

Procedure Code :90785 AS OF 12/06/2025

Procedure Description

Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psytch 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 12/06/2025

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								

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

Procedure Code :90792 AS OF 12/06/2025

Procedure Description

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

Psych diag eval w/med srvcs

PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES

T01-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	GT				\$186.71	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

PSYCH DIAG EVAL W/MED SRVCS

PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$186.71	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

PSYCH DIAG EVAL W/MED SRVCS

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

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

Psytch w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$75.21	0.00%
Psytch w pt 30 minutes								
Psychotherapy; 30 minutes with patient								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$75.21	0.00%
Psytch 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-REHABMHS	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-REHABMHS	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 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
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)								
T01-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								
PSYCHOTHERAPY; 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$60.16	0.00%
PSYTX PT&/FAM W/E&M 30 MIN								

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

Procedure Code :90834 AS OF 12/06/2025

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

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

Procedure Code :90836 AS OF 12/06/2025

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

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

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

Procedure Code :90837 AS OF 12/06/2025

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

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

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

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

PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE
(LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$100.28	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

PSYTX PT&/FAM W/E&M 60 MIN

PSYCHOTHERAPY; 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITHAN EVALUATION AND MANAGEMENT SERVICE
(LIST SEPARATELY IN ADDITION TO THE CODEFOR PRIMARY PROCEDURE)

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$100.28	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

Procedure Code :90839 AS OF 12/06/2025

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

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

Procedure Code :90840 AS OF 12/06/2025

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

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

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

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

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 12/06/2025								
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-REHABMHS	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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%
FAMILY PSYTX W/O PATIENT								
FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$125.35	0.00%

Procedure Code :90847 AS OF 12/06/2025

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

Procedure Code :90849 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
MULTIPLE FAMILY GROUP PSYTX								
MULTIPLE-FAMILY GROUP PSYCHOTHERAPY								
T01-REHABMHS	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-REHABMHS	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-REHABMHS	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 12/06/2025								
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-REHABMHS	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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	93				\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)								

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

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

Procedure Code :92508 AS OF 12/06/2025									
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 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
EVALUATION OF SPEECH FLUENCY								
EVALUATION OF SPEECH FLUENCY (EG; STUTTERING; CLUTTERING)								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%

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

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

Procedure Code :92523 AS OF 12/06/2025

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 LANGUAGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE AND EXPRESSIVE LANGUAGE)

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 LANGUAGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE AND EXPRESSIVE LANGUAGE)

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 LANGUAGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUAGE)

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 LANGUAGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUAGE)

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 LANGUAGE COMPREHENSION AND EXPRESSION (EG; RECEPTIVE ADN EXPRESSIVE LANGUAGE)

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

Procedure Code :92524 AS OF 12/06/2025

Procedure Description

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

BEHAVRAL QUALIT ANALYS VOICE

BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE

P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
--------------	------------	------------	----	----	----	--	----------	-------

BEHAVRAL QUALIT ANALYS VOICE

BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE

P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
--------------	------------	------------	----	----	--	--	----------	-------

BEHAVRAL QUALIT ANALYS VOICE

BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE

P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%
--------------	------------	------------	----	----	--	--	----------	-------

BEHAVRAL QUALIT ANALYS VOICE

BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE

P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

BEHAVRAL QUALIT ANALYS VOICE

BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE

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

Procedure Code :96100 AS OF 12/06/2025

Procedure Description

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
--	--	--	--	--	--	--	--	--

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
T01-REHABMHS	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-REHABMHS	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-REHABMHRSA	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$12.38	0.00%
BRIEF EMOTIONAL/BEHAV ASSMT								
BRIEF EMOTIONAL OR BEHAVIORAL ASSESSMENT								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$12.38	0.00%

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

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 12/06/2025

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 12/06/2025

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 12/06/2025

Procedure Description

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

NRPSYC TST EVAL PHYS/QHP EA

NEUROPHYSIOLOGICAL 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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

THERAPEUTIC PROCEDURES

THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS) 15 MINUTES / UNIT DCBS ONLY

P00-SCHDCPUB	2015-10-01	9999-12-31	GP	HM	TM			\$39.68	0.00%
--------------	------------	------------	----	----	----	--	--	---------	-------

THERAPEUTIC PROCEDURES

THERAPEUTIC PROCEDURE(S); GROUP (2 OR MORE INDIVIDUALS)

P00-SCHDCPUB	2015-10-01	9999-12-31	GP	TM				\$39.68	0.00%
--------------	------------	------------	----	----	--	--	--	---------	-------

Procedure Code :97161 AS OF 12/06/2025

Procedure Description

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

PT EVAL LOW COMPLEX 20 MIN

PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS; ACTIVITY

P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM			\$432.73	0.00%
--------------	------------	------------	----	----	----	--	--	----------	-------

PT EVAL LOW COMPLEX 20 MIN

PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEM(S) USING STANDARDIZED TESTS AND MEASURES ADDRESSING 1-2 ELEMENTS FROM ANY OF THE FOLLOWING: BODY STRUCTURES AND FUNCTIONS; ACTIVITY

P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM				\$432.73	0.00%
--------------	------------	------------	----	----	--	--	--	----------	-------

Procedure Code :97162 AS OF 12/06/2025

Procedure Description

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

PT EVAL MOD COMPLEX 30 MIN									
PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWI									
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM			\$432.73	0.00%

PT EVAL MOD COMPLEX 30 MIN									
PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY; REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2 PERSONAL FACTORS AND/OR COMORBIDITIES THAT IMPACT THE PLAN OF CARE; AN EXAMINATION OF BODY SYSTEMS USING STANDARDIZED TESTS AND MEASURES IN ADDRESSING A TOTAL OF 3 OR MORE ELEMENTS FROM ANY OF THE FOLLOWI									
P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM				\$432.73	0.00%

Procedure Code :97163 AS OF 12/06/2025

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

Procedure Code :97164 AS OF 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

Procedure Description

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

OT EVAL HIGH COMPLEX 60 MIN

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

P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$475.77	0.00%
--------------	------------	------------	----	----	--	--	----------	-------

OT EVAL HIGH COMPLEX 60 MIN

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

P00-SCHDCPUB	2017-01-01	9999-12-31	TM				\$475.77	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

OT EVAL HIGH COMPLEX 60 MIN

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

P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$475.77	0.00%
--------------	------------	------------	----	----	--	--	----------	-------

Procedure Code :97168 AS OF 12/06/2025

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

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

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

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 12/06/2025

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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	GT				\$108.77	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$108.77	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$108.77	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$108.77	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

T01-REHABMHS	2025-01-01	9999-12-31	93				\$108.77	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$108.77	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$108.77	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P NEW SF 15 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING; IF USING TIME; 15 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$108.77	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

Procedure Code :99203 AS OF 12/06/2025

Procedure Description

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

OFFICE O/P NEW LOW 30 MIN

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

T01-REHABMHRS	2025-01-01	9999-12-31					\$182.93	0.00%
---------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW LOW 30 MIN

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

X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$182.93	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW LOW 30 MIN

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

X04-CLNADALCSA	2025-01-01	9999-12-31					\$182.93	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW LOW 30 MIN

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

X06-CLNYTALCSA	2025-01-01	9999-12-31					\$182.93	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW LOW 30 MIN

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

T01-REHABMHS	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-REHABMHS	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 12/06/2025

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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	93					\$257.08	0.00%
--------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P NEW MOD 45 MIN

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

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93					\$257.08	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P NEW MOD 45 MIN

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

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$257.08	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P NEW MOD 45 MIN

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

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$257.08	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

Procedure Code :99205 AS OF 12/06/2025

Procedure Description

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

OFFICE O/P NEW HI 60 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE

T01-REHABMHS	2025-01-01	9999-12-31					\$331.24	0.00%
--------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW HI 60 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$331.24	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW HI 60 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31					\$331.24	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW HI 60 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31					\$331.24	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P NEW HI 60 MIN

NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH A HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 60 MINUTES OR MORE

T01-REHABMHS	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-REHABMHS	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 12/06/2025

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

T01-REHABMHS	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-REHABMHS	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								

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 12/06/2025									
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									

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

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

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

Procedure Code :99213 AS OF 12/06/2025

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

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

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93					\$121.13	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P EST LOW 20 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$121.13	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P EST LOW 20 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH LOW LEVEL OF DECISION MAKING; IF USING TIME; 20 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$121.13	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

Procedure Code :99214 AS OF 12/06/2025

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-REHABMHS	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

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-REHABMHS	2025-01-01	9999-12-31	GT				\$170.57	0.00%
--------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$170.57	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$170.57	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$170.57	0.00%
----------------	------------	------------	----	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

T01-REHABMHS	2025-01-01	9999-12-31	93					\$170.57	0.00%
--------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93					\$170.57	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$170.57	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

OFFICE O/P EST MOD 30 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH MODERATE LEVEL OF DECISION MAKING; IF USING TIME; 30 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$170.57	0.00%
----------------	------------	------------	----	--	--	--	--	----------	-------

Procedure Code :99215 AS OF 12/06/2025

Procedure Description

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

OFFICE O/P EST HI 40 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE

T01-REHABMHS	2025-01-01	9999-12-31					\$232.37	0.00%
--------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P EST HI 40 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE

X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$232.37	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P EST HI 40 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE

X04-CLNADALCSA	2025-01-01	9999-12-31					\$232.37	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P EST HI 40 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE

X06-CLNYTALCSA	2025-01-01	9999-12-31					\$232.37	0.00%
----------------	------------	------------	--	--	--	--	----------	-------

OFFICE O/P EST HI 40 MIN

ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT WITH HIGH LEVEL OF MEDICAL DECISION MAKING; IF USING TIME; 40 MINUTES OR MORE

T01-REHABMHS	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-REHABMHS	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%
----------------	------------	------------	----	--	--	--	----------	-------

Procedure Code :99344 AS OF 12/06/2025

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 12/06/2025

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

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-REHABMHS	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 12/06/2025								
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-REHABMHS	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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV APPRX 30								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 30 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%

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

PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV APPRX 45								
PREVENTIVE MEDICINE COUNSELING; TYPICALLY 45 MINUTES								
T01-REHABMHS	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-REHABMHS	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 12/06/2025

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							

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-REHABMHS	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 12/06/2025								
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-REHABMHS	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-REHABMHS	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; 15 TO 30 MINUTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$56.94	0.00%
AUDIT/DAST 15-30 MIN								

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

Procedure Code :99409 AS OF 12/06/2025

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

AUDIT/DAST OVER 30 MIN
 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES

X04-CLNADALCSA	2025-01-01	9999-12-31	93					\$99.02	0.00%
----------------	------------	------------	----	--	--	--	--	---------	-------

AUDIT/DAST OVER 30 MIN
 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES

X06-CLNYTALCSA	2025-01-01	9999-12-31	93					\$99.02	0.00%
----------------	------------	------------	----	--	--	--	--	---------	-------

AUDIT/DAST OVER 30 MIN
 ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION (SBI) SERVICES; GREATER THAN 30 MINUTES

X08-RSS	2025-01-01	9999-12-31	93					\$99.02	0.00%
---------	------------	------------	----	--	--	--	--	---------	-------

Procedure Code :99446 AS OF 12/06/2025

Procedure Description

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

INTERPROF PHONE/ONLINE 5-10
 TELEPHONE; INTERNET; OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN; 5-10 MINUTES

T01-REHABMHS	2025-01-01	9999-12-31					\$20.65	0.00%
--------------	------------	------------	--	--	--	--	---------	-------

Procedure Code :99447 AS OF 12/06/2025

Procedure Description

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

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

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

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

Procedure Code :99451 AS OF 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

Procedure Description

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

1ST/SBSQ PSYC COLLAB CARE

INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT; EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES; IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT; AND DIRECTED BY THE TREATING PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL (LIST SEPARATELY IN ADDITION TO

T01-REHABMHRS	2025-01-01	9999-12-31					\$68.30	0.00%
---------------	------------	------------	--	--	--	--	---------	-------

Procedure Code :99509 AS OF 12/06/2025

Procedure Description

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

IN HOME SUPPORT I/DD WAIVER

HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE

W02-EPD	2016-11-04	9999-12-31	U4				\$60.00	0.00%
---------	------------	------------	----	--	--	--	---------	-------

Procedure Code :D0120 AS OF 12/06/2025

Procedure Description

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

PERIODIC DENTAL SCREENING

PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT

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

Procedure Code :D0140 AS OF 12/06/2025								
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 12/06/2025								
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 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
EXTENSIV 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 12/06/2025								
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 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMP PERIODONTAL EVALUATION								
COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT								
K02-DENTWAIV	2003-08-01	9999-12-31					\$0.00	120.00%

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

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

K02-DENTWAIIV	1978-12-31	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D0230 AS OF 12/06/2025

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-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D0240 AS OF 12/06/2025

Procedure Description

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

Intraoral occlusal film

INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE

K02-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D0270 AS OF 12/06/2025

Procedure Description

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

Dental bitewing single image

BITEWING - SINGLE RADIOGRAPHIC IMAGE

K02-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D0272 AS OF 12/06/2025

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

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

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

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

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

Procedure Code :D0340 AS OF 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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-DENTWAIIV	1978-12-31	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D2150 AS OF 12/06/2025

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-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2160 AS OF 12/06/2025

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-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2161 AS OF 12/06/2025

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-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2330 AS OF 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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

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

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

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

K02-DENTWAIIV	2002-01-01	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D2934 AS OF 12/06/2025

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-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2952 AS OF 12/06/2025

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-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2954 AS OF 12/06/2025

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-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D2970 AS OF 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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-DENTWAIIV	2013-01-01	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D3347 AS OF 12/06/2025

Procedure Description

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

Retreat root canal premolar

Retreatment of previous root canal therapy - premolar

K02-DENTWAIIV	2002-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D3348 AS OF 12/06/2025

Procedure Description

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

RETREAT ROOT CANAL MOLAR

RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR

K02-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D3351 AS OF 12/06/2025

Procedure Description

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

Apexification/recalc initial

Apexification/recalcification - initial visit (apical closure/calcific repair of perforations; root resorption; etc.)

K02-DENTWAIIV	2002-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D3410 AS OF 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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-DENTWAIIV	1978-12-31	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D4211 AS OF 12/06/2025

Procedure Description

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

Gingivectomy/plasty 1 to 3

GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

K02-DENTWAIIV	2002-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D4240 AS OF 12/06/2025

Procedure Description

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

GINGIVAL FLAP PROC W/ PLANIN

GINGIVAL FLAP PROCEDURE; INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

K02-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D4241 AS OF 12/06/2025

Procedure Description

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

NGVFL FLAP W ROOTPLAN 1-3 TH

GINGIVAL FLAP PROCEDURE; INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT

K02-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D4249 AS OF 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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

Procedure Code :D4355 AS OF 12/06/2025

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

Procedure Code :D4910 AS OF 12/06/2025

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREVENT.PERIOD.PROCEDURES (PERIOD.PRO								
PERIODONTAL MAINTENANCE								

K02-DENTWAIIV	2013-01-01	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D5110 AS OF 12/06/2025

Procedure Description

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

COMPLETE UPPER DENTURE

COMPLETE UPPER DENTURE

K02-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5120 AS OF 12/06/2025

Procedure Description

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

COMPLETE LOWER DENTURE

COMPLETE LOWER DENTURE

K02-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5211 AS OF 12/06/2025

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-DENTWAIIV	1978-12-31	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5212 AS OF 12/06/2025

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

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

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

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

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

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

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

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

K02-DENTWAIIV	2013-01-01	9999-12-31						\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--	--------	---------

Procedure Code :D5660 AS OF 12/06/2025

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-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5710 AS OF 12/06/2025

Procedure Description

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

REBASE COMPLETE MAXILLARY DENTURE

REBASE COMPLETE MAXILLARY DENTURE

K02-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5711 AS OF 12/06/2025

Procedure Description

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

DENTURES REBASE CMPLT MAND

REBASE COMPLETE MANDIBULAR DENTURE

K02-DENTWAIIV	2013-01-01	9999-12-31					\$0.00	120.00%
---------------	------------	------------	--	--	--	--	--------	---------

Procedure Code :D5720 AS OF 12/06/2025

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

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

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

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

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

Procedure Code :D5740 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURE RELN PART MAX DIR								
RELIN MAXILLARY PARTIAL DENTURE (DIRECT)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5741 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURE RELN PART MAND DIR								
RELIN MANDIBULAR PARTIAL DENTURE (DIRECT)								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D5982 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
SURGICAL STENT								
SURGICAL STENT								

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

Procedure Code :D6010 AS OF 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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

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

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

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

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

Procedure Code :D7471 AS OF 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
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 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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 12/06/2025								
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 12/06/2025								
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 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ANALGESIA								
INHALATION OF NITROUS OXIDE/ANXIOLYSIS; ANALGESIA								

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

Procedure Code :D9310 AS OF 12/06/2025

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 12/06/2025

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 12/06/2025

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 12/06/2025

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

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

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

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

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

Procedure Code :D9952 AS OF 12/06/2025								
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 :G0512 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COCM BY RHC/FQHC 60 MIN MO								
RURAL HEALTH CLINIC OR FEDERALLY QUALIFIED HEALTH CENTER (RHC/FQHC) ONLY; PSYCHIATRIC COLLABORATIVE CARE MODEL (PSYCHIATRIC COCM); 60 MINUTES OR MORE OF CLINICAL STAFF TIME FOR PSYCHIATRIC COCM SERVICES DIRECTED BY AN RHC OR FQHC PRACTITIONER (PHYSICIAN; NP; PA; OR CNM) AND INCLUDING SERVICES FURNISHED BY A BEHAVIORAL								
X05-CLNFQHC	2025-01-01	9999-12-31					\$174.58	0.00%

Procedure Code :G9002 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
MCCD;MAINTENANCE RATE								

COORDINATED CARE FEE; MAINTENANCE RATE								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
D02-HOSPPSPUB	2002-06-26	9999-12-31					\$0.00	23.22%

Procedure Code :H0003 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALCOHOL AND/OR DRUG SCREENIN								
ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF ALCOHOL AND/OR DRUGS								
X06-CLNYTALCSA	2021-10-01	9999-12-31					\$15.00	0.00%

Procedure Code :H0004 AS OF 12/06/2025								
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES/ UNIT -DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	HQ	TM		\$40.91	0.00%
ALCOHOL AND/OR DRUG SERVICES								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES /UNIT -DCBS ONLY								
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$40.91	0.00%
ASARS; COUNSEL; FAM W/CLIENT								
ASARS; COUNSELING; FAMILY WITH CLIENT								
X06-CLNYTALCSA	2021-10-01	9999-12-31	HF	HR			\$34.57	0.00%
BEHAVIORAL HEALTH COUNSELING AND THERAPY								
BEHAVIORAL COUNSELLING THERAPY 15 MINUTES/ UNIT -DCBS ONLY								

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

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

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

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

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

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

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

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

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

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

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

Procedure Code :S9470 AS OF 12/06/2025

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