESTH UPPR ARM PROCEDURE											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01732 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT											
ANESTH DX ELBOW ARTHROSCOPY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01740 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOTOTHERWISE SPECIFIED											
ANESTH UPPER ARM SURGERY											
2009-04-01	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01742 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMYOF HUMERUS											
ANESTH HUMERUS SURGERY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01744 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF NONUNION OR MALUNION OF HUMERUS											
ANESTH HUMERUS REPAIR											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01756 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL PROCEDURES											
ANESTH RADICAL HUMERUS SURG											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01758 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION OF CYST OR TUMOR OF HUMERUS											
ANESTH HUMERAL LESION SURG											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01760 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01770 AS OF 07/20/2024

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 ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED											
ANESTH UPPR ARM ARTERY SURG											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01772 AS OF 07/20/2024

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 ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY											
ANESTH UPPR ARM EMBOLECTOMY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01780 AS OF 07/20/2024

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 VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED											
ANESTH UPPER ARM VEIN SURG											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01782 AS OF 07/20/2024

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 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 Code : 01810 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OF FOREARM; WRIST; AND HAND											
ANESTH LOWER ARM SURGERY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01820 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01829 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST											
ANESTH DX WRIST ARTHROSCOPY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01830 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTALRADIUS; DISTAL ULNA; WRIST; OR HAND JOINTS; NOT OTHERWISE SPECIFIED											
ANESTH LOWER ARM SURGERY											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01832 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01840 AS OF 07/20/2024

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 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 Code : 01842 AS OF 07/20/2024

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 ARTERIES OF FOREARM; WRIST; AND HAND; EMBOLECTOMY											
ANESTH LWR ARM EMBOLECTOMY											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01844 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR VASCULAR SHUNT; OR SHUNT REVISION; ANY TYPE (EG; DIALYSIS)											
ANESTH VASCULAR SHUNT SURG											
2009-04-01	9999-12-31					NO	6.00	400		YES	YES

Procedure Code : 01850 AS OF 07/20/2024

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 VEINS OF FOREARM; WRIST; AND HAND; NOT OTHERWISE SPECIFIED											
ANESTH LOWER ARM VEIN SURG											
2009-04-01	9999-12-31					NO	3.00	400		YES	YES

Procedure Code : 01852 AS OF 07/20/2024

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 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 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01916 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY											
ANESTH DX ARTERIOGRAPHY											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01920 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND VENTRICULOGRAPHY (NOT TO INCLUDE SWAN-GANZ CATHETER)											
ANESTH CATHETERIZE HEART											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 01922 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY											
ANESTH CAT OR MRI SCAN											
2009-04-01	9999-12-31					NO	7.00	400		YES	YES

Procedure Code : 01924 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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 Code : 01925 AS OF 07/20/2024											
Procedure Description											
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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
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Procedure Code : 01926 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM;
INTRACRANIAL; INTRACARDIAC; OR AORTIC

ANES TX INTERV RAD HRT/CRAN

2015-08-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01930 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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
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Procedure Code : 01931 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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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 interven rad tips

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 01932 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION);INTRATHORACIC OR JUGULAR

ANES TX INTERV RAD TH VEIN

2009-04-01	9999-12-31					NO	6.00	400		YES	YES
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Procedure Code : 01933 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); INTRACRANIAL

ANES TX INTERV RAD CRAN VEIN

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 01937 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01938 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR 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	9999-12-31					NO	4.00	400		YES	YES

Procedure Code : 01939 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED DESTRUCTION PROCEDURES BY NEUROLYTIC AGENT ON THE SPINE OR SPINAL CORD; CERVICAL OR THORACIC											
ANES NULYT AGT CRV/THRC											

2022-01-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01940 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED DESTRUCTION PROCEDURES BY NEUROLYTIC AGENT ON THE SPINE OR SPINAL CORD; LUMBAR OR SACRAL

ANES NULYLT AGT LMBR/SAC

2022-01-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01941 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED NEUROMODULATION OR INTRAVERTEBRAL PROCEDURES (EG; KYPHOPLASTY; VERTEBROPLASTY) ON THE SPINE OR SPINAL CORD; CERVICAL OR THORACIC

ANES NEUROMD/NTRVRT CRV/THRC

2022-01-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01942 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED NEUROMODULATION OR INTRAVERTEBRAL PROCEDURES (EG; KYPHOPLASTY; VERTEBROPLASTY) ON THE SPINE OR SPINAL CORD; LUMBAR OR SACRAL

ANES NEUROMD/NTRVRT LMBR/SAC

2022-01-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01951 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY SITE; FOR TOTAL BODY SURFACE AREA (TBSA) TREATEDDURING ANESTHESIA AND SURGERY; LESS THAN 4% TOTAL BODY SURFACE AREA

ANESTH BURN LESS 4 PERCENT

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01952 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY SITE; FOR TOTAL BODY SURFACE AREA (TBSA) TREATEDDURING ANESTHESIA AND SURGERY; BETWEEN 4% AND 9% OF TOTAL BODY SURFACE AREA

ANESTH BURN 4-9 PERCENT

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01953 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH ORWITHOUT SKIN GRAFTING; ANY SITE; FOR TOTAL BODY SURFACE AREA (TBSA) TREATEDDURING ANESTHESIA AND SURGERY; EACH ADDITIONAL 9% TOTAL 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 Code : 01958 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR PROCEDURE TO TURN THE POSITION OF FETUS IN UTERUS											
ANES XTRNL CEPHALIC VERSION											
2009-04-01	9999-12-31					NO	5.00	400		YES	YES

Procedure Code : 01960 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
ANESTHESIA FOR VAGINAL DELIVERY											
ANES VAGINAL DELIVERY ONLY											

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01961 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CESAREAN DELIVERY

ANES CESAREAN DELIVERY ONLY

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 01962 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR PROCEDURE TO REMOVE UTERUS FOLLOWING DELIVERY

ANES URGENT HYSTERECTOMY

2009-04-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01963 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CESAREAN AND REMOVAL OF UTERUS

ANES CESAREAN HYSTERECTOMY

2015-08-01	9999-12-31					NO	8.00	400		YES	YES
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Procedure Code : 01965 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION

ANES INCOMPL/MISSED AB PX

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01966 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR INDUCED ABORTION

ANES INDUCED ABORTION PX

2009-04-01	9999-12-31					NO	4.00	400		YES	YES
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Procedure Code : 01967 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR LABOR DURING PLANNED VAGINAL DELIVERY

NEURAXL LBR ANES VAG DLVR

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01968 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING LABOR

ANES/ANALG CS DLVR NEURAXIAL

2015-08-01	9999-12-31					NO	2.00	400		YES	YES
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Procedure Code : 01969 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS FOLLOWING LABOR

ANES C HYST FLWG NEURAXIAL

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01990 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT

SUPPORT FOR ORGAN DONOR

2009-04-01	9999-12-31					NO	7.00	400		YES	YES
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Procedure Code : 01991 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHENBLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PHYSICIAN OR OTHER QUALIFIEDHEALTH CARE PROFESSIONAL); OTHER THAN THE PRONE POSITION

Anesth nerve block/inj

2009-04-01	9999-12-31					NO	3.00	400		YES	YES
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Procedure Code : 01992 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHENBLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PHYSICIAN OR OTHER QUALIFIEDHEALTH CARE PROFESSIONAL); PRONE POSITION

Anesth n block/inj prone

2009-04-01	9999-12-31					NO	5.00	400		YES	YES
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Procedure Code : 01996 AS OF 07/20/2024

Procedure Description

Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	PA Required	Base Units	Max Units	Facility Pricing	Manual Pricing	Covered Benefit
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DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMINISTRATION

HOSP MANAGE CONT DRUG ADMIN

2016-08-01	9999-12-31					NO	3.00	001		YES	YES
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