| Procedure Code :90785 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Psytx complex interactive | | | | | | | | |
| INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARYPROCEDURE) | | | | | | | | |
| X02-CLNMNTLHLT | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 100.00% |

| Procedure Code :90791 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Psych diagnostic evaluation | | | | | | | | |
| PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $169.74 | 0.00% |
| Psych diagnostic evaluation | | | | | | | | |
| PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $169.74 | 0.00% |
| Psych diagnostic evaluation | | | | | | | | |
| PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $169.74 | 0.00% |
| Psych diagnostic evaluation | | | | | | | | |
| PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $169.74 | 0.00% |
| PSYCH DIAGNOSTIC EVALUATION | | | | | | | | |
| PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $169.74 | 0.00% |

| Procedure Code :90792 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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% |

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| **Procedure Code :90832 AS OF 01/10/2026** | | | | | | | | |
| **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% |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| **Procedure Code :90833 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Psytx w pt w e/m 30 min | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026**

| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026**

| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

| 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) | | | | | | | | |
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| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $90.25 | 0.00% |

| **Procedure Code :90837 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Psytx w pt 60 minutes | | | | | | | | |
| Psychotherapy; 60 minutes with patient | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx w pt 60 minutes | | | | | | | | |
| Psychotherapy; 60 minutes with patient | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx w pt 60 minutes | | | | | | | | |
| Psychotherapy; 60 minutes with patient | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx w pt 60 minutes | | | | | | | | |
| Psychotherapy; 60 minutes with patient | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PSYTX PT&/FAMILY 60 MINUTES | | | | | | | | |
| PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER | | | | | | | | |
| T01-REHABMHRS | 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

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|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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% |

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| **Procedure Code :90839 AS OF 01/10/2026** | | | | | | | | |
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Psytx crisis initial 60 min | | | | | | | | |
| PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx crisis initial 60 min | | | | | | | | |
| PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx crisis initial 60 min | | | | | | | | |
| PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| Psytx crisis initial 60 min | | | | | | | | |
| PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PSYTX CRISIS INITIAL 60 MIN | | | | | | | | |
| PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026**

| 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 INADDITION 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 INADDITION 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 INADDITION 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 INADDITION 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 INADDITION TO CODE FOR PRIMARY SERVICE) | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $75.21 | 0.00% |

| **Procedure Code :90845 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| PSYCHOANALYSIS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PSYCHOANALYSIS | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $150.43 | 0.00% |
| PSYCHOANALYSIS | | | | | | | | |
| PSYCHOANALYSIS | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $150.43 | 0.00% |

| **Procedure Code :90846 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Family psytx w/o pt 50 min | | | | | | | | |
| Family psychotherapy (without the patient present); 50 minutes | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $125.35 | 0.00% |
| Family psytx w/o pt 50 min | | | | | | | | |
| Family psychotherapy (without the patient present); 50 minutes | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $125.35 | 0.00% |
| Family psytx w/o pt 50 min | | | | | | | | |
| Family psychotherapy (without the patient present); 50 minutes | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $125.35 | 0.00% |
| Family psytx w/o pt 50 min | | | | | | | | |
| Family psychotherapy (without the patient present); 50 minutes | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $125.35 | 0.00% |
| FAMILY PSYTX W/O PATIENT | | | | | | | | |
| FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT) | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026**

| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

| MULTIPLE FAMILY GROUP PSYTX | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $37.60 | 0.00% |
| MULTIPLE FAMILY GROUP PSYTX | | | | | | | | |
| MULTIPLE-FAMILY GROUP PSYCHOTHERAPY | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $37.60 | 0.00% |

| **Procedure Code :90853 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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) | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | 93 | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $37.60 | 0.00% |
| GROUP PSYCHOTHERAPY | | | | | | | | |
| GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP) | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $37.60 | 0.00% |

| **Procedure Code :90863 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Pharmacologic mgmt w/psytx | | | | | | | | |
| PHARMACOLOGIC MANAGEMENT; INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION; WHENPERFORMED WITH PSYCHOTHERAPY SERVICES (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE) | | | | | | | | |
| X02-CLNMNTLHLT | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 100.00% |

| **Procedure Code :92507 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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-HOSPPSYPUB | 2003-09-01 | 9999-12-31 | 52 | | | | $0.00 | 2.30% |

**Procedure Code :92508 AS OF 01/10/2026**

**Procedure Description**

| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
|---|---|---|---|---|---|---|---|---|
| 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 | GN | 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 | 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

**Procedure Code :92523 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SPEECH SOUND LANG COMPREHEN | | | | | | | | |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA); WITH EVALUATION OF LANGUANGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE AND EXPRESSIVE LANGUANGE) | | | | | | | | |
| P00-SCHDCPUB | 2020-03-18 | 9999-12-31 | GN | GT | TM | | $478.09 | 0.00% |
| SPEECH SOUND LANG COMPREHEN | | | | | | | | |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA); WITH EVALUATION OF LANGUANGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE AND EXPRESSIVE LANGUANGE) | | | | | | | | |
| P00-SCHDCPUB | 2015-10-01 | 9999-12-31 | GN | TM | | | $478.09 | 0.00% |
| SPEECH SOUND LANG COMPREHEN | | | | | | | | |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA); WITH EVALUATION OF LANGUANGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUANGE) | | | | | | | | |
| P00-SCHDCPUB | 2020-03-18 | 9999-12-31 | GT | TM | | | $478.09 | 0.00% |
| SPEECH SOUND LANG COMPREHEN | | | | | | | | |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA); WITH EVALUATION OF LANGUANGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUANGE) | | | | | | | | |
| P00-SCHDCPUB | 2015-10-01 | 9999-12-31 | TM | | | | $478.09 | 0.00% |
| SPEECH SOUND LANG COMPREHEN | | | | | | | | |
| EVALUATION OF SPEECH SOUND PRODUCTION (EG; ARTICULATION; PHONOLOGICAL PROCESS; APRAXIA; DYSARTHRIA); WITH EVALUATION OF LANGUANGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUANGE) | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| P00-SCHDCPUB | 2023-03-01 | 9999-12-31 | TM | 93 | | | $478.09 | 0.00% |

**Procedure Code :92524 AS OF 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |

| PSYCHOLOGICAL TESTING | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY; PSYCHOPATHOLOGY; EMOTIONALITY; INTELLECTUAL ABILITIES; EG; WAIS-R; RORSCHACH; MMPI) WITH INTERPRETATION AND REPORT; PER HOUR | | | | | | | | |
| X02-CLNMNTLHLT | 1997-04-01 | 9999-12-31 | | | | | $0.00 | 100.00% |

**Procedure Code :96112 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DEVEL TST PHYS/QHP 1ST HR | | | | | | | | |
| DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR; LANGUAGE; COGNITIVE LEVEL; SOCIAL; MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED); BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH INTERPRETATION AND REPORT; FIRST HOUR | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $226.20 | 0.00% |

**Procedure Code :96113 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DEVEL TST PHYS/QHP EA ADDL | | | | | | | | |
| DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR; LANGUAGE; COGNITIVE LEVEL; SOCIAL; MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED); BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; WITH INTERPRETATION AND REPORT; EACH ADDITIONAL 30 | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $84.83 | 0.00% |

**Procedure Code :96127 AS OF 01/10/2026**

| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

| PSYCL TST EVAL PHYS/QHP 1ST | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; FIRST 60 MINUTES | | | | | | | | |
| P00-SCHDCPUB | 2023-03-01 | 9999-12-31 | TM | 93 | | | $427.75 | 0.00% |

**Procedure Code :96131 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PSYCL TST EVAL PHYS/QHP EA | | | | | | | | |
| PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; ADDITIONAL 60 MINUTES | | | | | | | | |
| P00-SCHDCPUB | 2020-03-18 | 9999-12-31 | GT | TM | | | $427.75 | 0.00% |
| PSYCL TST EVAL PHYS/QHP EA | | | | | | | | |
| PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; ADDITIONAL 60 MINUTES | | | | | | | | |
| P00-SCHDCPUB | 2019-01-01 | 9999-12-31 | TM | | | | $427.75 | 0.00% |
| PSYCL TST EVAL PHYS/QHP EA | | | | | | | | |
| PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL; ADDITIONAL 60 MINUTES | | | | | | | | |
| P00-SCHDCPUB | 2023-03-01 | 9999-12-31 | TM | 93 | | | $427.75 | 0.00% |

**Procedure Code :96132 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| NRPSYC TST EVAL PHYS/QHP 1ST | | | | | | | | |
| NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; INCLUDING INTEGRATION OF PATIENT DATA; INTERPRETATION OF STANDARDIZED TEST RESULTS AND CLINICAL DATA; CLINICAL DECISION MAKING; TREATMENT PLANNING AND REPORT; AND INTERACTIVE FEEDBACK TO THE PATIENT; FAMILY MEMBER(S | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $226.20 | 0.00% |

**Procedure Code :96133 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| NRPSYC TST EVAL PHYS/QHP EA | | | | | | | | |
| NEUROPHYCOLOGICAL TESTING; EVALUATION BY QUALIFIED HEALTHCARE PROFESSION; ADDITIONAL 60 MINS | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $169.65 | 0.00% |

**Procedure Code :97001 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PHYSICAL THERAPY EVAL | | | | | | | | |
| PHYSICAL THERAPY EVALUATION -DCBS ONLY | | | | | | | | |
| P00-SCHDCPUB | 2015-10-01 | 9999-12-31 | GP | TM | | | $432.73 | 0.00% |

**Procedure Code :97002 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| P.T RE - EVEAL | | | | | | | | |
| PHYSICAL THERAPY RE-EVALUATION | | | | | | | | |
| P00-SCHDCPUB | 2015-10-01 | 9999-12-31 | GP | TM | | | $432.74 | 0.00% |

**Procedure Code :97003 AS OF 01/10/2026**

| 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-HOSPPSYPUB | 2003-08-01 | 9999-12-31 | 52 | | | | $0.00 | 166.67% |

**Procedure Code :97150 AS OF 01/10/2026**

| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

**Procedure Code :97164 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PT RE-EVAL EST PLAN CARE | | | | | | | | |
| RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE; REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME TY | | | | | | | | |
| P00-SCHDCPUB | 2020-03-18 | 9999-12-31 | GP | GT | TM | | $432.74 | 0.00% |
| PT RE-EVAL EST PLAN CARE | | | | | | | | |
| RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE; REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A REVIEW OF HISTORY AND USE OF STANDARDIZED TESTS AND MEASURES IS REQUIRED; AND REVISED PLAN OF CARE USING A STANDARDIZED PATIENT ASSESSMENT INSTRUMENT AND/OR MEASURABLE ASSESSMENT OF FUNCTIONAL OUTCOME TY | | | | | | | | |
| P00-SCHDCPUB | 2017-01-01 | 9999-12-31 | GP | TM | | | $432.74 | 0.00% |

**Procedure Code :97165 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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 | 2020-03-18 | 9999-12-31 | GT | TM | | | $475.77 | 0.00% |
| 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 | 2017-01-01 | 9999-12-31 | TM | | | | $475.77 | 0.00% |
| 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% |

| **Procedure Code :97166 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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% |
| 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% |
| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 | | | | | | | | |

| 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 | TM | | | $117.09 | 0.00% |

**Procedure Code :99202 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $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 | | | | | $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 | | | | | $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 | | | | | $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-REHABMHRS | 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-REHABMHRS | 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |
| 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% |
| 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% |

| **Procedure Code :99204 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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% |
| 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% |
| 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-REHABMHRS | 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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-REHABMHRS | 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% |

| **Procedure Code :99211 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| OFFICE O/P EST MINIMAL PROB | | | | | | | | |
| ESTABLISHED PATIENT OUTPATIENT VISIT; MINIMAL PRESENTING PROBLEM | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | 93 | | | | $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 | 93 | | | | $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 | 93 | | | | $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 | 93 | | | | $24.72 | 0.00% |

**Procedure Code :99212 AS OF 01/10/2026**

**Procedure Description**

| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
|---|---|---|---|---|---|---|---|---|
| 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 | | | | | $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 | | | | | $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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| **Procedure Code :99214 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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-REHABMHRS | 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 | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $170.57 | 0.00% |
| OFFICE O/P EST MOD 30 MIN | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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-REHABMHRS | 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-REHABMHRS | 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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-REHABMHRS | 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% |

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|---|---|---|---|---|---|---|---|---|
| **Procedure Code :99344 AS OF 01/10/2026** | | | | | | | | |
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Home visit new patient | | | | | | | | |

| 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% |

**Procedure Code :99401 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $37.60 | 0.00% |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | GT | | | | $37.60 | 0.00% |
| PREV MED CNSL INDIV APPRX 15<br>PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| **Procedure Code :99402 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PREV MED CNSL INDIV APPRX 30 | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| PREV MED CNSL INDIV APPRX 45 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | 93 | | | | $112.83 | 0.00% |

| **Procedure Code :99404 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |
| X02-CLNMNTLHLT | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |
| X04-CLNADALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |
| X06-CLNYTALCSA | 2025-01-01 | 9999-12-31 | | | | | $150.43 | 0.00% |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | GT | | | | $150.43 | 0.00% |
| PREV MED CNSL INDIV APPRX 60 | | | | | | | | |
| PREVENTIVE MEDICINE COUNSELING; TYPICALLY 1 HOUR | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|
| 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% |

| **Procedure Code :99408 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 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 | | | | | $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 01/10/2026**

| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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% |

**Procedure Code :99451 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| NTRPROF PH1/NTRNET/EHR 5/> | | | | | | | | |
| TELEPHONE; INTERNET; OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN; AT LEAST 5 MINUTES | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $40.85 | 0.00% |

**Procedure Code :99492 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 1ST PSYC COLLAB CARE MGMT | | | | | | | | |
| INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT; FIRST 70 MINUTES IN THE FIRST 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; WITH THE FOLLOWING REQUIRED ELEMENTS: OUTREACH | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $179.13 | 0.00% |

**Procedure Code :99493 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SBSQ PSYC COLLAB CARE MGMT | | | | | | | | |
| SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT; FIRST 60 MINUTES IN A SUBSEQUENT 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; WITH THE FOLLOWING REQUIRED ELEMENTS: TRACKING PAT | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $167.97 | 0.00% |

| Procedure Code :99494 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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% |

**Procedure Code :D0140 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| LIMIT ORAL EVAL PROBLM FOCUS | | | | | | | | |
| LIMITED ORAL EVALUATION - PROBLEM FOCUSED | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0150 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| COMPREHENSVE ORAL EVALUATION | | | | | | | | |
| COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0160 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| EXTENSV ORAL EVAL PROB FOCUS | | | | | | | | |
| DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED; BY REPORT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0170 AS OF 01/10/2026**

| Procedure Description |
|---|

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Intraoral periapical first | | | | | | | | |
| INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0230 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Intraoral periapical ea add | | | | | | | | |
| INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0240 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Intraoral occlusal film | | | | | | | | |
| INTRAORAL - 0CCLUSAL RADIOGRAPHIC IMAGE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0270 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Dental bitewing single image | | | | | | | | |
| BITEWING - SINGLE RADIOGRAPHIC IMAGE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0272 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| Panoramic image | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PANORAMIC RADIOGRAPHIC IMAGE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D0340 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| 2d cephalometric image | | | | | | | | |
| 2d cephalometric radiographic image - acquisition; measurement and analysis | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D0350 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Oral/facial photo images | | | | | | | | |
| 2d oral/facial photographic image obtained intra-orally or extra-orally | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D0460 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PULP VITALITY TESTS | | | | | | | | |
| PULP VITALITY TESTS | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D0470 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DIAGNOSTIC CASTS | | | | | | | | |
| DIAGNOSTIC CASTS | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D1110 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DENTAL PROPHYLAXIS ADULT | | | | | | | | |
| PROPHYLAXIS - ADULT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D1120 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DENTAL PROPHYLAXIS CHILD | | | | | | | | |
| PROPHYLAXIS - CHILD | | | | | | | | |
| K02-DENTWAIV | 1984-02-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D1203 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| SPACE MAINTAINER FXD UNILAT (AGES 0-12) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| SPACE MAINTAINER - FIXED; UNILATERAL - PER QUADRANT (AGES 0-12) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D1516 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| FIXED BILAT SPACE MAINT; MAX (AGES 0-12) | | | | | | | | |
| SPACE MAINTAINER - FIXED - BILATERAL; MAXILLARY (AGES 0-12) | | | | | | | | |
| K02-DENTWAIV | 2019-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D1517 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| FIXED BILAT SPACE MAINT; MAN (AGES 0-12) | | | | | | | | |
| SPACE MAINTAINER - FIXED - BILATERAL; MANDIBULAR (AGES 0-12) | | | | | | | | |
| K02-DENTWAIV | 2019-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D2140 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| AMALGAM ONE SURFACE; PRIMARY OR PERMANEN | | | | | | | | |
| AMALGAM-ONE SURFACE; PRIMARY OR PERMANENT | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2150 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| AMALGAM TWO SURFACES; PRIMARY OR PERMANT | | | | | | | | |
| AMALGAM-TWO SURFACES; PRIMARY OR PERMANENT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2160 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| AMALGAM THREE SURFACES; PRIMARY OR PERMA | | | | | | | | |
| AMALGAM-THREE SURFACES; PRIMARY OR PERMANENT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2161 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| AMALGAM FOUR SURFACES;PERMANENT | | | | | | | | |
| AMALGAM-FOUR OR MORE SURFACES; PRIMARY OR PERMANENT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2330 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| RESIN 4/> SURF OR W INCIS AN | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES (ANTERIOR) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D2391 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| RESIN-BASED COMPOSITE - ONE SURFACE; POS | | | | | | | | |
| RESIN-BASED COMPOSITE - ONE SURFACE; POSTERIOR | | | | | | | | |
| K02-DENTWAIV | 2003-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D2392 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| RESIN-BASED COMPOSITE - TWO SURFACES; PO | | | | | | | | |
| RESIN-BASED COMPOSITE - TWO SURFACES; POSTERIOR | | | | | | | | |
| K02-DENTWAIV | 2003-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D2393 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| RESIN-BASED COMPOSITE - THREE SURFACES; | | | | | | | | |
| RESIN-BASED COMPOSITE - THREE SURFACES; POSTERIOR | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2003-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2394 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| RESIN-BASED COMPOSITE - FOUR OR MORE SUR | | | | | | | | |
| RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES; POSTERIOR | | | | | | | | |
| K02-DENTWAIV | 2003-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2710 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ACRYLIC JACKET | | | | | | | | |
| CROWN - RESIN-BASED COMPOSITE (INDIRECT) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2722 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| CROWN RESIN W/ NOBLE METAL | | | | | | | | |
| CROWN-RESIN WITH NOBLE METAL | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2750 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2934 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PREFAB STEEL CROWN PRIMARY | | | | | | | | |
| PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2952 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| POST AND CORE CAST + CROWN | | | | | | | | |
| POST AND CORE IN ADDITION TO CROWN; INDIRECTLY FABRICATED | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2954 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| PREFAB POST/CORE + CROWN | | | | | | | | |
| PREFABRICATED POST AND CORE IN ADDITION TO CROWN | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D2970 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| END THXPY; ANTERIOR TOOTH | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ENDODONTIC THERAPY; ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D3320 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| End th py; premolar tooth | | | | | | | | |
| Endodontic therapy; premolar tooth (excluding final restoration) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D3330 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| End th py; molar tooth | | | | | | | | |
| Endodontic therapy; molar tooth (excluding final restoration) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D3346 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| RETREAT ROOT CANAL ANTERIOR | | | | | | | | |
| RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D3347 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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% |

**Procedure Code :D3410 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Apicoectomy - anterior | | | | | | | | |
| Apicoectomy - anterior | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D3421 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Root surgery premolar | | | | | | | | |
| Apicoectomy - premolar (first root) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D3425 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Root surgery molar | | | | | | | | |
| Apicoectomy - molar (first root) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D3426 AS OF 01/10/2026**

| Procedure Description |
|---|

| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
|---|---|---|---|---|---|---|---|---|
| Root surgery ea add root | | | | | | | | |
| Apicoectomy (each additional root) | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D3430 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| RETROGRADE FILLING - PER ROOT | | | | | | | | |
| RETROGRADE FILLING - PER ROOT | | | | | | | | |
| K02-DENTWAIV | 1983-10-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D3450 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| ROOT AMPUTATION - PER ROOT | | | | | | | | |
| ROOT AMPUTATION - PER ROOT | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D4210 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Gingivectomy/plasty 4 or mor | | | | | | | | |
| GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D4211 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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% |

| Procedure Code :D4249 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| CROWN LENGTHEN HARD TISSUE | | | | | | | | |
| CLINICAL CROWN LENGTHENING-HARD TISSUE | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D4263 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Bone replce graft first site | | | | | | | | |
| Bone replacement graft - retained natural tooth - first site in quadrant | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D4264 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| Bone replce graft each add | | | | | | | | |
| Bone replacement graft - retained natural tooth - each additional site in quadrant | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D4341 AS OF 01/10/2026 |
|---|
| Procedure Description |

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| PREVENT.PERIOD.PROCEDURES(PERIOD.PRO | | | | | | | | |
| PERIODONTAL MAINTENANCE | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5110 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| COMPLETE UPPER DENTURE | | | | | | | | |
| COMPLETE UPPER DENTURE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5120 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| COMPLETE LOWER DENTURE | | | | | | | | |
| COMPLETE LOWER DENTURE | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5211 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| MAXILLARY PARTIAL DENTURE-RESIN BASE | | | | | | | | |
| MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS  RESTS AND TEETH) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5212 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5660 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Add clasp to partial denture | | | | | | | | |
| Add clasp to existing partial denture - per tooth | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5710 AS OF 01/10/2026**

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

**Procedure Code :D5711 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DENTURES REBASE CMPLT MAND | | | | | | | | |
| REBASE COMPLETE MANDIBULAR DENTURE | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D5720 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |
| DENTURE RELN CMPLT MAX DIR | | | | | | | | |
| RELINE COMPLETE MAXILLARY DENTURE (DIRECT) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D5731 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| DENTURE RELN CMPLT MAND DIR | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D5740 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DENTURE RELN PART MAX DIR | | | | | | | | |
| RELINE MAXILLARY PARTIAL DENTURE (DIRECT) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D5741 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| DENTURE RELN PART MAND DIR | | | | | | | | |
| RELINE MANDIBULAR PARTIAL DENTURE (DIRECT) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D5982 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SURGICAL STENT | | | | | | | | |
| SURGICAL STENT FOR SOFT TISSUE HEALING | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D6010 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ODONTICS ENDOSTEAL IMPLANT | | | | | | | | |
| SURGICAL PLACEMENT OF IMPLANT BODY:  ENDOSTEAL IMPLANT | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D6056 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Prefabricated abutment | | | | | | | | |
| PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D6058 AS OF 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ABUTMENT SUPPORTED CROWN | | | | | | | | |
| ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN | | | | | | | | |
| K00-DENT | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| Procedure Code :D7140 AS OF 01/10/2026 |
|---|

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |

| REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7240 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| REMOVAL OF IMPACTED TOOTH-COMPLETELY BON | | | | | | | | |
| REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7250 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Tooth root removal | | | | | | | | |
| Removal of residual tooth roots (cutting procedure) | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7270 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| REPLANTATION OF TOOTH WITH SPLINT | | | | | | | | |
| TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7280 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Exposure of unerupted tooth | | | | | | | | |
| Exposure of an unerupted tooth | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7282 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| MOBILIZE ERUPTED/MALPOS TOOT | | | | | | | | |
| MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION | | | | | | | | |
| K02-DENTWAIV | 2003-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7285 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| Biopsy of oral tissue hard | | | | | | | | |
| Incisional biopsy of oral tissue - hard (bone; tooth) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7286 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7471 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| REM EXOSTOSIS ANY SITE | | | | | | | | |
| REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE) | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7472 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| REMOVAL OF TORUS PALATINUS | | | | | | | | |
| REMOVAL OF TORUS PALATINUS | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7473 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| REMOVE TORUS MANDIBULARIS | | | | | | | | |
| REMOVAL OF TORUS MANDIBULARIS | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7510 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUC | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7670 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ALVEOLUS | | | | | | | | |
| ALVEOLUS - CLOSED REDUCTION; MAY INCLUDE STABILIZATION OF TEETH | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7820 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| CLOSED REDUCTION OF DISLOCATION | | | | | | | | |
| CLOSED REDUCTION OF DISLOCATION | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7840 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| CONDYLECTOMY | | | | | | | | |
| CONDYLECTOMY | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7850 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SURGICAL DISECTOMY; WITH/WITHOUT IMPLANT | | | | | | | | |
| SURGICAL DISECTOMY; WITH/WITHOUT IMPLANT | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7860 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ARTHROTOMY | | | | | | | | |
| ARTHROTOMY | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7870 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ARTHROCENTESIS | | | | | | | | |
| ARTHROCENTESIS | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7910 AS OF 01/10/2026**

| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 01/10/2026 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Procedure Description | | | | | | | | |
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| OSTEOPERIOSTEAL;CARTILAGE GRAFT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| OSSEOUS; OSTEOPERIOSTEAL; OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGENOUS OR NONAUTOGENOUS; BY REPORT | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7953 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| BONE REPLACEMENT GRAFT | | | | | | | | |
| BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7970 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| EXCISION HYPERPLASTIC TISSUE PER ARCH | | | | | | | | |
| EXCISION HYPERPLASTIC TISSUE PER ARCH | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D7972 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SURG REDCT FIBROUS TUBEROSIT | | | | | | | | |
| SURGICAL REDUCTION OF FIBROUS TUBEROSITY | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D7982 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| SIALODOCHOPLASTY | | | | | | | | |
| SIALODOCHOPLASTY | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D8090 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| COMPRE DENTAL TX ADULT | | | | | | | | |
| COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION | | | | | | | | |
| K02-DENTWAIV | 2013-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D8210 AS OF 01/10/2026**

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

**Procedure Code :D8220 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| PALLIATIVE (ER) TREAT OF DENT PAIN | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PALLIATIVE TREATMENT OF DENTAL PAIN - PER VISIT | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D9220 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| GENERAL ANESTHESIA | | | | | | | | |
| DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D9221 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| GENERAL ANESTHESIA EA AD 15M | | | | | | | | |
| DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D9230 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| ANALGESIA | | | | | | | | |
| ADMINISTRATION OF NITROUS OXIDE | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D9310 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| CONSULTATION - DIAGNOSTIC SERVICE PROVID | | | | | | | | |
| CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN REQUESTING DENTIST OR PHYSICIAN | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D9420 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| HOSPITAL/ASC CALL | | | | | | | | |
| HOSPITAL OR AMBULATORY SURGICAL CENTER CALL | | | | | | | | |
| K02-DENTWAIV | 1978-12-31 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D9430 AS OF 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| OFFICE VISIT FOR OBSERVATION (DURING REG | | | | | | | | |
| OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) - NO OTHER SERVICES PERFORMED | | | | | | | | |
| K02-DENTWAIV | 2003-08-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

**Procedure Code :D9944 AS OF 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| Procedure Description | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Provider Type | Begin Date | End Date | Mod1 | Mod2 | Mod3 | Mod4 | Amount | Percentage |

| LIMITED OCCLUSAL ADJUSTMENT | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| OCCLUSAL ADJUSTMENT-LIMITED | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :D9952 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| COMPLETE OCCLUSAL ADJUSTMENT | | | | | | | | |
| OCCLUSAL ADJUSTMENT-COMPLETE | | | | | | | | |
| K02-DENTWAIV | 2002-01-01 | 9999-12-31 | | | | | $0.00 | 120.00% |

| **Procedure Code :G9002 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Description** | | | | | | | | |
| **Provider Type** | **Begin Date** | **End Date** | **Mod1** | **Mod2** | **Mod3** | **Mod4** | **Amount** | **Percentage** |
| MCCD;MAINTENANCE RATE | | | | | | | | |
| COORDINATED CARE FEE; MAINTENANCE RATE | | | | | | | | |
| D02-HOSPPSYPUB | 2002-06-26 | 9999-12-31 | | | | | $0.00 | 23.22% |

| **Procedure Code :H0003 AS OF 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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 01/10/2026**

| 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-REHABMHRS | 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 01/10/2026** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **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 01/10/2026**

| 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 DO NOT OVERWRITE CODE. APRA WILL BILL PER DAY. | | | | | | | | |
| T01-REHABMHRS | 2025-01-01 | 9999-12-31 | | | | | $174.80 | 0.00% |

**Procedure Code :S0395 AS OF 01/10/2026**

| 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 01/10/2026**

| 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% |