| Procedure | Procedure Code : 00100 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------------------|--|------|------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | End Data | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOQZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS; INCLUDING BIOPSY | | | | | | | | | | | | |
| ANESTH SALIVARY GLAND | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00102 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | Ena Bacc | Modi | Modz | Hous | riod i | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP | | | | | | | | | | | | | | |
| ANESTH REPAIR OF CLEFT LIP | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00103 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pi | rocedure | Descriptic | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | 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 | Procedure Code : 00104 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|--|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | Mods | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHES | ANESTHESIA FOR ELECTROCONVULSIVE THERAPY | | | | | | | | | | | | |
| ANESTH ELECTROSHOCK | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00120 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------|--|---------|--------|--------|---------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | | 24 - 31 | M - 40 | M - 42 | 24 - 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH EAR SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00124 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------------|---|------|------|------|------------|------------|-------|-------|---------|-----|---------|--|--|--|
| | | | | Pr | cocedure I | Descriptio | on | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; OTOSCOPY | | | | | | | | | | | | | |
| ANESTH EAR EXAM | | | | | | | | | | | | | | |
| - | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00126 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------|--|-------|-------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | | 34 34 | v. 10 | | 24 14 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON EXTERNAL; MIDDLE; AND INNER EAR INCLUDING BIOPSY; TYMPANOTOMY | | | | | | | | | | | | | |
| ANESTH TYMPANOTOMY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00140 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure 1 | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | Elia Date | MOGI | MOGZ | Mods | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | | |
| ANESTH PROCEDURES ON EYE | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00142 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|-------|-----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure : | Descriptio | 'n | | | | | | | |
| Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY | | | | | | | | | | | | | | |
| ANESTH LENS SURGERY | | | | | | | | | | | | | | |
| 2015-08-01 | 2015-08-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00144 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|--|---------|-------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin | D. J. D. L. | 36 - 31 | M- 30 | W- 32 | 26 - 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT | | | | | | | | | | | | |
| ANESTH CORNEAL TRANSPLANT | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00145 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|-------|-------|------|----------|-------|-------|---------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOG Z | MOG.3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY | | | | | | | | | | | | | | |
| ANESTH VITREORETINAL SURG | | | | | | | | | | | | | | |
| | 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00147 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|--|------|------|------|-----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | ocedure 1 | Descriptio | n | | | | | | | |
| Begin | | | | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY | | | | | | | | | | | | | |
| ANESTH IF | ANESTH IRIDECTOMY | | | | | | | | | | | | | |
| 2015-08-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00148 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|-------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | | |
| Begin | | 24 34 | 10 | 10 | 35 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY | | | | | | | | | | | | | | |
| ANESTH EYE EXAM | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00160 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---------------------------|--|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | | | 70 | 70 | 74 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH NOSE/SINUS SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00162 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---------------------------|--|------|------|------|---------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | ocedure | Descriptio | n | | | | | | | |
| Begin | _ | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY | | | | | | | | | | | | | |
| ANESTH NOSE/SINUS SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 7.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00164 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|-------|------|------|-------|----------|-------|-------|----------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin | | 26 31 | 10 | IO | 25 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | 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 | Procedure Code : 00170 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|-------|------|------|----------|-------|-------|---------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | Mod.2 | MOQ3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | | |
| ANESTH PROCEDURE ON MOUTH | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00172 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|-------|-----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure 1 | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; REPAIR OF CLEFT PALATE | | | | | | | | | | | | | | |
| ANESTH CLEFT PALATE REPAIR | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00174 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|---------------------------|---|-------|-------|-------|----------|----------|-------|-------|----------|---------|---------|--|--|--|--|
| | Procedure Description | | | | | | | | | | | | | | |
| Begin | Tod Data | Ma 41 | W- 40 | W- 42 | No - 3 4 | PA | Base | Max | Facility | Manual | Covered | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHES | ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; EXCISION OFRETROPHARYNGEAL TUMOR | | | | | | | | | | | | | | |
| ANESTH PHARYNGEAL SURGERY | | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | | |

| Procedure Code : 00176 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|--|------------|------|-------|------|------|----------|-------|-------|---------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOG Z | MOQ3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRAORAL PROCEDURES; INCLUDING BIOPSY; RADICAL SURGERY | | | | | | | | | | | | | | |
| ANESTH PHARYNGEAL SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00190 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Moat | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH FACE/SKULL BONE SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00192 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|--|------|------|------|----------|-------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Description | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End bace | Modi | MOGZ | Mods | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDINGPROGNATHISM) | | | | | | | | | | | | | |
| ANESTH FACIAL BONE SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | NO 7.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00210 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|---|--|------|------|------|------|----------|-------|-------|---------|---------|---------|--|--|--|--|
| | Procedure Description | | | | | | | | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | 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 | Procedure Code : 00211 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|-----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure 1 | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOREVACUATION OF HEMATOMA | | | | | | | | | | | | | | |
| ANESTH CRAN SURG HEMOTOMA | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 10.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00212 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------------------|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOQI | MOQZ | Mods | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS | | | | | | | | | | | | | |
| ANESTH SKULL DRAINAGE | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00214 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|----------|-------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Description | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES; INCLUDING VENTRICULOGRAPHY | | | | | | | | | | | | | | |
| ANESTH SKULL DRAINAGE | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 9.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00215 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|-------|-------|-------|-------|----------|-------|-------|----------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | Ziia zace | 11041 | 11002 | 11045 | 1.041 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSEDSKULL FRACTURE; EXTRADURAL (SIMPLE OR COMPOUND) | | | | | | | | | | | | | | |
| ANESTH SKULL REPAIR/FRACT | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 9.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00216 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|----------|-------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Description | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES | | | | | | | | | | | | | | |
| ANESTH HEAD VESSEL SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 15.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00218 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|--|--|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| 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 | Procedure Code : 00220 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure 1 | Descriptio | on | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES | | | | | | | | | | | | | | |
| ANESTH INTRCRN NERVE | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 10.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00222 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|-------|----------|-------|-------|----------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | | | w 10 | w 10 | 35 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE | | | | | | | | | | | | | |
| ANESTH HEAD NERVE SURGERY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00300 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-------------------------|---|------------|-------|-------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | | |
| Begin | Emd Date | Mod1 | Mod2 | W- 42 | Mo d 4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOG.2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM; MUSCLES AND NERVESOF HEAD; NECK; AND POSTERIOR | | | | | | | | | | | | | |
| TRUNK; NO | OTHERWI | ISE SPECIE | FIED | | | | | | | | | | | |
| ANESTH HEAD/NECK/PTRUNK | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure Code : 00320 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|--|--|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | 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 |
|-----------------------|--|--|----|------|-----|-----|-----|

| Procedure | e Code : 0 | 00322 AS (| OF 07/20/ | 2024 | | | | | | | | |
|--------------------------|--|------------|-----------|----------|----------|------------|-----------|------------|----------|----------|---------|--|
| | | | | P: | rocedure | Descriptio | n | | | | | |
| Begin | | - - | | | | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | IA FOR ALI | □ PROCEDUE | RES ON ES | OPHAGUS; | THYROID; | LARYNX; TF | RACHEA AN | IDLYMPHAT] | C SYSTEM | OF NECK; | NEEDLE | |
| BIOPSY OF | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS; THYROID; LARYNX; TRACHEA ANDLYMPHATIC SYSTEM OF NECK; NEEDLE BIOPSY OF THYROID | | | | | | | | | | | |
| ANESTH BIOPSY OF THYROID | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | |

| Procedure Code : 00326 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|----------|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure : | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 70 | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN YOUNGERTHAN 1 YEAR OF AGE | | | | | | | | | | | | | |
| ANESTH LARYNX/TRACH < 1 YR | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 7.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 00350 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|----------------------------|---|------------|------------|------|----------|------------|------|-----|----------|--|---------|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | |
| | Date Required Units Units Pricing Pricing Benefit NESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED | | | | | | | | | | | |
| ANESTH NECK VESSEL SURGERY | | | | | | | | | | | | |

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

| Procedure | e Code : (| 0352 AS (| OF 07/20/ | 2024 | | | | | | | |
|----------------------------|------------|-----------|------------|------------|-----------|----------------|---------------|--------------|---------------------|-------------------|--------------------|
| | | | | Pr | ocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit |
| ANESTHES | IA FOR PRO | CEDURES (| ON MAJOR ' | VESSELS OF | F NECK; S | SIMPLE LIGA | | | | | |
| ANESTH NECK VESSEL SURGERY | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 00400 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|------------|----------------|---------------|--------------|---------------------|-----|--------------------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | | Covered Benefit | | |
| 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 | | |

| Procedure | e Code : (| 00402 AS (| OF 07/20/2 | | | | | | | | | |
|---|------------|------------|------------|------|------|----------------|---------------|--------------|------------------|-------------------|--------------------|--|
| Procedure Description | | | | | | | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit | |
| ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; RECONSTRUCTIVE PROCEDURES ON BREAST (EG; REDUCTIONOR AUGMENTATION MAMMOPLASTY; MUSCLE FLAPS) | | | | | | | | | | | | |

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

| Procedure | Procedure Code : 00404 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|--|-----------|------------|------------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure 1 | Descriptic | n | | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; | | | | | | | | | | | | | |
| RADICAL C | OR MODIFIE | D RADICAI | L PROCEDUI | RES ON BRI | EAST | | | | | | | | | |
| ANESTH SURGERY OF BREAST | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure Code : 00406 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--------------------------------|---|--|---|---|--|--|---|---|--|--|--|--|
| | | | Pı | rocedure 1 | Descriptio | n | | | | | | | |
| | Nr. 31 | M = 30 | M - 32 | 34-34 | PA | Base | Max | Facility | Manual | Covered | | | |
| End Date | ModT | Mod2 | Mod.3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINEUM; | | | | | | | | | | | | | |
| R MODIFIE | D RADICAI | L PROCEDUI | RES ON BR | EASTWITH | INTERNAL N | MAMMARY N | ODE DISSE | CTION | | | | | |
| ANESTH SURGERY OF BREAST | | | | | | | | | | | | | |
| 9999-12-31 | | | | | NO | 13.00 | 400 | | YES | YES | | | |
| | End Date A FOR PRO OR MODIFIE | End Date Mod1 A FOR PROCEDURES OF MODIFIED RADICAL URGERY OF BREAST | End Date Mod1 Mod2 A FOR PROCEDURES ON THE INDEX MODIFIED RADICAL PROCEDURATION OF BREAST | End Date Mod1 Mod2 Mod3 TA FOR PROCEDURES ON THE INTEGUMENTAL OR MODIFIED RADICAL PROCEDURES ON BRI URGERY OF BREAST | End Date Mod1 Mod2 Mod3 Mod4 TA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM OR MODIFIED RADICAL PROCEDURES ON BREASTWITH DRGERY OF BREAST | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 Required A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTENT OF MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MODIFIED RADICAL PROCEDURES ON BREASTWITH B | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Required Units TA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES OR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NURGERY OF BREAST | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Required Units Units A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIO OR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSE | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Required Units Units Pricing TA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK A DR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSECTION URGERY OF BREAST | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Required Units Units Pricing Pricing A FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES; ANTERIOR TRUNK AND PERINE OR MODIFIED RADICAL PROCEDURES ON BREASTWITH INTERNAL MAMMARY NODE DISSECTION REGERY OF BREAST | | | |

| Procedure | e Code : C | 0450 AS 0 | OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|-----------------------|-----------|------------|-------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | MOG 5 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |

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

| Procedure | Procedure Code : 00454 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|---|-----------|------------|-----------|-----------|------------|---------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | Ziid Dase | | | | | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | IA FOR PRO | CEDURES (| ON CLAVICI | LE AND SC | APULA; BI | OPSY OF CI | LAVICLE | | | | | | |
| ANESTH COLLAR BONE BIOPSY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00470 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|---|-------------|-----------|---------------|------------|------------|-------|-------|----------|--------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | |
| ANESTHESI | יא בט טאם | ם דם זגדיים | DECECTTON | ז: או∩יד ∩ידו | HERWISE S | | | | , | | | | |
| | | | KESECTIOI | N/ NOI OII | C TCTMNTT. | PECIFIED | | | | | | | |
| ANESTH RE | MOVAL OF | KTR | | | | | | | 1 | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | e Code : C | 00472 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|-----------------------|------------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

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

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

| Procedure | Procedure Code : 00500 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|--|---------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | MOG3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS | | | | | | | | | | | | |
| ANESTH ES | SOPHAGEAL | SURGERY | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 15.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 0520 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|-----------------------|-----------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | ModS | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

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

| Procedure | e Code : C | 0522 AS (| F 07/20/2 | 2024 | | | | | | | | |
|--|------------|-----------|-----------|------|----------|----------------|------|-----|----------|-----|---------|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Peguired | Base | Max | Facility | | Covered | |
| Date Required Units Units Pricing Pricing Benefit ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA | | | | | | | | | | | | |
| ANESTH CHEST LINING BIOPSY | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00524 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|--|------|-----------|------|-------------------|------------|-------|-------|----------|--------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | |
| | ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS | | | | | | | | | | | | |
| | EST DRAIN | | 111001101 | | I C C L I I L C L | <u> </u> | | | | | | | |
| AMEDIA CE | IF21 DKATI | IAGE | | | | I | | | 1 | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 0528 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|-----------------------|-----------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

| ANESTHESIA | FOR CI | LOSED (| CHEST | PROCEDURES; | MEDIA | STINOSCOPY | AND | DIAGNOSTIC | THORACOSC | COPY NOT | UTILIZING | 1 LUNG | |
|------------------------------|---------|---------|-------|-------------|-------|------------|-----|------------|-----------|----------|-----------|--------|--|
| VENTILATION | 1 | | | | | | | | | | | | |
| ANES MEDIASCPY & DX THORSCPY | | | | | | | | | | | | | |
| 2009-04-01 999 | 99-12-3 | 1 | | | | | NO | 8.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00529 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|--|--------|--------|--------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | | |
| Begin | D. J. D. L. | No. 31 | W - 30 | M - 30 | 24 - 24 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC THORACOSCOPY UTILIZING 1 LUNG | | | | | | | | | | | | | |
| VENTILATI | ION | | | | | | | | | | | | | |
| ANES MEDS | ANES MEDSCPY&THORSCPY 1 LUNG | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 11.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00530 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|--|---------|--------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | 7-3 P-4- | 36 - J1 | M = 40 | M- 40 | 26 - 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION | | | | | | | | | | | | | |
| ANESTH PACEMAKER INSERTION | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

Procedure Code : 00532 AS OF 07/20/2024

Procedure Description

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

| Procedure | Procedure Code : 00534 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---------------------------|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | | |
| Begin | _ , | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACINGCARDIOVERTER-DEFIBRILLATOR | | | | | | | | | | | | | |
| ANESTH CARDIOVERTER/DEFIB | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00537 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|-------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | on | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOG2 | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | 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 | Procedure Code : 00540 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|--|------|------|-------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure 1 | Descriptic | n | | | | | | | |
| Begin | End Data | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | | |
| ANESTH CHEST SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 12.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00541 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------------------------|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pı | rocedure 1 | Descriptio | on | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING | | | | | | | | | | | | | |
| SURGICAL | SURGICAL THORACOSCOPY); UTILIZING 1 LUNG VENTILATION | | | | | | | | | | | | | |
| ANESTH ONE LUNG VENTILATION | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 15.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00542 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---------------------------|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | on | | | | | | | |
| Begin | | 74 | 10 | 10 | 24 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING | | | | | | | | | | | | | |
| SURGICAL | SURGICAL THORACOSCOPY); DECORTICATION | | | | | | | | | | | | | |
| Anesthesia removal pleura | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 15.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00546 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|--|------|------|-------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pı | cocedure I | Descriptio | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ2 | MOCL3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); PULMONARY RESECTION WITHTHORACOPLASTY | | | | | | | | | | | | | | |
| ANESTH LUNG CHEST WALL SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 15.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00548 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------------------------|---|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | on | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS; PLEURA; DIAPHRAGM; ANDMEDIASTINUM (INCLUDING | | | | | | | | | | | | |
| SURGICAL | SURGICAL THORACOSCOPY); INTRATHORACIC PROCEDURES ON THETRACHEA AND BRONCHI | | | | | | | | | | | | |
| ANESTH TRACHEA BRONCHI SURG | | | | | | | | | | | | | |

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

| Procedure | 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 | | Covered Benefit | | |
| ANESTHESIA FOR STERNAL DEBRIDEMENT | | | | | | | | | | | | | |
| ANESTH STERNAL DEBRIDEMENT | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00560 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|---|-----------|-----------|----------|----------|-------------|---------|----------|-----------|-----------|---------|--|--|--|
| | | | | Pr | cocedure | Description | n | , | , | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | A FOR PRO | CEDURES (| ON HEART; | PERICARD | IAL SAC; | AND GREAT | VESSELS | OFCHEST; | WITHOUT P | UMP OXYGE | NATOR | | | |
| ANESTH HEART SURG W/O PUMP | | | | | | | | | | | | | | |
| 2009-04-01 | | | | - | | NO | 15.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00561 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------|---|------|------|------|----------|-------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Description | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITH PUMP OXYGENATOR; | | | | | | | | | | | | | |
| YOUNGER 7 | YOUNGER THAN 1 YEAR OF AGE | | | | | | | | | | | | | |
| Anesth he | Anesth heart surg <1 yr | | | | | | | | | | | | | |

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

| Procedure | Procedure Code : 00562 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------------------------|---|------|------|------|----------|----------------|-------|-----|----------|-----|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Peguired | Base | Max | Facility | | Covered | | |
| ANES HRT | Date Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTH HRT SURG W/PMP AGE 1+ | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 20.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00563 AS OF 07/20/2024 | | | | | | | | | | | | |
|----------------------------|---|------------|--------|-------|----------|-------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Description | n | | | | | | |
| Begin | D. J. D. L. | Nr. 31 | W = 30 | W. 32 | 24 - 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON HEART; PERICARDIAL SAC; AND GREAT VESSELS OFCHEST; WITH PUMP OXYGENATOR WITH | | | | | | | | | | | | |
| HYPOTHERM | MIC CIRCUI | LATORY ARE | REST | | | | | | | | | | |
| ANESTH HEART SURG W/ARREST | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 25.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 0566 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|----------------------|---|-----------|------------|------|------------|------------|---|--|--|--|--|--|
| | | | | Pr | cocedure : | Descriptio | n | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | |
| | Date | | | | | | | | | | | |
| ANESTH CABG W/O PUMP | | | | | | | | | | | | |

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

| Procedure | Procedure Code : 00567 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|--|--|--|----|----------|------------|-------|-----|--|-----|-----|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin Date | Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| 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 | | |

| Procedure Code : 00580 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|--|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paggired Units Units Pricing Pricing Repetit | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT | | | | | | | | | | | | |
| ANESTH HEART/LUNG TRANSPLNT | | | | | | | | | | | | | |
| 2009-04-01 | · | | | | | NO | 20.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00600 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptic | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHES | ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH SI | ANESTH SPINE CORD SURGERY | | | | | | | | | | | | |

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

| Procedure | e Code : 0 | 0604 AS | OF 07/20/2 | 2024 | | | | | | | | | |
|--------------------------|---|-----------|------------|------------|------------|------------|---------------|----------------|-----------|-----------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| Date | | | | | | Required | <u> Units</u> | <u> Units</u> | Pricing | Pricing | Benefit | | |
| ANESTHESI | IA FOR PRO | CEDURES (| ON CERVICA | AL SPINE . | AND CORD; | PROCEDURI | ES WITH 1 | PATIENTIN | THE SITTI | NG POSITI | ON | | |
| ANESTH SITTING PROCEDURE | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 13.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00620 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 10 | 14 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH SPINE CORD SURGERY | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 10.00 | 400 | | YES | YES | | |

| Procedure Code : 00625 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD; VIA AN ANTERIOR TRANSTHORACIC APPROACH; NOT UTILIZING ONE LUNG VENTILATION | | | | | | | | | | | | | |
| ANES SPINE TRANTHOR W/O VENT | | | | | | | | | | | | | |

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

| Procedure | Procedure Code : 00626 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------------------------|---|------|------------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | | | - - | | - - | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHES | NESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD; VIA AN ANTERIORTRANSTHORACIC APPROACH; UTILIZING | | | | | | | | | | | | |
| 1 LUNG VE | ENTILATION | 1 | | | | | | | | | | | |
| ANES SPINE TRANSTHOR W/VENT | | | | | | | | | | | | | |
| | NO 15.00 400 YES YES | | | | | | | | | | | | |

| Procedure | Procedure Code : 00630 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pı | rocedure : | Descriptio | n | | , | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH SPINE CORD SURGERY | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 8.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 00632 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|---------------|---|------------|------------|------|------------|----------------|---------------|--------------|---------------------|--|--------------------|--|
| | | | | Pr | cocedure l | Descriptio | n | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | | Covered Benefit | |
| | Date Required Units Units Pricing Pricing Benefit NESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY | | | | | | | | | | | |
| ANESTH RE | ANESTH REMOVAL OF NERVES | | | | | | | | | | | |

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

| Procedure | Procedure Code : 00635 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------|---|-----------|-----------|---------|------------|----------------|---------------|--------------|---------------------|-------------------|--------------------|--|--|
| | | | | Pı | rocedure : | Descriptio | n | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit | | |
| ANESTHES | IA FOR PRO | CEDURES I | IN LUMBAR | REGION; | DIAGNOSTI | C OR THERA | APEUTIC L | UMBARPUNC | CTURE | | | | |
| ANESTH LU | ANESTH LUMBAR PUNCTURE | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00640 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|---|------|--------|------------|------------|------------|-----------|-----------|-----------|-----------|----------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR MAN | | OF THE | SPINE OR 1 | FOR CLOSE | D PROCEDUR | RES ON TH | ECERVICAL | ; THORACI | C OR LUME | AR SPINE | | |
| ANESTH SPINE MANIPULATION | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure Code : 00670 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--------------------------------------|--|--|----|---------|------------|---|--|--|--|--|--|--|
| | | | | Pr | ocedure | Descriptio | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| 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 |
|-----------------------|--|--|----|-------|-----|-----|-----|
| | | | | | | | |

| Procedure | 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 | | |
| ANESTHES | IA FOR PRO | CEDURES (| ON UPPER A | ANTERIOR A | ABDOMINAL | WALL; NOT | Г OTHERWI | SESPECIFI | ED | | | | |
| ANESTH ABDOMINAL WALL SURG | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00702 AS OF 07/20/2024 | | | | | | | | | | | | |
|-------------------------|---|-----------|------------|------------|------------|------------|-----------|-----------|---------|---------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptic | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR PRO | CEDURES (| ON UPPER A | ANTERIOR A | ABDOMINAL | WALL; PER | RCUTANEOU | S LIVERBI | OPSY | | | | |
| ANESTH FOR LIVER BIOPSY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure Code : 00730 AS OF 07/20/2024 | | | | | | | | | | | |
|--|----------|---------------|---|--|---|--|--|--|---|--|--|
| Procedure Description | | | | | | | | | | | |
| End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Elia Dace | MOGI | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| NESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | | | | | | | | | | | |
| ANESTH ABDOMINAL WALL SURG | | | | | | | | | | | |
| I | End Date | End Date Mod1 | End Date Mod1 Mod2 A FOR PROCEDURES ON UPPER I | End Date Mod1 Mod2 Mod3 A FOR PROCEDURES ON UPPER POSTERIOR | Procedure End Date Mod1 Mod2 Mod3 Mod4 A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINA | Procedure Descriptio End Date Mod1 Mod2 Mod3 Mod4 PA Required A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Required Units A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Required Units Units A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Required Units Units Pricing A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Required Units Units Pricing Pricing A FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | |

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

| Procedure | rocedure Code: 00731 AS OF 07/20/2024 | | | | | | | | | | | |
|------------|---------------------------------------|------------|------------|------------|------------|------------|----------|-----------|-----------|-----------|---------|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | |
| Begin | | - - | - - | | | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | IA FOR UPF | PER GASTRO | DINTESTINA | AL ENDOSCO | OPIC PROC | EDURES; EN | IDOSCOPE | INTRODUCE | D PROXIMA | L TO DUOD | ENUM; | |
| NOT OTHER | RWISE SPEC | CIFIED | | | | | | | | | | |
| ANES UPR | NES UPR GI NDSC PX NOS | | | | | | | | | | | |
| 2018-01-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00732 AS OF 07/20/2024 | | | | | | | | | | | |
|------------|---|------------|------------|-----------|------------|------------|----------|-----------|------------|-----------|---------|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | |
| Begin | | 74 | 10 | 10 | 34 34 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | A FOR UPI | PER GASTRO | DINTESTINA | AL ENDOSC | OPIC PROC | EDURES; EN | IDOSCOPE | INTRODUCE | ED PROXIMA | L TO DUOD | ENUM; | |
| ENDOSCOPI | C RETROGE | RADE CHOLA | ANGIOPANCI | REATOGRAP | HY (ERCP) | | | | | | | |
| ANES UPR | NES UPR GI NDSC PX ERCP | | | | | | | | | | | |
| 2018-01-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | |

| Procedure | e Code : (| 00750 AS (| OF 07/20/ | 2024 | | | | | | | |
|-----------|-----------------------|------------|-----------|------|------|----------|-------|-------|----------|---------|---------|
| | Procedure Description | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Modi | MOGZ | ModS | MOGT | Required | Units | Units | Pricing | Pricing | Benefit |

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

| Procedure 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 | | Covered Benefit | | |
| ANESTHES | IA FOR PRO | CEDURE TO | O REPAIR 1 | UPPER ABDO | NI JANIMO | CISIONAL F | | | | | | | |
| ANES HRNA RPR LMBR&VNT&/DEHS | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00754 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|---|------------|------------|------------|---|-------------|-----------|-------|----------|---------|---------|--|--|
| | | | | Dr | ocedure | Descriptio | n | | | | | | |
| | Begin PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | HIIG Dace | Modi | MOGZ | 11005 | Modif | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANDODIEC | 7 HOD DDG | | | | \\ <i>\</i> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | DIIII | | | | | |
| ANESTHES | LA FOR PRO | OCEDURE TO |) REPAIR (| UPPER ABDO | MINAL HE | ERNIA PRESE | INT AT BI | .RTH | | | | | |
| ANES HRNA | ANES HRNA RPR OMPHALOCELE | | | | | | | | | | | | |
| 2000 04 01 | 0000 12 21 | | | | | NO | 7.00 | 400 | | VEC | VEC | | |
| Z009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | |

| Procedure | e Code : C | 0756 AS 0 | OF 07/20/2 | 2024 | | | | | | | |
|-----------|------------|-----------|------------|------|----------|------------|-------|-------|----------|---------|---------|
| | | | | Pı | cocedure | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit |

| ANESTHES | IA FOR PRO | CEDURE TO | REPAIR A | ABDOMINAL | HERNIA | | | | | |
|------------|------------|-----------|----------|-----------|--------|----|------|-----|-----|-----|
| ANES HRNA | A RPR DIPH | IRG HRNA | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | YES | YES |

| Procedure | Procedure Code : 00770 AS OF 07/20/2024 | | | | | | | | | | | |
|------------|---|-----------|------------|------------|-----------|-------------|-------|-------|----------|---------|---------|--|
| | | | | Pr | cocedure | Description | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | IA FOR PRO | CEDURE ON | N LARGE BI | LOOD VESSI | ELS IN AE | BDOMEN | | | | | | |
| ANES PX N | ANES PX MAJ ABD BLOOD VESSEL | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 15.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00790 AS OF 07/20/2024 | | | | | | | | | | | |
|--|---|------------|-----------|------------|---------|------------|-------|-------|---------|---------|---------|--|
| | | | | Pr | ocedure | Descriptio | 'n | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG3 | MOCH | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | A FOR OTH | HER PROCEI | OURE ON U | PPER ABDOM | MEN | | | | | | | |
| ANES IPER | ANES IPER UPR ABD NOS | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | |

| Procedur | e Code : C | 0792 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|----------|-----------------------|-----------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

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

| Procedure | Procedure Code : 00794 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR REMOVAL OF PANCREAS INCLUDING USE OF AN ENDOSCOPE | | | | | | | | | | | | | | |
| ANES IPER UPR ABD PNCRTECT | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES | | | |

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

| Procedure | e Code : (| 0797 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------------------|------------|-----------|------------|-------|------|----------|-------|-------|----------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Modi | MOGZ | 14003 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |

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

| Procedure | Procedure Code : 00800 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|--|-------|------|-------|-------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mo di | Chan | W- 42 | No d4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISESPECIFIED | | | | | | | | | | | | | |
| ANESTH ABDOMINAL WALL SURG | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00802 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|--|---|---------|------|------|------------|------------|-------|-------|---------|-----|---------|--|--|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | | | |
| Regin | Begin PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | | | |
| ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ANESTH FA | AI LAYER R | KEMOVAL | l | | | | | | 1 | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | | |

| Procedure | e Code : (| 00811 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------------------|------------|------------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |

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

| Procedure | Procedure Code : 00812 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | | 11 | 10 | 10 | 24 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED DISTAL TO DUODENUM; SCREENING | | | | | | | | | | | | | | |
| COLONOSCOPY | | | | | | | | | | | | | | |
| ANES LWR INTST SCR COLSC | | | | | | | | | | | | | | |
| 2018-01-01 | | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00813 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------|------|------|------|----------|-------|-------|----------|---------|---------|--|--|
| | Procedure Description | | | | | | | | | | | | |
| Begin | _ , | 14 | | | 14 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL ENDOSCOPIC PROCEDURES; ENDOSCOPE INTRODUCED BOTH | | | | | | | | | | | | | |
| PROXIMAL TO AND DISTAL TO THE DUODENUM | | | | | | | | | | | | | |
| ANES UPR LWR GI NDSC PX | | | | | | | | | | | | | |
| 2018-01-01 | 2018-01-01 9999-12-31 NO 5.00 001 YES YES | | | | | | | | | | | | |

Procedure Code : 00820 AS OF 07/20/2024

| | Procedure Description | | | | | | | | | | | | | |
|----------------------------|---|------|------|---------|-----------|----------|-------|-------|----------|---------|---------|--|--|--|
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod3 Mod4 | PA | Base | Max | Facility | | Covered | | | |
| Date | | | | 110 410 | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL | | | | | | | | | | | | | |
| ANESTH ABDOMINAL WALL SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00830 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-------------------------|---|-------|------|------|------|----------|-------|----------|---------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin | in | M. 10 | | | PA | Base | Max | Facility | Manual | Covered | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH REPAIR OF HERNIA | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00832 AS OF 07/20/2024 | | | | | | | | | | | | |
|-------------------------|--|------|------|------|------|----------|-------|-------|----------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS | | | | | | | | | | | | |
| ANESTH REPAIR OF HERNIA | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

Procedure Code : 00834 AS OF 07/20/2024

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

| Procedure | Procedure Code : 00836 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------------------------|--|------|------|-------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin | End Doto | Mod1 | Mod2 | Mod 2 | Wod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| | ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED; INFANTS LESS THAN 37 | | | | | | | | | | | | | |
| WEEKS GES | WEEKS GESTATIONAL AGE AT BIRTH AND LESS THAN 50 WEEKS GESTATIONAL AGE AT TIME OF SURGERY | | | | | | | | | | | | | |
| ANESTH HERNIA REPAIR PREEMIE | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00840 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|--|------|------|------|------|----------|-------|----------|---------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | | 74 | 10 | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH SURG LOWER ABDOMEN | | | | | | | | | | | | | |
| 2009-04-01 | | - | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00842 AS OF 07/20/2024 | | | | | | | | | | | |
|--|--|------|------|-------|----------|------------|-------|-------|---------|---------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ2 | Mod 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; AMNIOCENTESIS | | | | | | | | | | | |
| ANESTH AMNIOCENTESIS | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | |

| Procedure | Procedure Code : 00844 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------|--|------|------|-------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ2 | MOCL3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | NESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; ABDOMINOPERINEAL | | | | | | | | | | | | | |
| RESECTION | | | | | | | | | | | | | | |
| ANESTH PE | ANESTH PELVIS SURGERY | | | | | | | | | | | | | |
| | 2009-04-01 9999-12-31 NO 7.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00846 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|-----------|------------|-----------|------------|------------|-----------|-----------|---------|-----------|---------|--|--|
| | | | | Pr | cocedure 1 | Descriptic | n | | | | | | |
| Begin Find Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | |
| ANESTHESI | IA FOR INT | RAPERITON | JEAL PROCI | EDURES IN | LOWER AB | DOMEN INCI | LUDINGLAP | AROSCOPY; | RADICAL | HYSTERECT | 'OMY | | |
| ANESTH HYSTERECTOMY | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 8.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | Procedure Code : 00848 AS OF 07/20/2024 | | | | | | | | | | | |
|--|--|------|-------|-------|------------|------------|-------|-------|---------|---------|---------|--|
| | | | | Pı | rocedure 1 | Descriptio | on | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | End Date | MOGI | MOG.2 | MOG.3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; PELVIC EXENTERATION | | | | | | | | | | | |
| ANESTH PELVIC ORGAN SURG | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 8.00 400 YES YES | | | | | | | | | | | | |

| Procedure | Procedure Code : 00851 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paguired Units Units Pricing Pricing Penefit | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | NESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDINGLAPAROSCOPY; TUBAL | | | | | | | | | | | | |
| LIGATION/ | TRANSECTI | ON | | | | | | | | | | | |
| ANESTH TU | | | | | | | | | | | | | |
| | 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | |

| Procedure | code : 0 | 00860 AS C | OF 07/20/2 | 2024 | | | | | | | | | |
|--|--|------------|------------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH SU | ANESTH SURGERY OF ABDOMEN | | | | | | | | | | | | |

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

| Procedure | e Code : (| 00862 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|---|------------|------------|------|----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Modi | MOGZ | Mod3 | Moda | Required | Units | Units | Pricing | Pricing | Benefit |
| | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RENAL PROCEDURES; INCLUDING UPPER ONE-THIRD OF URETER; OR DONORNEPHRECTOMY | | | | | | | | | | |
| ANESTH K | IDNEY/URET | TER SURG | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 00864 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------------|------------|-----------|------------|------------|-----------|-----------|-----------|----------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptic | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR EXT | TRAPERITON | NEAL PROCI | EDURES IN | LOWER AB | DOMEN; INC | CLUDING U | RINARYTRA | CT; TOTAL | CYSTECTO |)MY | | |
| ANESTH RE | ANESTH REMOVAL OF BLADDER | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES | | |

| Procedure | e Code : (| 00865 AS (| OF 07/20/2 | | | D | _ | | | | | |
|---|-----------------------|------------|------------|------|------|----------|-------|-------|---------|---------|---------|--|
| | Procedure Description | | | | | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | End Date | Modi | MOGZ | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RADICAL PROSTATECTOMY | | | | | | | | | | | | |

(SUPRAPUBIC; RETROPUBIC)

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

| Procedure | e Code : 0 | 0866 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|--|---------------------------|-----------|------------|-----------|----------|------------|-----------|-----------|------------|----------|---------|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | |
| Date | HIG Date | MOGI | MOGZ | | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | IA FOR EXT | RAPERITO! | NEAL PROCE | EDURES IN | LOWER AE | DOMEN; INC | CLUDING U | RINARYTRA | ACT; ADREN | ALECTOMY | | |
| ANESTH RE | ANESTH REMOVAL OF ADRENAL | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES | |

| Procedure | code : 0 | 0868 AS (| OF 07/20/2 | 2024 | | | | | | | | | | | | | | | | | | | |
|--|------------|-----------|------------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Pı | rocedure I | Descriptio | n | | | | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | | | | | | | | | | | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit | | | | | | | | | | | | |
| ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; RENAL TRANSPLANT | | | | | | | | | | | | | | | | | | | | | | | |
| (RECIPIEN | IT) | | | | | | | | | | | | | | | | | | | | | | |
| ANESTH KI | DNEY TRAN | ISPLANT | | | | | | | | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | | | | | | | | | | | | | |

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

| Al | NESTHESI | A FOR | EXT | RAPERITON | NEAL P | ROCEDURES | IN | LOWER | ABDOMEN; | INC | CLUDING | URINAR | TRACT | ; CYSTO | LITHOTOMY | |
|----|---|---------|------|-----------|--------|-----------|----|-------|----------|-----|---------|--------|-------|---------|-----------|-----|
| Al | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN; INCLUDING URINARYTRACT; CYSTOLITHOTOMY ANESTH BLADDER STONE SURG | | | | | | | | | | | | | | | |
| 20 | 009-04-01 | 9999-12 | 2-31 | | | | | | NO | | 5.00 | 400 | | | YES | YES |

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

| Procedure | code : 0 | 0873 AS C | F 07/20/2 | 2024 | | | | | | | | | | |
|------------|---|-----------|-----------|-------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | | |
| Begin | End Date | Nr. 21 | M- 40 | w- 42 | 25 - 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR LITHOTRIPSY; EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH | | | | | | | | | | | | | |
| ANESTH KI | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00880 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------|---|------|------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

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

| Procedure | e Code : 0 | 0882 AS (| OF 07/20/2 | 2024 | | | | | | | | | | | |
|--|-----------------------|-----------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|--|
| | Procedure Description | | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | | |
| Date | End Date | MOGI | MOGZ | Mods | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVALIGATION | | | | | | | | | | | | | | | |
| ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS, INFERIOR VENA CAVALIGATION ANESTH MAJOR VEIN LIGATION | | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES | | | | |

| Procedure | e Code : C | 0902 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|--------------------------|--|-----------|------------|------|----------|------------|------|-----|----------|--------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| | End Date | Mod1 | Mod2 | Mod3 | Mod4 | | | | - | | | | |
| Date | Date Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTHESI | ANESTHESIA FOR; ANORECTAL PROCEDURE | | | | | | | | | | | | |
| ANESTH ANORECTAL SURGERY | | | | | | | | | | | | | |
| 2009-01-01 | ANESTH ANORECTAL SURGERY 2009-01-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | |

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

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

| Procedure | e Code : 0 | 0906 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|---|-----------------------|-----------|------------|------|------|----------------|---------------|--------------|----------|-----|--------------------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility | | Covered Benefit | | | |
| Date Required Units Units Pricing Pricing Benefit ANESTHESIA FOR; VULVECTOMY | | | | | | | | | | | | | | |
| ANESTHESIA FORT VOHVECTOMI | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 00908 AS OF 07/20/2024 | | | | | | | | | | | | |
|----------------------------|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin | _ | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR; PERINEAL PROSTATECTOMY | | | | | | | | | | | | |
| ANESTH REMOVAL OF PROSTATE | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | e Code : C | 00910 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|-----------|-----------------------|------------|------------|-------|------|----------|-------|-------|----------|---------|---------|--|
| | Procedure Description | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Modi | MOGZ | 14003 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | |

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

| Procedure | Procedure Code : 00912 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|--|------------|------------|-------------|----------|------------|---|-------|----------|------------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | D. J. D. L. | Nr. 31 | W- 40 | W - 32 | 24 - 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHEST | NESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF BLADDER | | | | | | | | | | | | |
| TUMOR(S) | | 1100111111 | 12 1110025 | 01120 (2110 | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 1101, 01 1 | | | |
| | | | | | | | | | | | | | |
| ANESTH BI | TADDER TUN | IOR SURG | | | | Т | | | T | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | |

| Procedure | Procedure Code : 00914 AS OF 07/20/2024 | | | | | | | | | | | |
|----------------------------|--|------|------|------|---------|------------|-------|-------|----------|---------|---------|--|
| | | | | Pr | ocedure | Descriptio | n | | | | | |
| Begin | | 74 | 10 | 10 | | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF PROSTATE | | | | | | | | | | | |
| ANESTH REMOVAL OF PROSTATE | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | |

| Procedure | e Code : 0 | 00916 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|-----------|-----------------------|------------|------------|------|------|----------|-------|-------|----------|---------|---------|--|
| | Procedure Description | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | MOGI | MOGZ | Mod3 | Moda | Required | Units | Units | Pricing | Pricing | Benefit | |

| ANESTHESIA F | OR TRANSUF | ETHRAL E | PROCEDURES | (INCLUDING | URETHROCYST | OSCOPY);P | OST-TRANS | URETHRAL | RESECTION | | |
|-------------------------|------------|----------|------------|------------|-------------|-----------|-----------|----------|-----------|-----|--|
| BLEEDING | | | | | | | | | | | |
| ANESTH BLEEDING CONTROL | | | | | | | | | | | |
| 2009-04-01 9999 | 9-12-31 | | | | NO | 5.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00918 AS OF 07/20/2024 | | | | | | | | | | | | |
|----------------------|--|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | | | 10 | 10 | 24 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITHFRAGMENTATION; MANIPULATION | | | | | | | | | | | | |
| AND/OR RE | AND/OR REMOVAL OF URETERAL CALCULUS | | | | | | | | | | | | |
| ANESTH STONE REMOVAL | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00920 AS OF 07/20/2024 | | | | | | | | | | | |
|--------------------------|---|-----------|-----------|-----------|------------|------------|-----------|-----------|----------|-----------|---------|--|
| | | | | Pi | rocedure I | Descriptio | on | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | IA FOR PRO | CEDURES (| ON MALE O | GENITALIA | (INCLUDIN | G OPEN UR | ETHRALPRO | CEDURES); | NOT OTHE | RWISE SPE | ECIFIED | |
| ANESTH GENITALIA SURGERY | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | |

Procedure Code : 00921 AS OF 07/20/2024

Procedure Description

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

| Procedure | Procedure Code : 00922 AS OF 07/20/2024 | | | | | | | | | | | |
|---------------------------|---|-----------|-----------|----------|------------|------------|-----------|-----------|---------|----------|---------|--|
| | | | | Pı | rocedure I | Descriptio | n | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | |
| Date | End Date | ModT | MOQ.2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | IA FOR PRO | CEDURES (| ON MALE G | ENITALIA | (INCLUDIN | G OPEN URE | ETHRALPRO | CEDURES); | SEMINAL | VESICLES | | |
| ANESTH SPERM DUCT SURGERY | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00924 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|--|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure I | Descriptio | n | | | | | | |
| Begin | | 11 | 10 | 10 | 34 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); UNDESCENDED TESTIS; | | | | | | | | | | | | |
| UNILATERA | AL OR BILA | | | | ` | | | , | | | | | |
| ANESTH TESTIS EXPLORATION | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00926 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|--|--------|-------|--------|------------|------------|------|-----|----------|--------|---------|--|--|
| | | | | Pı | cocedure 1 | Descriptio | n | | | | | | |
| Begin | To 3 Date | No. 31 | W- 30 | M - 32 | 26 - 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL ORCHIECTOMY; | | | | | | | | | | | | | |
| INGUINAL | | | | | | | | | | | | | |
| ANESTH REMOVAL OF TESTIS | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00928 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | 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 End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| Date | | | | | | | | | | | | |
| ANESTH TESTIS SUSPENSION | | | | | | | | | | | | |

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

| End Date | Mod1 | Mod2 | | rocedure 1 | | | | | | | | | | | | | | | | | |
|---|---------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|
| End Date | Mod1 | Mod 2 | | | | | | Procedure Description | | | | | | | | | | | | | |
| and Date | Modi | | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | | | | | | | | | |
| | | MOGZ | Mods | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | | | | | | | | |
| Date Required Units Units Pricing Benefit 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 | | | | | | | | | | | | | | | | | | | | | |
| 21 | UTATION | UTATION OF PENIS | UTATION OF PENIS | UTATION OF PENIS | | | | | | | | | | | |

| Procedure | Procedure Code : 00934 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|------|-----|----------|--------|---------|--|--|
| | | | | Pı | cocedure I | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | |
| ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATERAL INGUINAL LYMPHADENECTOMY | | | | | | | | | | | | | |
| ANESTH PENIS NODES REMOVAL | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | | |

| Procedure | e Code : (| 0936 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------|-----------------------|-----------|------------|---------|-------|----------|-------|-------|----------|---------|---------|--|--|
| | Procedure Description | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | 1.1002 | 1.100.5 | 11001 | Required | Units | Units | Pricing | Pricing | Benefit | | |

| ANESTHESI | A FOR | PROCED | URES OI | MALE | GENITALIA | (INCLUDING | OPEN | URETHRALPRO | CEDURES); | RADICAL | AMPUTATIO | N OF |
|----------------------------|---------|--------|---------|--------|------------|-------------|------|-------------|-----------|---------|-----------|------|
| PENIS WIT | H BILA | ATERAL | INGUINA | AL AND | ILIACLYMPH | IADENECTOMY | 7 | | | | | |
| ANESTH PENIS NODES REMOVAL | | | | | | | | | | | | |
| 2009-04-01 | 9999-12 | 2-31 | | | | | NO | 8.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 00938 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure I | Descriptio | n | | | | | | |
| Begin | | 74 | | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRALPROCEDURES); INSERTION OF PENILE | | | | | | | | | | | | | |
| PROSTHESI | PROSTHESIS (PERINEAL APPROACH) | | | | | | | | | | | | |
| ANESTH INSERT PENIS DEVICE | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00940 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|----------|-------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure | Description | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Modi | MOGZ | Mod3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); NOT OTHERWISE SPECIFIED | | | | | | | | | | | | | | |
| ANESTH VAGINAL PROCEDURES | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

Procedure Code : 00942 AS OF 07/20/2024

| Procedure Description | | | | | | | | | | | | |
|--|------------|------|-------|--------|-------|----------|-------|-------|----------|---------|---------|--|
| Begin | End Doto | Mod1 | Wo do | Mo d 2 | W- 44 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | MOGI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); COLPOTOMY; VAGINECTOMY; COLPORRHAPHY; AND OPEN URETHRAL PROCEDURES | | | | | | | | | | | | |
| ANESTH SURG ON VAG/URETHRAL | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 00944 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | 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 | Procedure Code : 00948 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptic | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Particle Units Date Date Date Date Date Date Date Date | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | 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 |
|-----------------------|--|----|------|-----|-----|-----|

| Procedure | code : 0 | 00950 AS (| OF 07/20/ | 2024 | | | | | | | | | |
|------------|--------------------------------------|------------|-----------|-----------|----------|-------------|---------|-----------|------------|-----------|---------|--|--|
| | | | | Pr | cocedure | Description | on | _ | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ.2 | MOQ3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR VAC | SINAL PROC | CEDURES (| INCLUDING | BIOPSY | OF LABIA; | VAGINA; | CERVIX OR | ENDOMETRIU | M); CULDO | SCOPY | | |
| ANESTH VA | ANESTH VAGINAL ENDOSCOPY | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 00952 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|--|------|------|------|----------|-------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | cocedure | Description | n | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| Date | HIG Date | Modi | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |
| | ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA; VAGINA; CERVIX ORENDOMETRIUM); HYSTEROSCOPY AND/OR HYSTEROSALPINGOGRAPHY | | | | | | | | | | | | |
| ANESTH HY | ANESTH HYSTEROSCOPE/GRAPH | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | |

| Procedure | e Code : (|)1112 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|---------------|--|------------|------------|------|------------|------------|---|--|--|--|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin Date | | | | | | | | | | | | | |
| | NESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY; ANTERIOR OR POSTERIORILIAC CREST | | | | | | | | | | | | |
| ANESTH BO | ANESTH BONE ASPIRATE/BX | | | | | | | | | | | | |

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

| Procedure | Procedure Code: 01120 AS OF 07/20/2024 Procedure Description | | | | | | | | | | | |
|--|---|--|--|----|------------|-------------------|---|--|--|--|--|--|
| | | | | Pr | cocedure : | <u>Descriptio</u> | n | | | | | |
| Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTHES: | ANESTHESIA FOR PROCEDURES ON BONY PELVIS | | | | | | | | | | | |
| ANESTH PELVIS SURGERY | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | |

| Procedure | Procedure Code : 01130 AS OF 07/20/2024 | | | | | | | | | | | |
|---|---|------------|------------|-----------|----------|------------|-------|-------|---------|---------|---------|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | A FOR BOD | OY CAST AI | PPLICATION | N OR REVI | SION | | | | | | | |
| ANESTH BO | ANESTH BODY CAST PROCEDURE | | | | | | | | | | | |
| | 2009-04-01 9999-12-31 NO 3.00 400 YES YES | | | | | | | | | | | |

| Procedure | e Code : (| 01140 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------|--|------------|------------|------|----------|------------|---|--|--|--|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| ANESTHES | NESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION | | | | | | | | | | | | |
| ANESTH AN | | | | | | | | | | | | | |

| 2009-04-01 9999-12-31 | | | NO | 15.00 | 400 | YES | YES |
|-----------------------|---|---|----|-------|-----|-----|-----|
| | • | • | | | | | |

| Procedure | e Code : 0 |)1150 AS (| OF 07/20/2 | 2024 | | | | | | | |
|--|------------|------------|------------|------------|-----------|------------|-----------|-----------|------|-----|-----|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | |
| ANESTHES | IA FOR RAD | OICAL PROC | CEDURES FO | OR TUMOR (| OF PELVIS | ; EXCEPT F | HINDQUART | ERAMPUTAI | rion | | |
| ANESTH PI | ELVIC TUMO | R SURGERY | Y | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES |

| Procedure Code : 01160 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|-----------|-----------|-----------|------------|------------|-----------|---------|---------|---------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | , | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paradas Nat Facility Manual Covered Nat Facility Ma | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR CLC | SED PROCE | EDURES IN | JOLVING S | YMPHYSIS | PUBIS OR S | SACROILIA | C JOINT | | | | | |
| ANESTH PELVIS PROCEDURE | | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | |

| Procedure | e Code : (|)1170 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|--|--|------------|------------|------|----------|------------|------|-----|----------|--------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | |
| ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT | | | | | | | | | | | | |
| ANESTH PI | ANESTH PELVIS SURGERY | | | | | | | | | | | |

| 2009-04-01 9999-12-31 | | | | | | | |
|-----------------------|-----------------------|--|----|------|-----|-----|--------|
| | 2009-04-01 9999-12-31 | | NΩ | 8.00 | 400 | VEC | 7777.0 |

| Procedure | e Code : 0 | 1173 AS (| OF 07/20/2 | 2024 | | | | | | | |
|---------------|------------|-----------|------------|------------|----------|----------------|---------------|--------------|------------------|-----------|--------------------|
| | | | | Pr | cocedure | Descriptio | n | _ | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | | Covered Benefit |
| ANESTHES | IA FOR OPE | N REPAIR | OF FRACTU | JRE DISRUI | PTION OF | PELVIS OR | | RACTUREIN | | CETABULUM | |
| ANESTH FX | K REPAIR F | ELVIS | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 12.00 | 400 | | YES | YES |

| Procedure | code : 0 | 1200 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|------------|------------|------------|------------|-----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | rocedure | Descriptio | n | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR ALI | _ CLOSED I | PROCEDURES | S INVOLVII | NG HIP JC | INT | | | | | |
| ANESTH HI | P JOINT P | PROCEDURE | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES |

| Procedure | code : 0 | 1202 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|---|--|-----------|------------|------|----------|------------|------|-----|----------|--------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT | | | | | | | | | | | | | |
| ANESTH AR | ANESTH ARTHROSCOPY OF HIP | | | | | | | | | | | | |

| | | | • | | | | |
|---------------------------------------|--|--|----|------|-----|-----|-----|
| 2009-04-01 9999-12-31 | | | NO | 4.00 | 400 | YES | YES |
| · · · · · · · · · · · · · · · · · · · | | | | | | | - |

| Procedure | e Code : 0 |)1210 AS (| OF 07/20/2 | | | | | | | | |
|---------------|------------|------------|------------|-----------|----------|-------------------|---------------|--------------|------------------|-----|--------------------|
| | | | | Pr | cocedure | <u>Descriptio</u> | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | | Covered Benefit |
| ANESTHES | IA FOR OPE | N PROCEDI | URES INVO | LVING HIP | JOINT; N | OTHERWI | ISE SPECI | FIED | | | |
| ANESTH H | IP JOINT S | SURGERY | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES |

| Procedure | code : 0 | 1212 AS C | OF 07/20/2 | 2024 | | | | | | | |
|------------|------------|-----------|------------|-----------|----------|------------|----------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | Total Data | No. 31 | M = 40 | w - 42 | N 1 4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR OPE | N PROCEDU | JRES INVOI | LVING HIP | JOINT; H | IP DISARTI | CULATION | Ī | | | |
| ANESTH HI | P DISARTI | CULATION | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1214 AS (| OF 07/20/ | 2024 | | | | | | | | |
|--|---|------------|-----------|------|----------|------------|------|-----|----------|--------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | Date Find Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | |
| ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY | | | | | | | | | | | | |
| ANESTH HIP ARTHROPLASTY | | | | | | | | | | | | |

| 2009-01-01 9999-12-31 NO 8.00 400 YES YES | | | | | | | |
|--|-----------------------|--|-------|------|-----|--|-----|
| | 2009-01-01 9999-12-31 | | NI() | 8.00 | 400 | | YES |

| Procedure | e Code : 0 |)1215 AS (| OF 07/20/2 | 2024 | | | | | | | |
|---------------|------------|------------|------------|-----------|----------|----------------|---------------|--------------|------------------|-------------------|--------------------|
| | | | | Pı | rocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit |
| ANESTHESI | IA FOR OPE | N PROCEDU | JRES INVOI | LVING HIP | JOINT; F | REVISION OF | | HIPARTHROE | | 11101113 | Domorro |
| ANESTH RE | EVISE HIP | REPAIR | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES |

| Procedure | code : 0 | 1220 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|------------|-----------|------------|----------|----------|------------|---------|-------|----------|---------|---------|
| | | | | Pr | rocedure | Descriptio | n | | | | |
| Begin | | 74 | | | 74 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR ALI | CLOSED I | PROCEDURES | INVOLVII | NG UPPER | TWO-THIRDS | OF FEMU | R | | | |
| ANESTH PR | ROCEDURE C | N FEMUR | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1230 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|---|--|------------|------------|------|----------|------------|-------|-------|---------|---------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| Date | End Date | Modi | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOTOTHERWISE SPECIFIED | | | | | | | | | | | |
| ANESTH SU | ANESTH SURGERY OF FEMUR | | | | | | | | | | | |

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

| Procedure | 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 | | |
| ANESTHES | IA FOR OPE | N PROCEDU | JRES INVO | LVING UPPI | ER TWO-TH | IIRDS OF FE | EMUR; AMP | UTATION | | | | | |
| ANESTH AN | MPUTATION | OF FEMUR | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01234 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------------|-----------|-----------|-----------|------------|-----------|-----------|---------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paguired Units Units Prising Prising Penefit | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR OPE | IN PROCEDU | JRES INVO | LVING UPP | ER TWO-TH | IRDS OF FE | EMUR; RAD | ICALRESEC | CTION | | | | |
| ANESTH RA | ADICAL FEM | IUR SURG | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 8.00 | 400 | | YES | YES | | |

| Procedure | e Code : C | 1250 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|---|-----------|------------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | _ | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAEOF UPPER LEG | | | | | | | | | | | | | |
| ANESTH U | ANESTH UPPER LEG SURGERY | | | | | | | | | | | | | |

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

| Procedure | e Code : 0 |)1260 AS (| OF 07/20/2 | 2024 | | | | | | | |
|---------------|------------|------------|------------|------------|-----------|----------------|---------------|--------------|------------------|-------------------|--------------------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit |
| ANESTHES | IA FOR ALI | PROCEDUI | RES INVOL | VING VEINS | S OF UPPE | R LEG; INC | CLUDINGEX | PLORATION | 1 | | |
| ANESTH U | PPER LEG V | EINS SUR | 3 | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 01270 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------|---|-----------|-----------|----------|------------|------------|-----------|-----------|-----------|-----------|---------|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | |
| Begin | | 11 | | 10 | 24 24 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR PRO | CEDURES : | INVOLVING | ARTERIES | OF UPPER | LEG; INCI | LUDING BY | PASSGRAFT | ; NOT OTH | ERWISE SF | ECIFIED | | |
| ANESTH TH | HIGH ARTER | RIES SURG | | | | | | | | | | | |
| - | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1272 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------|---|------------|------------|------|-----------|------------|-------|--------------|---------|---------|---------|--|--|
| | | | | Pr | ocedure I | Descriptio | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | | | | | | Required | Units | <u>Units</u> | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG; INCLUDING BYPASSGRAFT; FEMORAL ARTERY LIGATION | | | | | | | | | | | | |
| ANESTH FE | ANESTH FEMORAL ARTERY SURG | | | | | | | | | | | | |

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

| Procedure | e Code : 0 | 1274 AS C | OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|--------------------------------------|-----------|------------|----------|----------|------------|-----------|-----------|------------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | IA FOR PRO | CEDURES 1 | INVOLVING | ARTERIES | OF UPPER | LEG; INCI | LUDING BY | PASSGRAFT | :; FEMORAL | ARTERY | | | | |
| EMBOLECTO | OMY | | | | | | | | | | | | | |
| ANESTH FE | EMORAL EME | SOLECTOMY | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01320 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------------|------------|------------|-----------|------------|----------|----------|-----------|-----------|----------|--|--|
| | | | | Pr | cocedure | Descriptic | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paralased Wax Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | ModT | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR ALI | _ PROCEDUF | RES ON NEF | RVES; MUSO | CLES; TEN | DONS; FASO | CIA; AND | BURSAEOF | KNEE AND/ | OR POPLIT | EAL AREA | | |
| ANESTH KN | JEE AREA S | SURGERY | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1340 AS (| OF 07/20/2 | 2024 | | | | | | | |
|----------------------------|--|------------|------------|------|---------|----------------|---------------|--------------|----------|--|--------------------|
| | | | | Pr | ocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility | | Covered Benefit |
| | Date Required Units Units Pricing Pricing Benefit NESTHESIA 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 |
|-----------------------|---|------|----|------|-----|-----|-----|
| | • | | | • | • | • | • |

| Procedure | e Code : 0 |)1360 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|--------------------------|---|------------|------------|------------|------------|------------|-------|-------|----------|---------|---------|--|
| | | | | Pı | cocedure : | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Modi | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | IA FOR ALI | OPEN PRO | OCEDURES (| ON LOWER (| ONE-THIRD | OF FEMUR | | | | | | |
| ANESTH KNEE AREA SURGERY | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | |

| Procedure | Procedure Code : 01380 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------|---|-----------|------------|-----------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure 1 | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR ALI | CLOSED I | PROCEDURES | S ON KNEE | JOINT | | | | | | | | |
| ANESTH KN | EE JOINT | PROCEDURI | <u> </u> | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1382 AS (| OF 07/20/ | 2024 | | | | | | | |
|----------------------------|---|------------|-----------|------|----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHES | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT | | | | | | | | | | |
| ANESTH DX KNEE ARTHROSCOPY | | | | | | | | | | | |

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

| Procedure | 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 | | |
| | IA FOR ALI | _ CLOSED 1 | PROCEDURES | S ON UPPER | R ENDS OF | | IBULA; AN | | | | | | |
| ANESTH KNEE AREA PROCEDURE | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01392 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|---|----------|------------|------------|------------|------------|-----------|-----------|----------|---------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin | To d. D. b. | M. 31 | W- 40 | | 24. 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR ALI | OPEN PRO | OCEDURES (| ON UPPER : | ENDS OF T | IBIA; FIBU | JLA; AND/ | ORPATELLA | A | | | | |
| ANESTH KN | ANESTH KNEE AREA SURGERY | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1400 AS (| OF 07/20/2 | 2024 | | | | | | | |
|-----------|---|------------|------------|-------|----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Modi | MOGZ | MOG 5 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHES | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOTOTHERWISE SPECIFIED | | | | | | | | | | |
| ANESTH KI | ANESTH KNEE JOINT SURGERY | | | | | | | | | | |

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

| Procedure | Procedure Code : 01402 AS OF 07/20/2024 | | | | | | | | | | | | |
|--------------------------|---|-----------|------------|-----------|----------|------------|--------|-----------|------------|---------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR OPE | N OR SURC | GICAL ARTH | HROSCOPIC | PROCEDUR | ES ON KNEE | JOINT; | TOTALKNEE | E ARTHROPL | ASTY | | | |
| ANESTH KNEE ARTHROPLASTY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | |

| Procedure Code : 01404 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|-----------|-----------|------------|-----------|------------|------------|-----------|-----------|----------|---------|---------|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | |
| Begin | Dad Data | M- 31 | W- 40 | W- 42 | 26 - 34 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESI | A FOR OPE | N OR SURC | GICAL ARTI | HROSCOPIC | PROCEDUR | ES ON KNEE | E JOINT;D | ISARTICUL | ATION AT | KNEE | | |
| ANESTH AMPUTATION AT KNEE | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 5.00 | 400 | | YES | YES | |

| Procedure | e Code : (|)1420 AS (| OF 07/20/2 | 2024 | | | | | | | |
|-----------|------------|------------|------------|------------|-----------|------------|----------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHES | IA FOR ALI | L CAST API | PLICATIONS | S; REMOVAI | L; OR REP | AIR INVOLV | ING KNEE | JOINT | | | |
| ANESTH KI | | | | | | | | | | | |

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

| Procedure | e Code : 0 | 1430 AS (| OF 07/20/2 | 2024 | | | | | | | |
|---------------------------|------------|-----------|------------|------------|-----------|----------------|---------------|--------------|------------------|-------------------|--------------------|
| | | | | Pr | ocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | Manual Pricing | Covered Benefit |
| ANESTHESI | IA FOR PRO | CEDURES (| ON VEINS (| OF KNEE AI | ND POPLIT | EAL AREA; | | | | | |
| ANESTH KNEE VEINS SURGERY | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 01432 AS OF 07/20/2024 | | | | | | | | | | | | |
|-------------------------|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUSFISTULA | | | | | | | | | | | | |
| ANESTH KNEE VESSEL SURG | | | | | | | | | | | | | |
| 2009-04-01 | | | - | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01440 AS OF 07/20/2024 | | | | | | | | | | | | |
|---------------------------|--|------|------|------|----------|-------------|-------|-------|----------|---------|---------|--|--|
| | _ | | | Pr | rocedure | Description | on | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Modi | MOGZ | Mod3 | Moda | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHES | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISESPECIFIED | | | | | | | | | | | | |
| ANESTH KNEE ARTERIES SURG | | | | | | | | | | | | | |

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

| Procedure | e Code : (|)1442 AS (| OF 07/20/2 | 2024 | | | | | | | |
|-------------------------|---|------------|------------|-------|-----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | ocedure 1 | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | HIG Bacc | Modi | MOGZ | 11003 | | Required | Units | Units | Pricing | Pricing | Benefit |
| | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEALTHROMBOENDARTERECTOMY; WITH OR | | | | | | | | | | |
| ANESTH KNEE ARTERY SURG | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES |

| Procedure | rocedure Code : 01444 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------|---|---------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEALEXCISION AND GRAFT OR REPAIR | | | | | | | | | | | | |
| FOR OCCLU | JSION OR A | NEURYSM | | | | | | | | | | | |
| ANESTH KN | ANESTH KNEE ARTERY REPAIR | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1462 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------|-----------------------|------------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|
| | Procedure Description | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Modi | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |

| ANESTHES | IA FOR ALL | CLOSED | PROCEDURES | ON LOWER | R LEG; A | NKLE; ANI | D FOOT | | | |
|------------|------------|----------|------------|----------|----------|-----------|--------|-----|-----|-----|
| ANESTH LO | OWER LEG P | ROCEDURE | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | YES | YES |

| Procedure | Procedure Code : 01464 AS OF 07/20/2024 | | | | | | | | | | | | |
|-----------|---|-----------|------------|------------|-----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin | | 24 - 31 | M - 10 | w. 40 | 24 - 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR ART | HROSCOPIC | C PROCEDUF | RES OF ANI | KLE AND/C | R FOOT | | | | | | | |
| ANESTH AN | ANESTH ANKLE/FT ARTHROSCOPY | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01470 AS OF 07/20/2024 | | | | | | | | | | | | |
|--------------------------|--|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit | | |
| | ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; AND FASCIA OF LOWER LEG; ANKLE; AND FOOT; NOT OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH LOWER LEG SURGERY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | e Code : 0 |)1472 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|-----------|-----------------------|------------|------------|-------|------|----------|-------|-------|----------|---------|---------|--|
| | Procedure Description | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | Biid Dacc | Modi | MOGZ | 14003 | Moda | Required | Units | Units | Pricing | Pricing | Benefit | |

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

| Procedure | Procedure Code : 01474 AS OF 07/20/2024 | | | | | | | | | | | | |
|--------------------------|---|-----------|-----------|---------|------------|------------|-----------|----------|------------|---------|---------|--|--|
| | | | | Pı | rocedure I | Descriptio | n | | | | | | |
| Begin | | 11 | 10 | 10 | 34 34 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR PRO | CEDURES (| ON NERVES | MUSCLES | ; TENDONS | ; AND FASC | CIA OF LO | WER LEG; | ANKLE; AND | FOOT; | | | |
| GASTROCNE | GASTROCNEMIUS RECESSION (EG; STRAYER PROCEDURE) | | | | | | | | | | | | |
| ANESTH LOWER LEG SURGERY | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01480 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|---|------|-------|-------|------|----------|-------|-------|---------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ Z | MOG.3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; NOTOTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH LOWER LEG BONE SURG | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 3.00 | 400 | | YES | YES | | | |

Procedure Code : 01482 AS OF 07/20/2024

Procedure Description

| Begin | End Date | Wo di | Wo do | Wo do | Wo d4 | PA | Base | Max | Facility | Manual | Covered |
|------------|------------|------------|------------|-----------|-----------|----------|----------|-----------|-----------|-----------|---------|
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHES: | | EN PROCEDI | URES ON BO | ONES OF L | OWER LEG; | ANKLE; A | ND FOOT; | RADICALRE | SECTION (| INCLUDING | BELOW |
| | ADICAL LEG | SURGERY | | | | | | _ | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES |

| Procedure | Procedure Code : 01484 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|---|-------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | cocedure I | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | IIIG Dacc | 11041 | Mode | | 11041 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG; ANKLE; AND FOOT; OSTEOTOMY OR OSTEOPLASTY OF TIBIA AND/OR FIBULA | | | | | | | | | | | | | |
| ANESTH LO | ANESTH LOWER LEG REVISION | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01486 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|---|------------|------------|------------|------------|------------|----------|-----------|------------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | | |
| Begin | _ | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | A FOR OPE | EN PROCEDU | JRES ON BO | ONES OF LO | OWER LEG; | ANKLE; AN | ND FOOT; | TOTALANKI | LE REPLACE | MENT | | | | |
| ANESTH ANKLE REPLACEMENT | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 7.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01490 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|---|--------|--------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | | |
| Begin | D. J. D. L. | No. 31 | M - 30 | M- 32 | 26-34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR LOWER LEG CAST APPLICATION; REMOVAL; OR REPAIR | | | | | | | | | | | | | |
| ANESTH LOWER LEG CASTING | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01500 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|--|------|------|------|---------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure | Descriptio | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG; INCLUDING BYPASS GRAFT; NOTOTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH LEG ARTERIES SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01502 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|---|-----------|-----------|-----------|-----------|------------|-----------|-----------|------------|----------|---------|--|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | | |
| Begin | 7. 1. 5. 1. | 25 . 34 | 25. 10 | M. 12 | 24 24 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | IA FOR PRO | CEDURES C | N ARTERIE | ES OF LOW | ER LEG; I | NCLUDING E | BYPASS GR | AFT;EMBOI | LECTOMY; D | IRECT OR | WITH | | | |
| CATHETER | | | | | | | | | | | | | | |
| ANESTH LV | ANESTH LWR LEG EMBOLECTOMY | | | | | | | | | | | | | |
| AMEDIA TA | AK TEG EME | POTECIOMI | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01520 AS OF 07/20/2024 | | | | | | | | | | | | |
|----------------------------|---|-----------|------------|------------|----------|------------|----------|-------|----------|---------|---------|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | |
| Begin | | 34 34 | w 10 | 10 | 24 14 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | IA FOR PRO | CEDURES (| ON VEINS (| OF LOWER : | LEG; NOT | OTHERWISE | SPECIFIE | D | | | | | |
| ANESTH LOWER LEG VEIN SURG | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01522 AS OF 07/20/2024 | | | | | | | | | | | | |
|----------------------------|--|------|------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin | End Data | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHES | ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY; DIRECT ORWITH CATHETER | | | | | | | | | | | | |
| ANESTH LOWER LEG VEIN SURG | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01610 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | cocedure 1 | Descriptic | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paguired Units Driging Pricing Period Pricing Pricing Pricing Period Pricing Pricing Period Pe | | | | | | | | | | | | | |
| Date | End Date | Modi | MOUZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAEOF SHOULDER AND AXILLA | | | | | | | | | | | | |
| ANESTH SU | ANESTH SURGERY OF SHOULDER | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code: 01620 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|---|----------|-------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure : | Descriptio | on | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ Z | MOQ3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK; STERNOCLAVICULARJOINT; ACROMIOCLAVICULAR | | | | | | | | | | | | | |
| JOINT; AN | ID SHOULDE | ER JOINT | | | | | | | | | | | | |
| ANESTH SE | ANESTH SHOULDER PROCEDURE | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01622 AS OF 07/20/2024 | | | | | | | | | | | | |
|------------------------------|---|-----------|-----------|-----------|------------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | |
| Begin | _ | | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | A FOR DIA | GNOSTIC A | ARTHROSCO | PIC PROCE | DURES OF | SHOULDER J | JOINT | | | | | | |
| ANES DX SHOULDER ARTHROSCOPY | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | |

| Procedure Code: 01630 AS OF 07/20/2024 Procedure Description | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Begin | Begin Date End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | |
| | Date Required Units Units Pricing Pricing Benefit ANESTHESIA FOR 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 |
|-----------------------|--|----|------|-----|-----|-----|
| | | | | | | |

| Procedure Code : 01634 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|-----------------------|-----------|------------|-----------|----------|------------|-----------|----------|----------|----------|---------|--|--|
| | Procedure Description | | | | | | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | IA FOR OPE | N OR SURC | GICAL ARTI | HROSCOPIC | PROCEDUR | ES ON HUMI | ERAL HEAD | ANDNECK; | STERNOCL | AVICULAR | JOINT; | | |
| ACROMIOCI | LAVICULAR | JOINT; AN | ND SHOULDE | ER JOINT; | SHOULDER | DISARTICUI | LATION | | | | | | |
| ANESTH SHOULDER JOINT AMPUT | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 9.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01636 AS OF 07/20/2024 | | | | | | | | | | | | |
|--------------------------|--|-----------|------------|------------|------------|------------|-----------|-----------|-----------|---------|---------|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | |
| Begin | | | | - - | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD ANDNECK; STERNOCLAVICULAR JOINT; | | | | | | | | | | | | |
| ACROMIOCI | AVICULAR | JOINT; AN | ND SHOULDE | ER JOINT; | INTERTHOR | ACOSCAPULA | AR (FOREQ | UARTER) A | MPUTATION | [| | | |
| ANESTH FOREQUARTER AMPUT | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 15.00 | 400 | | YES | YES | | |

| Procedure | e Code : C | 1638 AS C | OF 07/20/2 | 2024 | | | | | | | |
|-----------|------------|-----------|------------|------|------------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure : | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | MOGI | MOGZ | Mods | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit |

| ANESTHESIA FO | R OPEN OR SU | RGICAL ARTHRO | OSCOPIC PRO | CEDURES ON | HUMERAL | HEAD | ANDNECK; | STERNOCL | AVICULAR | JOINT; |
|------------------|---------------|---------------|--------------|------------|----------|------|----------|----------|----------|--------|
| ACROMIOCLAVIC | ULAR JOINT; | AND SHOULDER | JOINT; TOTAL | L SHOULDER | REPLACEN | MENT | | | | |
| ANESTH SHOULD | ER REPLACEMEI | NT | | | | | | | | |
| 2009-04-01 9999- | 12-31 | | | N |) 10 | .00 | 400 | | YES | YES |

| Procedure | Procedure Code : 01650 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------------------------|---|-----------|------------|-----------|-----------|------------|-----------|-----------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptic | n | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | Modi | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | IA FOR PRO | CEDURES (| ON ARTERII | ES OF SHO | ULDER AND | AXILLA; 1 | NOT OTHER | WISESPECI | IFIED | | | | | |
| ANESTH SHOULDER ARTERY SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01652 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIALANEURYSM | | | | | | | | | | | | |
| ANESTH SHOULDER VESSEL SURG | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 10.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1654 AS (| OF 07/20/2 | | | Doggodntio | - | | | | |
|-----------|------------|------------|------------|------|---------|-------------------|-------|-------|----------|---------|---------|
| | | | | PI | ocedure | <u>Descriptio</u> | 11 | | | | |
| Begin | End Doto | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | MOGI | MOQZ | MOG3 | MOCH | Required | Units | Units | Pricing | Pricing | Benefit |

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

| Procedure | e Code : 0 | 1656 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|----------------------------|--|-----------|------------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORALBYPASS GRAFT | | | | | | | | | | | | |
| ANESTH ARM-LEG VESSEL SURG | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 10.00 | 400 | | YES | YES | | |

| rocedure Code : 01670 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|--------------------------------|-----------------------------------|---|--|---|--|--|--|---|--|--|--|--|
| | | | Dr | rocedure | Descriptio | n | | | | | | | |
| | | | | OCCUALC | | | | | _ | _ | | | |
| End Date | Mod1 | Mod 2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| HIG Date | MOGI | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| | | | | | | | | | | | | | |
| ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA | | | | | | | | | | | | | |
| ANESTH SHOULDER VEIN SURG | | | | | | | | | | | | | |
| 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |
| | End Date A FOR ALI OULDER VE | End Date Mod1 A FOR ALL PROCEDUR | End Date Mod1 Mod2 A FOR ALL PROCEDURES ON VEI | End Date Mod1 Mod2 Mod3 A FOR ALL PROCEDURES ON VEINS OF SHOOLDER VEIN SURG | End Date Mod1 Mod2 Mod3 Mod4 A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND COULDER VEIN SURG | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 Required A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA COULDER VEIN SURG | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Required Units A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Required Units Units A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Required Units Units Pricing A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA | Procedure Description End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Required Units Units Pricing Pricing A FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA | | | |

| Procedur | e Code : C | 1680 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|----------|-----------------------|-----------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |

| ANESTHESI | A FOR | SHOULDER | CAST | APPLICATION | ; REMOV | AL OR | REPAIR; | NOT | OTHERW | VISESPECIF | 'IED | | |
|------------|---------|----------|------|-------------|---------|-------|---------|-----|--------|------------|------|-----|-----|
| ANESTH SE | IOULDER | CASTING | | | | | | | | | | | |
| 2009-04-01 | 9999-12 | -31 | | | | | NO | | 3.00 | 400 | | YES | YES |

| Procedure | e Code : 0 |)1710 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|------------|--|------------|------------|-----------|-----------|-------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | ocedure I | Description | n | | | | | | |
| Begin | | 7- | | | | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 Mod4 | | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; NOT | | | | | | | | | | | | |
| OTHERWISE | OTHERWISE SPECIFIED | | | | | | | | | | | | |
| ANESTH EI | ANESTH ELBOW AREA SURGERY | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | rocedure Code : 01712 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|--|------|------|-----------|-----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pro | ocedure I | Descriptio | n | | | | | | | |
| Begin | End Data | Mod1 | Mod2 | W- 42 | Mod 4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | Mod3 Mod4 | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| | ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; TENOTOMY; | | | | | | | | | | | | | |
| | ELBOW TO SHOULDER; OPEN ANESTH UPPR ARM TENDON SURG | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

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 | |
|---------------|-------------------------------|------------|------------|----------|------|----------------|---------------|--------------|---------------------|-------------------|--------------------|--|
| ANESTHES | IA FOR PRO | OCEDURES (| ON NERVES; | MUSCLES; | | | | | R ARM AND | _ | | |
| TENOPLAST | TENOPLASTY; ELBOW TO SHOULDER | | | | | | | | | | | |
| ANESTH U | ANESTH UPPR ARM TENDON SURG | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 01716 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|---------|-----------|--------------|-----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | ocedure I | Descriptio | n | | | | | | | |
| Begin | | 34 34 | ». 10 | 14 12 | 24 14 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 Mod4 Re | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAE OFUPPER ARM AND ELBOW; | | | | | | | | | | | | | | |
| TENODESIS | S; RUPTURE | OF LONG | TENDON OF | F BICEPS | | | | | | | | | | |
| ANESTH BI | ANESTH BICEPS TENDON REPAIR | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | e Code : 0 | 1730 AS (| OF 07/20/2 | 2024 | | | | | | | | |
|---------------------------|---|-----------|------------|------|----------|------------|-------|-------|----------|---------|---------|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHES | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW | | | | | | | | | | | |
| ANESTH UPPR ARM PROCEDURE | | | | | | | | | | | | |
| - | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 01732 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|--|-------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | | |
| Begin | | 34 34 | w 10 | | 26 14 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT | | | | | | | | | | | | | |
| ANESTH DX | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01740 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|--|--------|-------|-------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure I | Descriptio | n | | | | | | | |
| Begin | T- 1 D- 1- | Nr. 31 | w. 10 | W. 40 | M - 34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOTOTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH UE | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01742 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | on | | | | | | | |
| Begin | _ | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMYOF HUMERUS | | | | | | | | | | | | | |
| ANESTH HU | ANESTH HUMERUS SURGERY | | | | | | | | | | | | | |
| | 9999-12-31 | | | - | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01744 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|-------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | rocedure I | Descriptio | on | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OFNONUNION OR MALUNION OF HUMERUS | | | | | | | | | | | | | | |
| ANESTH HUMERUS REPAIR | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01756 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-----------------------------|---|--------|-------|--------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | on | | | | | | | |
| Begin | Total Data | No. 31 | W- 40 | w - 32 | 24-34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICALPROCEDURES | | | | | | | | | | | | | |
| ANESTH RADICAL HUMERUS SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01758 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|--|-----------|------------|-----------|------------|------------|--------|------------|---------|----------|---------|--|--|--|
| | | | | Pr | cocedure I | Descriptio | n | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | | |
| ANESTHESI | A FOR OPE | N OR SURC | GICAL ARTI | HROSCOPIC | PROCEDUR | ES OF THE | ELBOW; | EXCISIONOF | CYST OR | TUMOR OF | HUMERUS | | | |
| ANESTH HUMERAL LESION SURG | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01760 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|---|---------|-------|-------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | cocedure : | Descriptio | on | _ | | | | | | |
| Begin | | 36 - 31 | W- 30 | W- 32 | 26.34 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | NESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTALELBOW REPLACEMENT | | | | | | | | | | | | | |
| ANESTH ELBOW REPLACEMENT | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01770 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|-------|-------|-------|---------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | ocedure | Descriptio | n | | | | | | | |
| Begin | End Data | W- 41 | w- do | w- 42 | Wo d 4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISESPECIFIED | | | | | | | | | | | | | | |
| ANESTH UPPR ARM ARTERY SURG | | | | | | | | | | | | | | |
| | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01772 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|-------|-----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure 1 | Descriptic | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY | | | | | | | | | | | | | | |
| ANESTH UPPR ARM EMBOLECTOMY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01780 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|---|-------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptic | n | | | | | | | |
| Begin | | ne 11 | w 10 | 10 | 36 14 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISESPECIFIED | | | | | | | | | | | | | |
| ANESTH UPPER ARM VEIN SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01782 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|-------|----------|------------|-------|-------|---|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | , | | | | | |
| Begin | End Data | Mod1 | Mod2 | Mod3 | Wod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | MOGI | MOGZ | MOG 5 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY | | | | | | | | | | | | | | |
| ANESTH UPPR ARM VEIN REPAIR | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01810 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | cocedure 1 | Descriptio | n | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR ALL PROCEDURES ON NERVES; MUSCLES; TENDONS; FASCIA; AND BURSAEOF FOREARM; WRIST; AND HAND | | | | | | | | | | | | | |
| ANESTH LOWER ARM SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure Code : 01820 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--------------------------------------|------|------|------|------|----------|-------|-------|---------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | End Date | Modi | MOQ2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS; ULNA; WRIST; OR HAND BONES | | | | | | | | | | | | | |
| ANESTH LOWER ARM PROCEDURE | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01829 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|--------|------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | End Data | N - 41 | Mad0 | W- 42 | Mad 4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST | | | | | | | | | | | | | | |
| ANESTH DX WRIST ARTHROSCOPY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01830 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|------------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure 1 | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered | | | |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | NESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTALRADIUS; DISTAL ULNA; WRIST; OR | | | | | | | | | | | | | |
| HAND JOIN | | | | | | | | | | | | | | |
| ANESTH LOWER ARM SURGERY | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 3.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01832 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------|------|---|------------|------------|------|-----|----------|--------|---------|--|--|
| | | | | Pı | rocedure 1 | Descriptio | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | | | | 12 Mod3 Mod4 Required Units Units Pricing Pricing I | | | | | | | | | |
| Date Required Units Units Pricing Pricing Benefit ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTALRADIUS; DISTAL ULNA; WRIST; OR HAND JOINTS; TOTAL WRIST REPLACEMENT | | | | | | | | | | | | | |
| ANESTH WRIST REPLACEMENT | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01840 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|-------|----------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod 3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM; WRIST; AND HAND; NOTOTHERWISE SPECIFIED | | | | | | | | | | | | | |
| ANESTH LWR ARM ARTERY SURG | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01842 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|----------------------------|--|------|------|------|----------|------------|-------|-------|---------|---------|---------|--|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM; WRIST; AND HAND; EMBOLECTOMY | | | | | | | | | | | | | | |
| ANESTH LWR ARM EMBOLECTOMY | | | | | | | | | | | | | | | |
| | 2009-04-01 9999-12-31 NO 6.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01844 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|---|------------|------------|-----------|-----------|------------|---------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | | 11041 | 11042 | 11045 | | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | A FOR VAS | SCULAR SHU | JNT; OR SI | HUNT REVI | SION; ANY | TYPE (EG; | DIALYSI | S) | | | | | | |
| ANESTH VASCULAR SHUNT SURG | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 6.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01850 AS OF 07/20/2024 | | | | | | | | | | | | | |
|----------------------------|--|------|------|------|---------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | ocedure | Descriptic | n | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM; WRIST; AND HAND; NOT OTHERWISESPECIFIED | | | | | | | | | | | | | |
| ANESTH LOWER ARM VEIN SURG | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 3.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01852 AS OF 07/20/2024 | | | | | | | | | | | | | |
|------------|---|-----------|------------|------------|------------|-------------|---------|--------|----------|--------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Description | n | | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | | |
| ANESTHESI | A FOR PRO | CEDURES C | ON VEINS (| OF FOREARI | M; WRIST; | AND HAND; | PHLEBOR | RHAPHY | | | | | | |
| ANESTH LV | ANESTH LWR ARM VEIN REPAIR | | | | | | | | | | | | | |
| 2009-04-01 | - | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure Code : 01860 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|----------|------|------|-------|------|----------|-------|-------|---------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin End Date Mod1 Mod2 Mod3 Mod4 Paradas Haita Haita Date Date of the Paradas Haita Date Date Date Date Date Date Date Da | | | | | | | | | | | | | |
| Date | End Date | Modi | Mod2 | Mod 3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR FOREARM; WRIST; OR HAND CAST APPLICATION; REMOVAL; OR REPAIR | | | | | | | | | | | | | |
| ANESTH LOWER ARM CASTING | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 3.00 | 400 | | YES | YES | | |

| Procedure | Procedure Code : 01916 AS OF 07/20/2024 | | | | | | | | | | | | | |
|-------------------------|--|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | | | |
| Begin | | 7- | 70 | | 7.4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY | | | | | | | | | | | | | |
| ANESTH DX ARTERIOGRAPHY | | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01920 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--------------------------|---|------|------|------|------------|------------|-------|-------|----------|--------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptic | on | | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | | Benefit | | | |
| | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY ANDVENTRICULOGRAPHY (NOT TO INCLUDE | | | | | | | | | | | | | |
| | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY ANDVENTRICULOGRAPHY (NOT TO INCLUDE SWAN-GANZ CATHETER) | | | | | | | | | | | | | |
| ANESTH CATHETERIZE HEART | | | | | | | | | | | | | | |
| 2009-04-01 | | | | | | NO | 7.00 | 400 | | YES | YES | | | |

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

| Procedure | Procedure Code : 01924 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|-------|------|----------|-------|-------|---------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOQ2 | Mod 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESI | ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM; NOT | | | | | | | | | | | | | |
| OTHERWISE | SPECIFIE | :D | | | | | | | | | | | | |
| Anes ther interven rad artrl | | | | | | | | | | | | | | |
| 2015-08-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01925 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | cocedure | Descriptic | n | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Modi | MOGZ | Mod3 | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM; CAROTID OR CORONARY | | | | | | | | | | | | | |

Anes ther interven rad card

| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES | | |
|---|-----------------------|-----------|------------|-------|-------|----|------|-----|----------|--------|---------|--|--|
| | | | | | | | | | | | | | |
| Procedure | e Code : C | 1926 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
| | Procedure Description | | | | | | | | | | | | |
| Begin | Bad Data | Wa 31 | Wo do | Ma 32 | W- 44 | PA | Base | Max | Facility | Manual | Covered | | |
| Date End Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | |
| ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEARTERIAL SYSTEM; | | | | | | | | | | | | | |
| INTRACRANIAL; INTRACARDIAC; OR AORTIC | | | | | | | | | | | | | |

NO

8.00

400

YES

YES

ANES TX INTERV RAD HRT/CRAN

2015-08-01 9999-12-31

| Procedure | Procedure Code : 01930 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|------|------|------|----------|----------------|---------------|--------------|----------|-----|--------------------|--|--|
| | | | | Pı | cocedure | Descriptio | n | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility | | Covered Benefit | | |
| ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM (NOT TO INCLUDE ACCESS TO THE CENTRAL CIRCULATION); NOTOTHERWISE SPECIFIED | | | | | | | | | | | | | |
| Anes ther interven rad vein | | | | | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES | | |

| Procedure | e Code : (|)1931 AS (| OF 07/20/2 | 2024 | | | | | | | | | | |
|-----------|-----------------------|------------|------------|------|------|----------|-------|-------|----------|---------|---------|--|--|--|
| | Procedure Description | | | | | | | | | | | | | |
| Begin | | | | | | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |

ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM

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

INTRAHEPATIC PORTOSYSTEMICSHUNT[S] [TIPS])

Anes ther interven rad tips

NO

7.00

400

YES

YES

2009-04-01 9999-12-31

| Procedure | Procedure Code : 01932 AS OF 07/20/2024 | | | | | | | | | | | | |
|--|---|--------|-------|-------|----------|------------|-------|-------|----------|---------|---------|--|--|
| | | | | Pr | rocedure | Descriptic | n | | | | | | |
| Begin | Total Data | M - 31 | Wa do | W- 42 | N | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | |
| ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THEVENOUS/LYMPHATIC SYSTEM (NOT TO 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 | | |

| Procedure Code : 01933 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|----------|------|------|-------|----------|------------|-------|-------|----------|---------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | MOGI | MOGZ | MOG 5 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| 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 | | | | | | | | | | | | |

| Procedure | Procedure Code : 01937 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|----------|------------|-------|-------|----------|---------|---------|--|--|--|
| | | | | Pı | rocedure | Descriptio | n | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | | |
| Date | End bace | Modi | MOGZ | Mods | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED INJECTION; DRAINAGE OR ASPIRATION PROCEDURES ON THE SPINE OR SPINAL CORD; CERVICAL OR THORACIC | | | | | | | | | | | | | | |
| ANES DRG/ASPIR CRV/THRC | | | | | | | | | | | | | | |
| 2022-01-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | | | |

| Procedure | Procedure Code : 01938 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|------|------|------|------------|----------------|---------------|--------------|---------------------|-----|--------------------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility 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 | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | |
| Date | End Date | ModI | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHES | 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 |
|-----------------------|--|----|------|-----|-----|-----|

| Procedure Code : 01940 AS OF 07/20/2024 | | | | | | | | | | | | |
|---|------------|------|-------|-------|----------|------------|-------|-------|----------|---------|---------|--|
| | | | | Pr | cocedure | Descriptio | n | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | |
| Date | End Date | MOGI | MOG Z | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | |
| ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED DESTRUCTION PROCEDURES BY NEUROLYTIC AGENT ON THE SPINE OR SPINAL CORD; LUMBAR OR SACRAL | | | | | | | | | | | | |
| ANES NULYT AGT LMBR/SAC | | | | | | | | | | | | |
| 2022-01-01 | 9999-12-31 | | | | | NO | 4.00 | 400 | | YES | YES | |

| Procedure | Procedure Code : 01941 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|---|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptic | n | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | |
| Date | HIG Bacc | Modi | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| ANESTHESIA FOR PERCUTANEOUS IMAGE-GUIDED NEUROMODULATION OR INTRAVERTEBRAL PROCEDURES (EG; KYPHOPLASTY; VERTEBROPLASTY) ON THE SPINE OR SPINAL CORD; CERVICAL OR THORACIC | | | | | | | | | | | | | | |
| VERIEBROPLASII) 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 | | | |

| Procedure | e Code : (|)1942 AS (| OF 07/20/2 | 2024 | | | | | | | |
|-----------|------------|------------|------------|------|------------|-------------|-------|-------|----------|---------|---------|
| | | | | Pı | cocedure : | Description | on | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Modi | MOGZ | Mods | Moda | Required | Units | Units | Pricing | Pricing | Benefit |

| ANESTHESIA FOR PER | CUTANEOUS I | IMAGE-GUIDED | NEUROMODU | JLATION OR | INTRAVERTEB | RAL PROCE | DURES (EG; | KYPHOPL | ASTY; |
|-----------------------|-------------|--------------|------------|-------------|-------------|-----------|------------|---------|-------|
| VERTEBROPLASTY) ON | THE SPINE | OR SPINAL C | ORD; LUMBA | AR OR SACRA | L | | | | |
| ANES NEUROMD/NTRVF | RT LMBR/SAC | | | | | | | | |
| 2022-01-01 9999-12-31 | | | | NO | 5.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1951 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|------------|------------|------------|-----------|------------|------------|-----------|-----------|------------|-----------|---------|
| | | | | Pı | rocedure I | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Modi | MOGZ | Mod3 | MOG4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | IA FOR SEC | | THIRD-DE | | | OR DEBRII | | TH ORWITH | | GRAFTING; | |
| | | DDI BURLA | CE AREA (. | IDSA, IKE | AIEDDORIN | O ANEDINE, | DIA AND D | ORGERT? I | IIIII COLI | 10 IOIAL | BOD1 |
| SURFACE A | AREA | | | | | | | | | | |
| ANESTH BU | JRN LESS 4 | 4 PERCENT | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 3.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1952 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|-------------|------------|------------|-----------|------------|------------|-----------|-----------|------------|-----------|---------|
| | | | | Pı | cocedure 1 | Descriptio | n | | , | | |
| Begin | D. J. D. L. | 36 - 31 | M - 30 | W- 32 | 36-34 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR SEC | COND- AND | THIRD-DEC | GREE BURN | EXCISION | OR DEBRII | DEMENT WI | TH ORWITH | HOUT SKIN | GRAFTING; | ANY |
| SITE; FOR | R TOTAL BO | DDY SURFAC | CE AREA (| TBSA) TRE | ATEDDURIN | G ANESTHES | SIA AND S | URGERY; E | BETWEEN 4% | AND 9% C | F TOTAL |
| BODY SURE | FACE AREA | | | | | | | | | | |
| ANESTH BU | JRN 4-9 PE | ERCENT | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1953 AS (| OF 07/20/2 | 2024 | | | | | | | |
|------------|------------|------------|------------|------------|------------|------------|-----------|------------|------------|-----------|---------|
| | | | | Pr | cocedure 1 | Descriptio | on | | | | |
| Begin | Dad Date | W- 31 | Wa 30 | W- 42 | M = 34 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR SEC | COND- AND | THIRD-DEC | GREE BURN | EXCISION | OR DEBRI | DEMENT W | ITH ORWITH | HOUT SKIN | GRAFTING; | ANY |
| SITE; FOR | R TOTAL BO | DDY SURFAC | CE AREA (| TBSA) TREA | ATEDDURIN | G ANESTHE: | SIA AND S | SURGERY; E | EACH ADDIT | 'IONAL 9% | TOTAL |
| BODY SURE | FACE AREA | ORPART TI | HEREOF (L | IST SEPARA | ATELY IN | ADDITION : | TO CODE I | FOR PRIMAR | RY PROCEDU | RE) | |
| ANESTH BU | JRN EACH 9 | PERCENT | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 1.00 | 400 | | YES | YES |

| Procedure | code : 0 |)1958 AS (| OF 07/20/2 | 2024 | | | | | | | |
|-----------|------------|------------|------------|-----------|-----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | | | |
| Begin | | 26. 33 | 27. 10 | 25. 30 | 24 24 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | A FOR PRO | CEDURE TO | TURN THE | E POSITIO | N OF FETU | S IN UTERU | JS | | | | |
| ANES XTRN | IL CEPHALI | C VERSION | 1 | | | | | | | | |
| | 9999-12-31 | | | | | NO | 5.00 | 400 | | YES | YES |

| Procedure | e Code : (|)1960 AS (| OF 07/20/2 | 2024 | | | | | | | | | |
|-----------|---|------------|------------|------|------------|-------------|---|--|--|--|--|--|--|
| | | | | Pr | cocedure : | Description | n | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | |
| Date | Date Mod1 Mod2 Mod3 Mod4 Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | |
| ANESTHES | NESTHESIA FOR VAGINAL DELIVERY | | | | | | | | | | | | |
| ANES VAGI | NES VAGINAL DELIVERY ONLY | | | | | | | | | | | | |

| 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | |
|--|-----------------------|--|----|------|-----|-----|--------|
| | 2009-04-01 9999-12-31 | | NΟ | 5.00 | 400 | VEC | 7777.0 |

| Procedure | e Code : C | 1961 AS (| OF 07/20/2 | 2024 | | | | | | | |
|---------------|------------|------------|------------|------|----------|----------------|---------------|--------------|---------------------|-----|--------------------|
| | | | | Pı | cocedure | Descriptio | n | | | | |
| Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA Required | Base Units | Max Units | Facility Pricing | | Covered Benefit |
| ANESTHES | IA FOR CES | SAREAN DEI | LIVERY | | | | | | | _ | |
| ANES CESA | AREAN DELI | VERY ONLY | <u></u> | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 7.00 | 400 | | YES | YES |

| Procedure | code : 0 |)1962 AS (| OF 07/20/ | 2024 | | | | | | | |
|------------|------------|------------|------------|-----------|-----------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure | Descriptio | n | | , | | |
| Begin | | 74 | 10 | 10 | 74 | PA | Base | Max | Facility | Manual | Covered |
| Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit |
| ANESTHESI | IA FOR PRO | CEDURE TO | O REMOVE I | UTERUS FO | LLOWING D | ELIVERY | | | | | |
| ANES URGE | NT HYSTER | RECTOMY | | | | | | | | | |
| 2009-04-01 | 9999-12-31 | | | | | NO | 8.00 | 400 | | YES | YES |

| Procedure | code : (| 01963 AS C | OF 07/20/2 | 2024 | | | | | | | |
|-----------|--|------------|------------|------|------------|------------|-------|-------|----------|---------|---------|
| | | | | Pr | cocedure 1 | Descriptio | n | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | | Covered |
| Date | | | | | | Required | Units | Units | Pricing | Pricing | Benefit |
| | NESTHESIA FOR CESAREAN AND REMOVAL OF UTERUS | | | | | | | | | | |
| ANES CESA | NES CESAREAN HYSTERECTOMY | | | | | | | | | | |

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

| Procedure | Procedure Code : 01965 AS OF 07/20/2024 | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Procedure Description | | | | | | | | | | | | | | |
| Begin Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered Required Units Units Pricing Pricing Benefit | | | | | | | | | | | | | | |
| ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION | | | | | | | | | | | | | | |
| ANES INCOMPL/MISSED AB PX | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 4.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01966 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|--------------------------|--|------|------|-------|----------|------------|-------|-------|---------|---------|---------|--|--|--|--|
| | | | | Pr | rocedure | Descriptio | n | | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHESI | ANESTHESIA FOR INDUCED ABORTION | | | | | | | | | | | | | | |
| ANES INDUCED ABORTION PX | | | | | | | | | | | | | | | |
| 2009-04-01 | | _ | | | | NO | 4.00 | 400 | | YES | YES | | | | |

| Procedure | Procedure Code : 01967 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|-----------|--|--|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | | | | | | | |
| Begin | End Date | End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | HIG Date | Modi | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHES | ANESTHESIA FOR LABOR DURING PLANNED VAGINAL DELIVERY | | | | | | | | | | | | | | |
| NEURAXL I | NEURAXL LBR ANES VAG DLVR | | | | | | | | | | | | | | |

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

| Procedure Code : 01968 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|------------|--|--|--|--|----|------|-----|--|-----|-----|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | | | | | | | | | | | | | |
| ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING LABOR | | | | | | | | | | | | | |
| ANES/ANALG CS DLVR NEURAXIAL | | | | | | | | | | | | | |
| 2015-08-01 | 9999-12-31 | | | | | NO | 2.00 | 400 | | YES | YES | | |

| Procedure Code : 01969 AS OF 07/20/2024 | | | | | | | | | | | | | | | |
|---|--|------|------|------|------|----------|-------|-------|---------|---------|---------|--|--|--|--|
| Procedure Description | | | | | | | | | | | | | | | |
| Begin | Begin End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHESI | ANESTHESIA FOR CESAREAN REMOVAL OF UTERUS FOLLOWING LABOR | | | | | | | | | | | | | | |
| ANES C HYST FLWG NEURAXIAL | | | | | | | | | | | | | | | |
| 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01990 AS OF 07/20/2024 | | | | | | | | | | | | | |
|--|--|------|------|------|------------|------------|-------|-------|---------|---------|---------|--|--|--|
| | | | | Pr | rocedure 1 | Descriptio | n | | , | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 PA Base Max Facility Manual Covered | | | | | | | | | | | | | |
| Date | End Date | Modi | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | | |
| PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT | | | | | | | | | | | | | | |
| SUPPORT E | | | | | | | | | | | | | | |

| 2009-04-01 9999-12-3 | 1 | | NO | 7.00 | 400 | YES | YES |
|----------------------|---|--|----|------|-----|-----|-----|

| Procedure | Procedure Code : 01991 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|---|---|------|------|------|------|----------|-------|-------|---------|---------|---------|--|--|--|--|
| Procedure Description | | | | | | | | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | | |
| Date | End Date | Modl | Mod2 | Mod3 | Mod4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| 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 | | | | | | | | | | | | | | | |

| Procedure | Procedure Code : 01992 AS OF 07/20/2024 | | | | | | | | | | | | | | |
|---|---|-----------|------------|------------|-----------|------------|-----------|-----------|---------|---------|---------|--|--|--|--|
| | | | | Pr | ocedure I | Descriptio | n | | | | | | | | |
| Begin | End Date Mod1 Mod2 Mod3 Mod4 | | | | | | | | | | | | | | |
| Date | End Date | MOGI | MOGZ | MOG 3 | MOQ4 | Required | Units | Units | Pricing | Pricing | Benefit | | | | |
| ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHENBLOCK OR INJECTION IS PERFORMED | | | | | | | | | | | | | | | |
| BY A DIFF | ERENT PHY | SICIAN OF | R OTHER QU | JALIFIEDHI | EALTH CAR | E PROFESSI | IONAL); P | RONE POSI | TION | | | | | | |
| Anesth n block/inj prone | | | | | | | | | | | | | | | |
| 2009-04-01 | 2009-04-01 9999-12-31 NO 5.00 400 YES YES | | | | | | | | | | | | | | |

| Procedure | e Code : (| 1996 AS (| OF 07/20/ | 2024 | | | | | | | | | |
|-----------------------|------------|-----------|-----------|------|------|----------|-------|-------|----------|---------|---------|--|--|
| Procedure Description | | | | | | | | | | | | | |
| Begin | End Date | Mod1 | Mod2 | Mod3 | Mod4 | PA | Base | Max | Facility | Manual | Covered | | |
| Date | End Date | MOGI | MOGZ | Mods | MOGT | Required | Units | Units | Pricing | Pricing | Benefit | | |

| DAII | LY HO | SPITAL | MANAG | EMENT (| OF EPI | IDURAL | OR | SUBARACHNO | [D | CONTINUOU | S DRUG | Al | NIMC | NISTRATION | | |
|------|--------|---------|--------|---------|--------|--------|----|------------|----|-----------|--------|-----|------|------------|-----|-----|
| HOSI | P MAN | AGE COI | NT DRU | G ADMII | N | | | | | | | | | | | |
| 2016 | -08-01 | 9999-12 | 2-31 | | | | | | | NO | 3.00 | 001 | = | | YES | YES |