

T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$169.74	0.00%
PSY-DX INTERVIEW								
PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION								
X06-CLNYTALCSA	2013-01-01	9999-12-31	TG				\$240.00	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$169.74	0.00%
PSYCH DIAGNOSTIC EVALUATION								
PSYCHIATRIC DIAGNOSTIC EVALUATION								

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$169.74	0.00%
Procedure Code :90792 AS OF 12/06/2025									
Procedure Description									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4		Amount	Percentage
Psych diag eval w/med srvcs									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
T01-REHABMHRS	2025-01-01	9999-12-31						\$186.71	0.00%
Psych diag eval w/med srvcs									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
X02-CLNMNTLHLT	2025-01-01	9999-12-31						\$186.71	0.00%
Psych diag eval w/med srvcs									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
X04-CLNADALCSA	2025-01-01	9999-12-31						\$186.71	0.00%
Psych diag eval w/med srvcs									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
X06-CLNYTALCSA	2025-01-01	9999-12-31						\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
T01-REHABMHRS	2025-01-01	9999-12-31	GT					\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS									
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES									
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT					\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS									

PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS								
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS								
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS								
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS								
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$186.71	0.00%
PSYCH DIAG EVAL W/MED SRVCS								
PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$186.71	0.00%

Procedure Code :90832 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytx w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
T01-REHABMHRS	2025-01-01	9999-12-31					\$75.21	0.00%

Psytx w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$75.21	0.00%
Psytx w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
Psytx w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$113.85	0.00%

PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$113.85	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$113.85	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX PT&/FAMILY 30 MINUTES								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%

Psychotherapy; 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
T01-REHABMHRS	2025-01-01	9999-12-31					\$60.16	0.00%
PsytX w pt w e/m 30 min								
Psychotherapy; 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$60.16	0.00%
PsytX w pt w e/m 30 min								
Psychotherapy; 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$60.16	0.00%
PsytX w pt w e/m 30 min								
Psychotherapy; 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								

PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$60.16	0.00%

Procedure Code :90834 AS OF 12/06/2025

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytx w pt 45 minutes								
Psychotherapy; 45 minutes with patient								
T01-REHABMHRS	2025-01-01	9999-12-31					\$112.83	0.00%
Psytx w pt 45 minutes								
Psychotherapy; 45 minutes with patient								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$112.83	0.00%
Psytx w pt 45 minutes								
Psychotherapy; 45 minutes with patient								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$112.83	0.00%
Psytx w pt 45 minutes								
Psychotherapy; 45 minutes with patient								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								

PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$216.39	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$216.39	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$216.39	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$112.83	0.00%
PSYTX PT&/FAMILY 45 MINUTES								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$112.83	0.00%

Procedure Code :90836 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytx w pt w e/m 45 min								
Psychotherapy; 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
T01-REHABMHRS	2025-01-01	9999-12-31					\$90.25	0.00%
Psytx w pt w e/m 45 min								
Psychotherapy; 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$90.25	0.00%
Psytx w pt w e/m 45 min								
Psychotherapy; 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$90.25	0.00%
Psytx w pt w e/m 45 min								
Psychotherapy; 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								

PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								
PSYCHOTHERAPY; 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$90.25	0.00%
PSYTX PT&/FAM W/E&M 45 MIN								

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$350.27	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$350.27	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$350.27	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								

X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX PT&/FAMILY 60 MINUTES								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%
Procedure Code :90838 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytx w pt w e/m 60 min								
Psychotherapy; 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
T01-REHABMHRS	2025-01-01	9999-12-31					\$100.28	0.00%
Psytx w pt w e/m 60 min								
Psychotherapy; 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$100.28	0.00%
Psytx w pt w e/m 60 min								
Psychotherapy; 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$100.28	0.00%
Psytx w pt w e/m 60 min								
Psychotherapy; 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$100.28	0.00%

PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								

PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$100.28	0.00%
PSYTX PT&/FAM W/E&M 60 MIN								
PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$100.28	0.00%

T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYTX CRISIS INITIAL 60 MIN								
PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%

Procedure Code :90840 AS OF 12/06/2025
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Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytx crisis ea addl 30 min								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
T01-REHABMHRS	2025-01-01	9999-12-31					\$75.21	0.00%
Psytx crisis ea addl 30 min								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$75.21	0.00%
Psytx crisis ea addl 30 min								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
Psytx crisis ea addl 30 min								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY INADDITION TO CODE FOR PRIMARY SERVICE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								

PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
PSYTX CRISIS EA ADDL 30 MIN								
PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%

Procedure Code :90845 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PSYCHOANALYSIS								
PSYCHOANALYSIS								
T01-REHABMHRS	2025-01-01	9999-12-31					\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$150.43	0.00%

PSYCHOANALYSIS								
PSYCHOANALYSIS								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$150.43	0.00%
PSYCHOANALYSIS								
PSYCHOANALYSIS								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$150.43	0.00%

T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%

Procedure Code :90847 AS OF 12/06/2025
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Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Family psytx w/pt 50 min								
Family psychotherapy (conjoint psychotherapy) (with patient present); 50 minutes								
T01-REHABMHRS	2025-01-01	9999-12-31					\$125.35	0.00%
Family psytx w/pt 50 min								
Family psychotherapy (conjoint psychotherapy) (with patient present); 50 minutes								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$125.35	0.00%
Family psytx w/pt 50 min								
Family psychotherapy (conjoint psychotherapy) (with patient present); 50 minutes								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$125.35	0.00%
Family psytx w/pt 50 min								
Family psychotherapy (conjoint psychotherapy) (with patient present); 50 minutes								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								

FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/PATIENT								
FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%

Procedure Code :90849 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
T01-REHABMHRS	2025-01-01	9999-12-31					\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$37.60	0.00%

MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$37.60	0.00%
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$37.60	0.00%

T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY-DCPS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$60.48	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY-DCPS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$60.48	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY-DCPS ONLY								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$60.48	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								

Procedure Code :92507 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
L00-HHA	1978-12-31	9999-12-31					\$0.00	57.04%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								

P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$118.63	0.00%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$118.63	0.00%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$118.63	0.00%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$118.63	0.00%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$118.63	0.00%
TX SP LANG VOICE COMM INDIV								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER								
D02-HOSPPSPUB	2003-09-01	9999-12-31	52				\$0.00	2.30%

TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$39.84	0.00%
TX SP LANG VOICE COMM GROUP								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$39.84	0.00%
TX SP LANG VOICE COMM GROUP								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$39.84	0.00%
TX SP LANG VOICE COMM GROUP								
TREATMENT OF SPEECH; LANGUAGE; VOICE; COMMUNICATION; AND/OR HEARING PROCESSING DISORDER IN A GROUP SETTING								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$39.84	0.00%

Procedure Code :92521 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG; STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%

EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG; STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG; STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$478.09	0.00%
Procedure Code :92522 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EVALUATE SPEECH PRODUCTION								
EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
EVALUATE SPEECH PRODUCTION								
EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA)								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
EVALUATE SPEECH PRODUCTION								
EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%
EVALUATE SPEECH PRODUCTION								
EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA)								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
EVALUATE SPEECH PRODUCTION								
EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA)								

P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$478.09	0.00%
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Procedure Code :92524 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BEHAVRAL QUALIT ANALYS VOICE								
BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE								
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
BEHAVRAL QUALIT ANALYS VOICE								
BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
BEHAVRAL QUALIT ANALYS VOICE								
BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%
BEHAVRAL QUALIT ANALYS VOICE								
BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
BEHAVRAL QUALIT ANALYS VOICE								
BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$478.09	0.00%

Procedure Code :96100 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
T01-REHABMHRS	2025-01-01	9999-12-31					\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								

BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$12.38	0.00%

Procedure Code :96130 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PSYCL TST EVAL PHYS/QHP 1ST								
PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; FIRST 60 MINUTES								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$427.75	0.00%
PSYCL TST EVAL PHYS/QHP 1ST								
PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; FIRST 60 MINUTES								
P00-SCHDCPUB	2019-01-01	9999-12-31	TM				\$427.75	0.00%

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OT EVALUATION								
OCUUPATIONAL THERAPY EVALUATION I HOUR /UNIT -DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$475.77	0.00%
OCCUPATIONAL THERAPY EVALUATION								
OCCUPATIONAL THERAPY EVALUATION								
D02-HOSPPSY PUB	2003-08-01	9999-12-31	52				\$0.00	166.67%

Procedure Code :97150 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS) 15 MINUTES / UNIT -DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GO	GT	TM		\$39.68	0.00%
THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS) 15 MINUTES / UNIT -DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	GO	TM			\$39.68	0.00%
THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS) 15 MINUTES / UNIT DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	HM	TM	\$39.68	0.00%
THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$39.68	0.00%

THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS) 15 MINUTES / UNIT DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	GP	HM	TM		\$39.68	0.00%
THERAPEUTIC PROCEDURES								
THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS)								
P00-SCHDCPUB	2015-10-01	9999-12-31	GP	TM			\$39.68	0.00%

Procedure Code :97161 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PT EVAL LOW COMPLEX 20 MIN								
PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS; ACTIVITY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$432.73	0.00%
PT EVAL LOW COMPLEX 20 MIN								
PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS; ACTIVITY								
P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM			\$432.73	0.00%

Procedure Code :97162 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

PT EVAL MOD COMPLEX 30 MIN								
PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWI								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$432.73	0.00%
PT EVAL MOD COMPLEX 30 MIN								
PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWI								
P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM			\$432.73	0.00%
Procedure Code :97163 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PT EVAL HIGH COMPLEX 45 MIN								
PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWIN								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$432.73	0.00%
PT EVAL HIGH COMPLEX 45 MIN								
PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES ADDRESSING A TOTAL OF 4 OR MORE ELEMENTS FROM ANY OF THE FOLLOWIN								
P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM			\$432.73	0.00%

OCCUPATIONAL THERAPY EVALUATION; LOW COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE; RELAT

P00-SCHDCPUB	2017-01-01	9999-12-31	TM				\$475.77	0.00%
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OT EVAL LOW COMPLEX 30 MIN

OCCUPATIONAL THERAPY EVALUATION; LOW COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES A BRIEF HISTORY INCLUDING REVIEW OF MEDICAL AND/OR THERAPY RECORDS RELATING TO THE PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE; RELAT

P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$475.77	0.00%
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Procedure Code :97166 AS OF 12/06/2025

Procedure Description

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
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OT EVAL MOD COMPLEX 45 MIN

OCCUPATIONAL THERAPY EVALUATION; MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE;

P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$475.77	0.00%
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OT EVAL MOD COMPLEX 45 MIN

OCCUPATIONAL THERAPY EVALUATION; MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE;

P00-SCHDCPUB	2017-01-01	9999-12-31	TM				\$475.77	0.00%
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OT EVAL MOD COMPLEX 45 MIN

OCCUPATIONAL THERAPY EVALUATION; MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES AN EXPANDED REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE;								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$475.77	0.00%

Procedure Code :97167 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OT EVAL HIGH COMPLEX 60 MIN								
OCCUPATIONAL THERAPY EVALUATION; HIGH COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; AN ASS								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$475.77	0.00%
OT EVAL HIGH COMPLEX 60 MIN								
OCCUPATIONAL THERAPY EVALUATION; HIGH COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; AN ASS								
P00-SCHDCPUB	2017-01-01	9999-12-31	TM				\$475.77	0.00%
OT EVAL HIGH COMPLEX 60 MIN								
OCCUPATIONAL THERAPY EVALUATION; HIGH COMPLEXITY; REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND THERAPY HISTORY; WHICH INCLUDES REVIEW OF MEDICAL AND/OR THERAPY RECORDS AND EXTENSIVE ADDITIONAL REVIEW OF PHYSICAL; COGNITIVE; OR PSYCHOSOCIAL HISTORY RELATED TO CURRENT FUNCTIONAL PERFORMANCE; AN ASS								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$475.77	0.00%

Procedure Code :97168 AS OF 12/06/2025
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Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OT RE-EVAL EST PLAN CARE								
RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE; REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND/OR GOA								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$477.18	0.00%
OT RE-EVAL EST PLAN CARE								
RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE; REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND/OR GOA								
P00-SCHDCPUB	2017-01-01	9999-12-31	TM				\$477.18	0.00%
OT RE-EVAL EST PLAN CARE								
RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE; REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN PATIENT FUNCTIONAL OR MEDICAL STATUS WITH REVISED PLAN OF CARE; AN UPDATE TO THE INITIAL OCCUPATIONAL PROFILE TO REFLECT CHANGES IN CONDITION OR ENVIRONMENT THAT AFFECT FUTURE INTERVENTIONS AND/OR GOA								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$477.18	0.00%

Procedure Code :97530 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES-DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GO	GT	HM	TM	\$117.09	0.00%

THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES-DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GO	GT	TM		\$117.09	0.00%
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES-DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	GO	HM	TM		\$117.09	0.00%
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES-DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	GO	TM			\$117.09	0.00%
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	HM	TM	\$117.09	0.00%
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES								
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$117.09	0.00%
THERAPEUTIC ACTIVITIES								
THERAPEUTIC ACTIVITIES; DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE); EACH 15 MINUTES								
P00-SCHDCPUB	2015-10-01	9999-12-31	GP	HM	TM		\$117.09	0.00%
THERAPEUTIC ACTIVITIES								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
T01-REHABMHS	2025-01-01	9999-12-31	GT				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
T01-REHABMHS	2025-01-01	9999-12-31	93				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$108.77	0.00%
OFFICE O/P NEW SF 15 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$108.77	0.00%

Procedure Code :99203 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31					\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$182.93	0.00%
OFFICE O/P NEW LOW 30 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$182.93	0.00%
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OFFICE O/P NEW LOW 30 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$182.93	0.00%
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OFFICE O/P NEW LOW 30 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$182.93	0.00%
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Procedure Code :99204 AS OF 12/06/2025

Procedure Description

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
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OFFICE O/P NEW MOD 45 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE

T01-REHABMHRS	2025-01-01	9999-12-31					\$257.08	0.00%
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OFFICE O/P NEW MOD 45 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$257.08	0.00%
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OFFICE O/P NEW MOD 45 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
T01-REHABMHR	2025-01-01	9999-12-31	93				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$257.08	0.00%
OFFICE O/P NEW MOD 45 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 45 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$257.08	0.00%

Procedure Code :99205 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31					\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
T01-REHABMHR	2025-01-01	9999-12-31	93				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$331.24	0.00%
OFFICE O/P NEW HI 60 MIN								
NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$331.24	0.00%

T01-REHABMHRS	2025-01-01	9999-12-31					\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$24.72	0.00%
OFFICE O/P EST MINIMAL PROB								
ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM								

X04-CLNADALCSA	2025-01-01	9999-12-31					\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$71.68	0.00%

OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$71.68	0.00%
OFFICE O/P EST SF 10 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 10 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$71.68	0.00%
Procedure Code :99213 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31					\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$121.13	0.00%

OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$121.13	0.00%
OFFICE O/P EST LOW 20 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$121.13	0.00%

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
T01-REHABMHR	2025-01-01	9999-12-31	GT				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
T01-REHABMHS	2025-01-01	9999-12-31	93				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$170.57	0.00%
OFFICE O/P EST MOD 30 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$170.57	0.00%

Procedure Code :99215 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31					\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
T01-REHABMHR	2025-01-01	9999-12-31	93				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$232.37	0.00%
OFFICE O/P EST HI 40 MIN								
ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$232.37	0.00%

RESIDENCE VISIT FOR NEW PATIENT WITH MODERATE LEVEL OF MEDICAL DECISION MAKING; PER DAY; IF USING TIME; AT LEAST 60 MINUTES							
X02-CLNMNTLHLT	1998-04-01	9999-12-31				\$0.00	100.00%

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$37.60	0.00%
PREV MED CNSL INDIV APPRX 15								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$37.60	0.00%

PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								

PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%

Procedure Code :99403 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$112.83	0.00%

PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$112.83	0.00%

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%
PREV MED CNSL INDIV APPRX 60								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$150.43	0.00%

ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								

ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$56.94	0.00%

Procedure Code :99409 AS OF 12/06/2025
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Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X08-RSS	2025-01-01	9999-12-31					\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								

T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X08-RSS	2025-01-01	9999-12-31	GT				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$99.02	0.00%

AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$99.02	0.00%
AUDIT/DAST OVER 30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES								
X08-RSS	2025-01-01	9999-12-31	93				\$99.02	0.00%

Procedure Code :99446 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
INTERPROF PHONE/ONLINE 5-10								
TELEPHONE; INTERNET; OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN; 5-10 MINUTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$20.65	0.00%

Procedure Code :99447 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

INTERPROF PHONE/ONLINE 11-20								
INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENT'S TREATING/REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; 11-20 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW								
T01-REHABMHRS	2025-01-01	9999-12-31					\$40.86	0.00%

Procedure Code :99448 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
INTERPROF PHONE/ONLINE 21-30								
INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENT'S TREATING/REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; 21-30 MINUTES OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW								
T01-REHABMHRS	2025-01-01	9999-12-31					\$62.37	0.00%

Procedure Code :99449 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
INTERPROF PHONE/ONLINE 31/>								
INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN INCLUDING A VERBAL AND WRITTEN REPORT TO THE PATIENT'S TREATING/REQUESTING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; 31 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW								
T01-REHABMHRS	2025-01-01	9999-12-31					\$82.57	0.00%

T01-REHABMHRS	2025-01-01	9999-12-31					\$167.97	0.00%
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Procedure Code :99494 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
1ST/SBSQ PSYC COLLAB CARE								
INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT; EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES; IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT; AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO								
T01-REHABMHRS	2025-01-01	9999-12-31					\$68.30	0.00%

Procedure Code :99509 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
IN HOME SUPPORT I/DD WAIVER								
HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE								
W02-EPD	2016-11-04	9999-12-31	U4				\$60.00	0.00%

Procedure Code :D0120 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PERIODIC DENTAL SCREENING								
PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RE-EVAL;EST PT;PROBLEM FOCUS								
RE-EVALUATION-LIMITED; PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

Procedure Code :D0180 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMP PERIODONTAL EVALUATION								
COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

Procedure Code :D0210 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Intraor complete film series								
INTRAORAL - COMPREHENSIVE SERIES OF RADIOGRAPHIC IMAGES								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D0220 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Intraoral periapical first								
INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE								

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Dental bitewings two images								
BITEWINGS - TWO RADIOGRAPHIC IMAGES								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D0274 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Bitewings four images								
BITEWINGS - FOUR RADIOGRAPHIC IMAGES								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D0290 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Skull/facial bone image								
POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D0330 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
TOPICAL APP FLUORIDE CHILD								
TOPICAL APPLICATION OF FLUORIDE - CHILD								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D1204 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
TOPICAL APP FLUORIDE ADULT								
TOPICAL APPLICATION OF FLUORIDE - ADULT								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

Procedure Code :D1351 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTAL SEALANTS (AGES 3-15)								
DENTAL SEALANTS (AGES 3-15)								
K02-DENTWAIV	1987-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D1510 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RESIN-ONE SURFACE; ANTERIOR								
RESIN-BASED COMPOSITE ONE SURFACE ANTERIOR								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D2331 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RESIN TWO SURFACES-ANTERIOR								
RESIN-BASED COMPOSITE TWO SURFACES ANTERIOR								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

Procedure Code :D2332 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RESIN-THREE SURFACES; ANTERIOR								
RESIN-BASED COMPOSITE THREE SURFACES ANTERIOR								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

Procedure Code :D2335 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PORCELAIN WITH METAL								
CROWN PORCELAIN FUSED TO HIGH NOBLE METAL								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D2751 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
CROWN PORCELAIN FUSED BASE M								
CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D2790 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
CROWN - FULL CAST HIGH NOBLE METAL								
CROWN - FULL CAST HIGH NOBLE METAL								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D2799 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Provisional crown								
PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D2920 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Re-cement or re-bond crown								
Re-cement or re-bond crown								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D2930 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREFAB STNLSS STEEL CRWN PRI								
PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH						NEW CODE(S) D2930 OR D2931		
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D2931 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREFAB STNLSS STEEL CROWN PE								
PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH						NEW CODE(S) D2930 OR D2931		

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
TEMP CROWN (FRACTURED TOOTH)								
TEMPORARY (FRACTURED TOOTH)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D3110 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PULP CAP DIRECT EXCLUDING FINAL REST								
PULP CAP DIRECT EXCLUDING FINAL RESTORATION								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D3220 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PULPOTOMY								
PULPOTOMY								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D3310 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D3347 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Retreat root canal premolar								
Retreatment of previous root canal therapy - premolar								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D3348 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RETREAT ROOT CANAL MOLAR								
RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D3351 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Apexification/recalc initial								
Apexification/recalcification - initial visit (apical closure/calcific repair of perforations; root resorption; etc.)								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
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Procedure Code :D4211 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Gingivectomy/plasty 1 to 3								
GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D4240 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
GINGIVAL FLAP PROC W/ PLANIN								
GINGIVAL FLAP PROCEDURE; INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D4241 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
GNGVL FLAP W ROOTPLAN 1-3 TH								
GINGIVAL FLAP PROCEDURE; INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PERIODONTAL SCALING AND ROOT PLANING - F								
PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D4342 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PERIODONTAL SCALING 1-3TEETH								
PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH; PER QUADRANT								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D4355 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Full mouth debridement								
FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE PERIODONTAL EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D4910 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREVENT.PERIOD.PROCEDURES(PERIOD.PRO								
PERIODONTAL MAINTENANCE								

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
MANDIBULAR PARTIAL DENTURE-RESIN BASE								
MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS RESTS AND TEETH)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5213 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURES MAXILL PART METAL								
MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS; RESTS AND TEETH)								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D5214 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURES MANDIBL PART METAL								
MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING RETENTIVE/CLASPING MATERIALS;RESTS AND TEETH)								
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5520 AS OF 12/06/2025	
	Procedure Description

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REPLACE DENTURE TEETH COMPLT								
REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE - PER TOOTH								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5630 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Rep partial denture clasp								
Repair or replace broken clasp - per tooth								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5640 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REPLACE PART DENTURE TEETH								
REPLACE MISSING OR BROKEN TEETH - PARTIAL DENTURE - PER TOOTH								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D5650 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ADD TOOTH TO PARTIAL DENTURE								
ADD TOOTH TO EXISTING PARTIAL DENTURE - PER TOOTH								

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REBASE MAXILLARY PARTIAL DENTURE								
REBASE MAXILLARY PARTIAL DENTURE								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5721 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURES REBASE PART MANDBL								
REBASE MANDIBULAR PARTIAL DENTURE								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5730 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURE RELN CMPLT MAX DIR								
RELIN COMPLETE MAXILLARY DENTURE (DIRECT)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5731 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EXTRACTION ERUPTED TOOTH/EXR								
EXTRACTION; ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)								
K02-DENTWAIV	2003-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D7210 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Rem imp tooth w mucoper flp								
Extraction; erupted tooth requiring removal of bone and/or sectioning of tooth; and including elevation of mucoperiosteal flap if indicated								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7220 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REMOVAL OF IMPACTED TOOTH-SOFT TISSUE								
REMOVAL OF IMPACTED TOOTH-SOFT TISSUE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7230 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Biopsy of oral tissue soft								
Incisional biopsy of oral tissue - soft								
K02-DENTWAIV	1981-04-01	9999-12-31					\$0.00	120.00%

Procedure Code :D7310 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRAC								
ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES PER QUADRANT								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7320 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EX								
ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPACES; PER QUADRANT								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7340 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

VESTIBULOPLASTY - RIDGE EXTENSION (SECON								
VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7350 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
VESTIBULOPLASTY - RIDGE EXTENSION								
VESTIBULOPLASTY - RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS; MUSCLE REATTACHMENT; REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED AND HYPERPLASTIC TISSUE)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D7451 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REMOVAL ODONTOGENIC CYST;OVER 1/2 IN								
REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D7460 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EXCISION OF RANULA								
REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM								

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
INCISION DRAINAGE ABSCESS INTRA-ORAL SO								
INCISION DRAINAGE ABSCESS INTRA-ORAL SOFT TISSUE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7520 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
INCISION DRAINAGE ABSCESS EXTRA-ORAL SO								
INCISION DRAINAGE ABSCESS EXTRA-ORAL SOFT TISSUE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7530 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
CURETTAGE OF FISTULOUS TRACT								
REMOVAL OF FOREIGN BODY FROM MUCOSA; SKIN; OR SUBCUTANEOUS ALVEOLAR TISSUE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7660 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM								
SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7911 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMPLICATED SUTURE - UP TO 5 CM								
COMPLICATED SUTURE - UP TO 5 CM								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D7940 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OSTEOPLASTY (PROGNATHISM;MICROGNATHIS								
OSTEOPLASTY (PROGNATHISM;MICROG								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D7950 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
FIXED APPLIANCE THERAPY								
FIXED APPLIANCE THERAPY								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%

Procedure Code :D8680 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ORTHODONTIC RETENTION								
ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES; CONSTRUCTION AND PLACEMENT OF RETAINER(S))								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D8999 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ORTHODONTIC PROCEDURE								
UNSPECIFIED ORTHODONTIC PROCEDURE; BY REPORT								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D9110 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OCC GUARD; HARD; FULL ARCH								
OCCLUSAL GUARD - HARD APPLIANCE; FULL ARCH								
K02-DENTWAIV	2019-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D9945 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OCC GUARD; SOFT; FULL ARCH								
OCCLUSAL GUARD - SOFT APPLIANCE; FULL ARCH								
K02-DENTWAIV	2019-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D9946 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OCC GUARD; HARD; PART ARCH								
OCCLUSAL GUARD - HARD APPLIANCE; PARTIAL ARCH								
K02-DENTWAIV	2019-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D9951 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

COORDINATED CARE FEE; MAINTENANCE RATE								
D02-HOSPPSPUB	2002-06-26	9999-12-31					\$0.00	23.22%

Procedure Code :H0003 AS OF 12/06/2025

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALCOHOL AND/OR DRUG SCREENIN								
ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND/OR DRUGS								
X06-CLNYTALCSA	2021-10-01	9999-12-31					\$15.00	0.00%

Procedure Code :H0004 AS OF 12/06/2025

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES/ UNIT -DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	HQ	TM		\$40.91	0.00%
ALCOHOL AND/OR DRUG SERVICES								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES /UNIT -DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$40.91	0.00%
ASARS; COUNSEL; FAM W/CLIENT								
ASARS; COUNSELING; FAMILY WITH CLIENT								
X06-CLNYTALCSA	2021-10-01	9999-12-31	HF	HR			\$34.57	0.00%
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES/ UNIT -DCBS ONLY								

P00-SCHDCPUB	2015-10-01	9999-12-31	HQ	TM			\$40.91	0.00%
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES/ UNIT -DCBS ONLY								
P00-SCHDCPUB	2023-03-01	9999-12-31	HQ	TM	93		\$40.91	0.00%
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL HEALTH COUNSELING AND THERAPY; PER 15 MINUTES; ONSITE FAMILY WITHOUT CLIENT.								
X06-CLNYTALCSA	2021-10-01	9999-12-31	HS				\$34.57	0.00%
ALCOHOL AND/OR DRUG SERVICES								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES /UNIT -DCBS ONLY								
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$40.91	0.00%
ALCOHOL AND/OR DRUG SERVICES								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES /UNIT -DCBS ONLY								
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$40.91	0.00%

Procedure Code :H0005 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALCOHOL AND/OR DRUG SERVICES								
ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN								
X06-CLNYTALCSA	2008-11-14	9999-12-31					\$10.45	0.00%

Procedure Code :H0015 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

ALCOHOL AND/OR DRUG SERVICES								
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN); INCLUDING ASSESSMENT; COUNSELING;								
X06-CLNYTALCSA	2014-01-01	9999-12-31	HA				\$164.61	0.00%
ALCOHOL AND/OR DRUG SERVICES								
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN); INCLUDING ASSESSMENT; COUNSELING;								
X06-CLNYTALCSA	2008-11-14	9999-12-31	U9				\$164.61	0.00%

Procedure Code :H0036 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMM PSY FACE-FACE PER 15MIN								
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES								
X06-CLNYTALCSA	2021-10-01	9999-12-31	U1				\$25.77	0.00%
COMM PSY FACE-FACE PER 15MIN-EXT								
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES-EXTENSION								
X06-CLNYTALCSA	2021-10-01	9999-12-31	U1	22			\$25.77	0.00%

Procedure Code :H0039 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								

A00-PHYSMED	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
A03-PSYCHOLOG	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
S00-NRSPRACT	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
S06-REGISTERRN	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
T01-REHABMHR	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y00-INDPSOCW	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y02-MARFAMTH	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y04-PROFCNSL	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								

Y06-PSYCHASOC	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y07-CRCVYCOACH	2023-09-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y08-RCVYCOACHS	2023-09-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y09-CAC	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y11-LGPC	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y12-LGSW	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y13-LICSW	2023-08-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y15-CERTPEERSP	2023-09-01	9999-12-31	X1				\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT								
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								

Y16-CASEMNGRC	2023-09-01	9999-12-31	X1					\$1187.72	0.00%
ASSERT COMM TX (ACT) - PARTIAL PAYMENT									
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT									
Y17-APRN	2023-08-01	9999-12-31	X1					\$1187.72	0.00%
Procedure Code :H0048 AS OF 12/06/2025									
Procedure Description									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4		Amount	Percentage
SPEC COLL NON-BLOOD:A/D TEST									
ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY; SPECIMENS OTHER THAN BLOOD									
X06-CLNYTALCSA	2025-01-01	9999-12-31						\$9.67	0.00%
Procedure Code :H2012 AS OF 12/06/2025									
Procedure Description									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4		Amount	Percentage
BEHAVIORAL HEALTH DAY TREATMENT; PER HR									
BEHAVIORAL HEALTH DAY TREATMENT; PER HOUR									
APRA WILL BILL PER DAY.									
T01-REHABMHRS	2025-01-01	9999-12-31						\$174.80	0.00%
Procedure Code :S0395 AS OF 12/06/2025									
Procedure Description									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4		Amount	Percentage
IMPRESSION CASTING FT									

IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTIC									
A04-PODIATRIST	2002-06-26	9999-12-31					\$0.00	100.00%	

Procedure Code :S9470 AS OF 12/06/2025									
Procedure Description									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage	
NUTRITIONAL COUNSELING; DIETITIAN VISIT									
NUTRITIONAL COUNSELING; DIETITIAN VISIT.									
W01-IDD	2003-09-01	9999-12-31	52				\$0.00	36.70%	