Procedure Code :90785 AS OF 12/06/2025											
		Procedure	Descr	iption							
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage				
Psytx complex inter	active										
INTERACTIVE COMPLEX		IN ADDITION TO TH	IE CODE	' FOR PRIM	ARYPRO	CEDIIRE)					
X02-CLNMNTLHLT	2013-01-01	9999-12-31				\$0.00	100.00%				
						·					
Procedure Code :907	91 AS OF 12/06/2025										
Procedure Description											
Provider Type	Begin Date	End Date		Mod2 Mod3	Mod4	Amount	Percentage				
Psych diagnostic ev			11100	,	,						
PSYCHIATRIC DIAGNOS											
T01-REHABMHRS	2025-01-01	9999-12-31	Т			\$169.74	0.00%				
Psych diagnostic ev		7777				4=3511=					
PSYCHIATRIC DIAGNOS											
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$169.74	0.00%				
Psych diagnostic ev		3333 22 62				7202112	0,000				
PSYCHIATRIC DIAGNOS											
X04-CLNADALCSA	2025-01-01	9999-12-31	Т			\$169.74	0.00%				
Psych diagnostic ev		7777 12 31				¥±02.71					
PSYCHIATRIC DIAGNOS' X06-CLNYTALCSA	2025-01-01	9999-12-31				\$169.74	0.00%				
		JJJJ-12-31 				Ş109.7 <del>4</del>	0.00%				
PSYCH DIAGNOSTIC EV.											
PSYCHIATRIC DIAGNOS	TIC EVALUATION										

		1		 ı	
T01-REHABMHRS	2025-01-01	9999-12-31	GT	\$169.74	0.00%
PSYCH DIAGNOSTIC EV.	ALUATION				
PSYCHIATRIC DIAGNOS	TIC EVALUATION				
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$169.74	0.00%
PSYCH DIAGNOSTIC EV.	ALUATION				
PSYCHIATRIC DIAGNOS	TIC EVALUATION				
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$169.74	0.00%
PSYCH DIAGNOSTIC EV.	ALUATION				
PSYCHIATRIC DIAGNOS	TIC EVALUATION				
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$169.74	0.00%
PSY-DX INTERVIEW					
PSYCHIATRIC DIAGNOS	TIC INTERVIEW EXAMIN	NATION			
X06-CLNYTALCSA	2013-01-01	9999-12-31	TG	\$240.00	0.00%
PSYCH DIAGNOSTIC EV	ALUATION				
PSYCHIATRIC DIAGNOS	TIC EVALUATION				
T01-REHABMHRS	2025-01-01	9999-12-31	93	\$169.74	0.00%
PSYCH DIAGNOSTIC EV	ALUATION				
PSYCHIATRIC DIAGNOS	TIC EVALUATION				
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	\$169.74	0.00%
PSYCH DIAGNOSTIC EV.	ALUATION				
PSYCHIATRIC DIAGNOS					
X04-CLNADALCSA	2025-01-01	9999-12-31	93	\$169.74	0.00%
PSYCH DIAGNOSTIC EV.					
PSYCHIATRIC DIAGNOS					
I BICHIMIKIC BINGNOB	TIC EVILOITION				

	T							
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$169.74	0.00%
Procedure Code :907	92 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psych diag eval w/m	ed srvcs							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES						
T01-REHABMHRS	2025-01-01	9999-12-31					\$186.71	0.00%
Psych diag eval w/m	ed srvcs							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES						
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$186.71	0.00%
Psych diag eval w/m	ed srvcs							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES						
X04-CLNADALCSA	2025-01-01	9999-12-31					\$186.71	0.00%
Psych diag eval w/m	ed srvcs							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES						
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES	_					
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS							
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES						
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS							

PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES			
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS				
PSYCHIATRIC DIAGNOS	TIC EVALUATION WITH	MEDICAL SERVICES			
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS				
	TIC EVALUATION WITH	MEDICAL SERVICES			
T01-REHABMHRS	2025-01-01	9999-12-31	93	\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS				
	TIC EVALUATION WITH	MEDICAL SERVICES			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	\$186.71	0.00%
PSYCH DIAG EVAL W/M	ED SRVCS				
	TIC EVALUATION WITH	MEDICAL SERVICES			
X04-CLNADALCSA	2025-01-01	9999-12-31	93	\$186.71	0.00%
PSYCH DIAG EVAL W/M					
	TIC EVALUATION WITH	MEDICAL SERVICES			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93	\$186.71	0.00%
1100 02112 1112 0211	2020 02 02			7-00	
Procedure Code :908	32 AS OF 12/06/2025				
110000000000000000000000000000000000000	<b>31 110 31 22, 33,</b> 2323	Procedure	Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4 Amount	Percentage
Provider Type	Begin Date	Elia Dace	MOGI   MOGZ   MOGS	MOG 4 AMOUNT	Fercentage

\$75.21

0.00%

9999-12-31

Psytx w pt 30 minutes

T01-REHABMHRS

Psychotherapy; 30 minutes with patient

2025-01-01

Psytx w pt 30 minute	es				
Psychotherapy; 30 m	inutes with patient				
X02-CLNMNTLHLT	2025-01-01	9999-12-31		\$75.21	0.00%
Psytx w pt 30 minute	es				
Psychotherapy; 30 m	inutes with patient				
X04-CLNADALCSA	2025-01-01	9999-12-31		\$75.21	0.00%
Psytx w pt 30 minute	es				
Psychotherapy; 30 m	inutes with patient				
X06-CLNYTALCSA	2025-01-01	9999-12-31		\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES				
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEM	MBER		
T01-REHABMHRS	2025-01-01	9999-12-31	GT	\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES				
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEM	/BER		
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES				
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER		
x04-clnadalcsa	2025-01-01	9999-12-31	GT	\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES				
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER		
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES				
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER		
P00-SCHDCPUB	2020-03-18	9999-12-31	GT TM	\$113.85	0.00%

PSYTX PT&/FAMILY 30	MINUTES					
PSYCHOTHERAPY; 30 M	IINUTES WITH PATIENT	AND/OR FAMILY MEM	IBER			
P00-SCHDCPUB	2015-10-01	9999-12-31	TM		\$113.85	0.00%
PSYTX PT&/FAMILY 30	MINUTES					
	IINUTES WITH PATIENT	AND/OR FAMILY MEN	TRER			
P00-SCHDCPUB	2023-03-01	9999-12-31	TM 93		\$113.85	0.00%
PSYTX PT&/FAMILY 30					,	
	IINUTES WITH PATIENT	AND/OR FAMILY MEN	(DFD			
T01-REHABMHRS	2025-01-01	9999-12-31	93		\$75.21	0.00%
PSYTX PT&/FAMILY 30					7.2.22	
	IINUTES WITH PATIENT	AND/OD FAMILY MEN	(DFD			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93		\$75.21	0.00%
		7777-14-31	93		γ/J.21	0.00%
PSYTX PT&/FAMILY 30						
PSYCHOTHERAPY; 30 M	IINUTES WITH PATIENT	AND/OR FAMILY MEM	IBER			
X04-CLNADALCSA	2025-01-01	9999-12-31	93		\$75.21	0.00%
PSYTX PT&/FAMILY 30	MINUTES					
PSYCHOTHERAPY; 30 M	IINUTES WITH PATIENT	AND/OR FAMILY MEM	IBER			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93		\$75.21	0.00%
Procedure Code :908	33 AS OF 12/06/2025					
		Procedure	e Description	n		_
4		I I OCCUAI,		<u> </u>		

Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Psvtx w pt w e/m 30	min							

Psychotherapy; 30 m.			h an evalu	ation a	and management	service	(List separately in
addition to the code				Т			
T01-REHABMHRS	2025-01-01	9999-12-31			\$60.	16	0.00%
Psytx w pt w e/m 30	min						
Psychotherapy; 30 m. addition to the code	_	_	h an evalu	ation a	and management	service	(List separately in
X02-CLNMNTLHLT	2025-01-01	9999-12-31			\$60.	16	0.00%
Psytx w pt w e/m 30	min						
Psychotherapy; 30 m. addition to the code	_	_	h an evalu	ation a	and management	service	(List separately in
X04-CLNADALCSA	2025-01-01	9999-12-31			\$60.	16	0.00%
Psytx w pt w e/m 30	min						
Psychotherapy; 30 m. addition to the code	_	_	h an evalu	ation a	and management	service	(List separately in
X06-CLNYTALCSA	2025-01-01	9999-12-31			\$60.	16	0.00%
PSYTX PT&/FAM W/E&M	30 MIN						
PSYCHOTHERAPY; 30 M. (LIST SEPARATELY IN				RFORMED	O WITHAN EVALUA	TION AND	MANAGEMENT SERVICE
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$60.	16	0.00%
PSYTX PT&/FAM W/E&M	30 MIN						
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEME	BER WHEN PE	RFORMED	O WITHAN EVALUA	TION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCE	DURE)				
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$60.	16	0.00%
PSYTX PT&/FAM W/E&M	30 MIN						

PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					
X04-CLNADALCSA	2025-01-01	9999-12-31	GT			\$60.16		0.00%
PSYTX PT&/FAM W/E&M	30 MIN							
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT			\$60.16		0.00%
PSYTX PT&/FAM W/E&M	30 MIN							
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$60.16		0.00%
PSYTX PT&/FAM W/E&M	30 MIN							
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$60.16		0.00%
PSYTX PT&/FAM W/E&M	30 MIN							
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$60.16		0.00%
PSYTX PT&/FAM W/E&M	30 MIN							
PSYCHOTHERAPY; 30 M	INUTES WITH PATIENT	AND/OR FAMILY MEMB	ER WHEN	PERFORMED	WITHAN	EVALUATION	AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COD	EFOR PRIMARY PROCE	DURE)					1
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 Mod	3 Mod4	Amount	Percentage			
Psytx w pt 45 minute	es								
Psychotherapy; 45 m	inutes with patient								
T01-REHABMHRS	2025-01-01	9999-12-31			\$112.83	0.00%			
Psytx w pt 45 minute	es								
Psychotherapy; 45 mg	inutes with patient								
X02-CLNMNTLHLT	2025-01-01	9999-12-31			\$112.83	0.00%			
Psytx w pt 45 minute	es								
Psychotherapy; 45 m	inutes with patient								
X04-CLNADALCSA	2025-01-01	9999-12-31			\$112.83	0.00%			
Psytx w pt 45 minute	es								
Psychotherapy; 45 m	inutes with patient								
X06-CLNYTALCSA	2025-01-01	9999-12-31			\$112.83	0.00%			
PSYTX PT&/FAMILY 45	MINUTES								
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEME	3ER						
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$112.83	0.00%			
PSYTX PT&/FAMILY 45	MINUTES								
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEME	3ER						
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$112.83	0.00%			
PSYTX PT&/FAMILY 45	MINUTES								
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEME	BER						
X04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$112.83	0.00%			
PSYTX PT&/FAMILY 45	MINUTES								

INUTES WITH PATIENT	AND/OR FAMILY MEN	1BER		
2025-01-01	9999-12-31	GT	\$112.83	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	1BER		
2020-03-18	9999-12-31	GT TM	\$216.39	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER		
2015-10-01	9999-12-31	TM	\$216.39	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	/BER		
2023-03-01	9999-12-31	TM 93	\$216.39	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	1BER		
2025-01-01	9999-12-31	93	\$112.83	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER		
2025-01-01	9999-12-31	93	\$112.83	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	/IBER		
2025-01-01	9999-12-31	93	\$112.83	0.00%
MINUTES				
INUTES WITH PATIENT	AND/OR FAMILY MEN	/BER		
2025-01-01	9999-12-31	93	\$112.83	0.00%
	2025-01-01  MINUTES  INUTES WITH PATIENT  2020-03-18  MINUTES  INUTES WITH PATIENT  2015-10-01  MINUTES  INUTES WITH PATIENT  2023-03-01  MINUTES  INUTES WITH PATIENT  2025-01-01  MINUTES  INUTES WITH PATIENT	MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2020-03-18 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2015-10-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2023-03-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEM  2025-01-01 9999-12-31	MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2020-03-18 9999-12-31 GT TM  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2015-10-01 9999-12-31 TM  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2023-03-01 9999-12-31 TM 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2025-01-01 9999-12-31 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2025-01-01 9999-12-31 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2025-01-01 9999-12-31 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2025-01-01 9999-12-31 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER  2025-01-01 9999-12-31 93  MINUTES  INUTES WITH PATIENT AND/OR FAMILY MEMBER	### STATE OF THE PATIENT AND/OR FAMILY MEMBER    2020-03-18

Procedure Description										
Provider Type	Begin Date	End Date	Mod1	_ Mod2 M	od3 Mod4	4 Amount	Percentage			
Psytx w pt w e/m 45	min									
Psychotherapy; 45 m	inutes with patient	when performed wi	th an	evaluat	ion and	management service	(List separately in			
addition to the cod	e for primary proced	dure)								
T01-REHABMHRS	2025-01-01	9999-12-31				\$90.25	0.00%			
Psytx w pt w e/m 45	min									
Psychotherapy; 45 m	inutes with patient	when performed wi	th an	evaluat	ion and	management service	(List separately ir			
	e for primary proced	_								
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$90.25	0.00%			
Psytx w pt w e/m 45	min									
	inutes with patient	when performed wi	th an	evaluat	ion and	management service	(List separately in			
	e for primary proced									
X04-CLNADALCSA	2025-01-01	9999-12-31				\$90.25	0.00%			
Psytx w pt w e/m 45	min									
Psychotherapy; 45 m	inutes with patient	when performed wi	ith an	evaluat	ion and	management service	(List separately in			
	e for primary proced									
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$90.25	0.00%			
PSYTX PT&/FAM W/E&M	45 MIN									
	INUTES WITH PATIENT	AND/OR FAMILY MEN	MBER WH	EN PERF	ORMED WI	THAN EVALUATION ANI	MANAGEMENT SERVICE			
PSYCHOTHERAPY; 45 M										
	ADDITION TO THE COL	DEFOR PRIMARY PROC	TEDURE)							

PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COI	DEFOR PRIMARY PROCED	URE)		
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	PEFOR PRIMARY PROCED	URE)		
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCED	URE)		
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCED	URE)		
T01-REHABMHRS	2025-01-01	9999-12-31	93	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCED	URE)		
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				
PSYCHOTHERAPY; 45 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	R WHEN PERFOR	MED WITHAN EVALUATION AND	MANAGEMENT SERVICE
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCED	URE)		
x04-CLNADALCSA	2025-01-01	9999-12-31	93	\$90.25	0.00%
PSYTX PT&/FAM W/E&M	45 MIN				

PSYCHOTHERAPY; 45 M	MINUTES WITH PATIENT	AND/OR FAMILY ME	MBER WHEN	PERFORMED	WITHAN EVALUATI	ON 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%		

Donaldon mano	Procedure Description										
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage						
Psytx w pt 60 minute	s										
Psychotherapy; 60 mi	nutes with patient										
T01-REHABMHRS	2025-01-01	9999-12-31		\$150.43	0.00%						
Psytx w pt 60 minute	s										
Psychotherapy; 60 mi	nutes with patient										
X02-CLNMNTLHLT	2025-01-01	9999-12-31		\$150.43	0.00%						
Psytx w pt 60 minute	es										
Psychotherapy; 60 mi											
X04-CLNADALCSA	2025-01-01	9999-12-31		\$150.43	0.00%						
Psytx w pt 60 minute	es										
Psychotherapy; 60 min											
X06-CLNYTALCSA	2025-01-01	9999-12-31		\$150.43	0.00%						
PSYTX PT&/FAMILY 60	MINUTES										
	INUTES WITH PATIENT A	AND/OR FAMILY ME	MBER								
T01-REHABMHRS	2025-01-01	9999-12-31	GT	\$150.43	0.00%						
PSYTX PT&/FAMILY 60											

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

	1						
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$150.43	0.00%
PSYTX PT&/FAMILY 60	MINUTES						
	IINUTES WITH PATIENT	AND/OR FAMILY MEM	BER				
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$150.43	0.00%
					-	<u> </u>	
Procedure Code :908	38 AS OF 12/06/2025						
		Procedure	e Descr	iption			
Provider Type	Begin Date	End Date		Mod2 Mod3	Mod4	Amount	Percentage
Psytx w pt w e/m 60							
	inutes with patient	when performed wi	th an e	vzaluation	and m	nanagement service	(List senarately in
	le for primary proced	_	III an c	Varuacion	and iii	allagement service	(List separatery in
T01-REHABMHRS	2025-01-01	9999-12-31				\$100.28	0.00%
Psytx w pt w e/m 60							
		when performed wi	th an c	raluation	and m	represent service	(List separately in
	le for primary proced	_	III aii C	Valuation	allu m	allagement service	(List Separatery III
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$100.28	0.00%
Psytx w pt w e/m 60						7200.23	
		la conformed wi	11 277	1. at i on		week a samui aa	(T)
	unutes with patient Le for primary proced		th an e	valuation	ana III	anagement service	(List separately in
X04-CLNADALCSA	2025-01-01	9999-12-31				\$100.28	0.00%
		9999-12-31				\$100.20	U.UU%
Psytx w pt w e/m 60							
	inutes with patient		th an e	valuation	and m	anagement service	(List separately in
addition to the code	le for primary proced				T		
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$100.28	0.00%

PSYTX PT&/FAM W/E&M	60 MIN										
PSYCHOTHERAPY; 60 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBER	R WHEN PERFORM	MED WITHAN	EVALUATION AND	MANAGEMENT SERVICE					
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCEDU	URE)								
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$100.28	0.00%					
PSYTX PT&/FAM W/E&M	PSYTX PT&/FAM W/E&M 60 MIN										
PSYCHOTHERAPY; 60 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBER	R WHEN PERFORM	MED WITHAN	EVALUATION AND	MANAGEMENT SERVICE					
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCEDU	URE)								
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$100.28	0.00%					
PSYTX PT&/FAM W/E&M	60 MIN										
PSYCHOTHERAPY; 60 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBER	R WHEN PERFORI	MED WITHAN	EVALUATION AND	MANAGEMENT SERVICE					
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCEDU	URE)								
X04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$100.28	0.00%					
PSYTX PT&/FAM W/E&M	60 MIN										
		AND/OR FAMILY MEMBER	R WHEN PERFORM	MED WITHAN	EVALUATION AND	MANAGEMENT SERVICE					
		DEFOR PRIMARY PROCEDU			<b>2 7.1.2 </b>						
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT		\$100.28	0.00%					
PSYTX PT&/FAM W/E&M	60 MIN										
		AND/OR FAMILY MEMBER	D MUTN DEDEODN	MED MITTUAN	ENTATION AND	MANIACEMENT CEDITTCE					
		AND/OR FAMILI MEMBER DEFOR PRIMARY PROCEDU		IED MIIIIWIN	EVALUATION AND	MANAGEMENT SERVICE					
T01-REHABMHRS	2025-01-01	9999-12-31	93	T	\$100.28	0.00%					
PSYTX PT&/FAM W/E&M					7-2222						
		AND/OR FAMILY MEMBER	D WHEN DEBEOR	MED MITTHAN	EVALUATION AND	MANIACEMENT SERVICE					
		DEFOR PRIMARY PROCEDU		IRD MY TITETTA	EAVIDALION WAS	PIANAGEPIENT DERVICE					
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	T	\$100.28	0.00%					
		7777 12 31	93		9100.20	0.00%					
PSYTX PT&/FAM W/E&M	60 MIN										

PSYCHOTHERAPY; 60 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	ER WHE	IN PERF	ORME	riw d	THAN EVALUATION AND	MANAGEMENT SERVICE		
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCEI	OURE)							
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$100.28	0.00%		
PSYTX PT&/FAM W/E&M	60 MIN									
PSYCHOTHERAPY; 60 M	INUTES WITH PATIENT	AND/OR FAMILY MEMBE	ER WHE	IN PERF	ORME	riw d	THAN EVALUATION AND	MANAGEMENT SERVICE		
(LIST SEPARATELY IN	ADDITION TO THE COL	DEFOR PRIMARY PROCEI	OURE)							
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$100.28	0.00%		
Procedure Code :9083	39 AS OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1	Mod2 M	od3	Mod4	Amount	Percentage		
Psytx crisis initia	1 60 min									
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	UTES								
T01-REHABMHRS	2025-01-01	9999-12-31					\$150.43	0.00%		
Psytx crisis initia	1 60 min									
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	UTES								
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$150.43	0.00%		
Psytx crisis initia	1 60 min									
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	UTES								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$150.43	0.00%		
Psytx crisis initia	1 60 min									
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	UTES								
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$150.43	0.00%		
PSYTX CRISIS INITIA	L 60 MIN									
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	UTES								
1										

		1		 1	1
T01-REHABMHRS	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PSYTX CRISIS INITIA	L 60 MIN				
PSYCHOTHERAPY FOR C		TTES			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PSYTX CRISIS INITIA					
PSYCHOTHERAPY FOR CI		TITLE			
				1.7.7.2.40	2.222
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PSYTX CRISIS INITIA	L 60 MIN				
PSYCHOTHERAPY FOR C	RISIS; FIRST 60 MINU	ŲTES			
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PSYTX CRISIS INITIA	L 60 MIN				
PSYCHOTHERAPY FOR CI	RISIS; FIRST 60 MINU	UTES			
T01-REHABMHRS	2025-01-01	9999-12-31	93	\$150.43	0.00%
PSYTX CRISIS INITIA	L 60 MIN				
PSYCHOTHERAPY FOR CI	RISIS; FIRST 60 MINU	UTES			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	\$150.43	0.00%
PSYTX CRISIS INITIA	L 60 MIN				
PSYCHOTHERAPY FOR CI		TTES			
X04-CLNADALCSA	2025-01-01	9999-12-31	93	\$150.43	0.00%
PSYTX CRISIS INITIA					
PSYCHOTHERAPY FOR CI		TUTEO			
				1	
X06-CLNYTALCSA	2025-01-01	9999-12-31	93	\$150.43	0.00%

Procedure Code :90840 AS OF 12/06/2025

		Procedur	e Description							
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod	od3 Mod4	Amount	Percentage				
Psytx crisis ea add										
		TAT 20 MINITIMES /II		TATA DO TIETONI IIIO	CODE FOR DRIV	(ADM GEDVITGE)				
	RISIS; EACH ADDITION	,	LST SEPARATELY	INADDITION TO						
T01-REHABMHRS	2025-01-01	9999-12-31			\$75.21	0.00%				
Psytx crisis ea add:	1 30 min									
PSYCHOTHERAPY FOR CI	RISIS; EACH ADDITION	VAL 30 MINUTES (LI	ST SEPARATELY	INADDITION TO	CODE FOR PRIM	LARY SERVICE)				
X02-CLNMNTLHLT	2025-01-01	9999-12-31			\$75.21	0.00%				
Psytx crisis ea addl 30 min										
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES (LI	IST SEPARATELY	INADDITION TO	CODE FOR PRIM	IARY SERVICE)				
X04-CLNADALCSA	2025-01-01	9999-12-31			\$75.21	0.00%				
Psytx crisis ea add	1 30 min									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES (LI	IST SEPARATELY	INADDITION TO	CODE FOR PRIM	IARY SERVICE)				
X06-CLNYTALCSA	2025-01-01	9999-12-31			\$75.21	0.00%				
PSYTX CRISIS EA ADDI	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES (LI	IST SEPARATELY	INADDITION TO	CODE FOR PRIM	IARY SERVICE)				
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$75.21	0.00%				
PSYTX CRISIS EA ADDI	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES (LI	IST SEPARATELY	INADDITION TO	CODE FOR PRIM	IARY SERVICE)				
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$75.21	0.00%				
PSYTX CRISIS EA ADDI	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES (LI	IST SEPARATELY	INADDITION TO	CODE FOR PRIM	IARY SERVICE)				
X04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$75.21	0.00%				
PSYTX CRISIS EA ADDI	L 30 MIN									

PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES	(LIST SEP.	ARATELY	INADDIT	ION TO	CODE FOR	PRIMAR	Y SERVICE)	
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$75.21		0.00%	
PSYTX CRISIS EA ADD	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	JAL 30 MINUTES	(LIST SEP.	ARATELY	INADDIT	ION TO	CODE FOR	PRIMAR	Y SERVICE)	
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$75.21		0.00%	
PSYTX CRISIS EA ADD	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES	(LIST SEP.	ARATELY	INADDIT	ION TO	CODE FOR	PRIMAR	Y SERVICE)	
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	<u> </u>			\$75.21		0.00%	
PSYTX CRISIS EA ADD	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES	(LIST SEP	ARATELY	INADDIT	ION TO	CODE FOR	PRIMAR	Y SERVICE)	
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21		0.00%	
PSYTX CRISIS EA ADD	L 30 MIN									
PSYCHOTHERAPY FOR C	RISIS; EACH ADDITION	NAL 30 MINUTES	(LIST SEP	ARATELY	INADDIT	ION TO	CODE FOR	PRIMAR	Y SERVICE)	
X06-CLNYTALCSA	2025-01-01	9999-12-31	93	$\bot$			\$75.21		0.00%	
Procedure Code :908	45 AS OF 12/06/2025									
		Proced	dure Descr	iption						
Provider Type	Begin Date	End Date	Mod1	Mod2 Mo	od3 Mod4		Amount		Percentag	је
PSYCHOANALYSIS										
PSYCHOANALYSIS										
T01-REHABMHRS	2025-01-01	9999-12-31					\$150.43		0.00%	
PSYCHOANALYSIS										
PSYCHOANALYSIS										
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$150.43		0.00%	
1										

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 :908	346 AS OF 12/06/2025						
		Procedur	e Descri	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 M	Mod3 Mod4	.4 Amount	Percentage
Family psytx w/o pt	. 50 min						
Family psychotherap	by (without the pation	ent present); 50 r	minutes				
T01-REHABMHRS	2025-01-01	9999-12-31				\$125.35	0.00%
Family psytx w/o pt	. 50 min						
Family psychotherap	by (without the pation	ent present); 50 r	minutes				
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$125.35	0.00%
Family psytx w/o pt	50 min						
Family psychotherap	by (without the pation	ent present); 50 r	minutes				
X04-CLNADALCSA	2025-01-01	9999-12-31				\$125.35	0.00%
Family psytx w/o pt	. 50 min						
	by (without the patie	ent present); 50 r	minutes				
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$125.35	0.00%
FAMILY PSYTX W/O PA	ATIENT						
	PY (WITHOUT THE PATIE	ENT PRESENT)					
	1 (1.222002	3111 2112221 ,					

	1	1		, ,		
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$125.35	0.00%
FAMILY PSYTX W/O PA	TIENT					
FAMILY PSYCHOTHERAP	Y (WITHOUT THE PATIE	ENT PRESENT)				
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$125.35	0.00%
FAMILY PSYTX W/O PA	TIENT					
FAMILY PSYCHOTHERAP	Y (WITHOUT THE PATT	ENT PRESENT)				
x04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$125.35	0.00%
FAMILY PSYTX W/O PA						
FAMILY PSYCHOTHERAP		ZNT DDFCFNT\				
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT		\$125.35	0.00%
FAMILY PSYTX W/O PA		7777 12 31	01		γ123·33	0.000
FAMILY PSYCHOTHERAP	,	9999-12-31	93		\$125.35	0.00%
T01-REHABMHRS	2025-01-01	9999-12-31	93		\$125.35	0.00%
FAMILY PSYTX W/O PA						
FAMILY PSYCHOTHERAP	Y (WITHOUT THE PATIE	ENT PRESENT)	T			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93		\$125.35	0.00%
FAMILY PSYTX W/O PA	TIENT					
FAMILY PSYCHOTHERAP	Y (WITHOUT THE PATIE	ENT PRESENT)				
X04-CLNADALCSA	2025-01-01	9999-12-31	93		\$125.35	0.00%
FAMILY PSYTX W/O PA	TIENT					
FAMILY PSYCHOTHERAP	Y (WITHOUT THE PATIE	ENT PRESENT)				
X06-CLNYTALCSA	2025-01-01	9999-12-31	93		\$125.35	0.00%
	<u> </u>	<u> </u>				

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	0 min											
Family psychotherap	y (conjoint psychoth	nerapy) (with patien	t present); 50 minute	es								
T01-REHABMHRS	2025-01-01	9999-12-31		\$125.35	0.00%							
Family psytx w/pt 50	0 min											
Family psychotherap	y (conjoint psychoth	nerapy) (with patien	t present); 50 minut	es								
X02-CLNMNTLHLT	2025-01-01	9999-12-31		\$125.35	0.00%							
Family psytx w/pt 50	0 min											
Family psychotherap	y (conjoint psychoth	nerapy) (with patien	t present); 50 minut	es								
X04-CLNADALCSA	2025-01-01	9999-12-31		\$125.35	0.00%							
Family psytx w/pt 50	0 min											
Family psychotherap	y (conjoint psychoth	nerapy) (with patien	t present); 50 minut	es								
X06-CLNYTALCSA	2025-01-01	9999-12-31		\$125.35	0.00%							
FAMILY PSYTX W/PATI	ENT											
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIEN	IT PRESENT)									
T01-REHABMHRS	2025-01-01	9999-12-31	GT	\$125.35	0.00%							
FAMILY PSYTX W/PATI	ENT											
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIEN	T PRESENT)									
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$125.35	0.00%							
FAMILY PSYTX W/PATI	ENT											
FAMILY PSYCHOTHERAPY	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIEN	IT PRESENT)									
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$125.35	0.00%							
FAMILY PSYTX W/PATIE	ENT											

FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIF	ENT PRESE	NT)			
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT			\$125.35	0.00%
FAMILY PSYTX W/PATI	ENT						
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIE	ENT PRESE	NT)			
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$125.35	0.00%
FAMILY PSYTX W/PATI	ENT						
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIE	ENT PRESE	NT)			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$125.35	0.00%
FAMILY PSYTX W/PATI	ENT						
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIE	ENT PRESE	NT)			
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$125.35	0.00%
FAMILY PSYTX W/PATI	ENT						
FAMILY PSYCHOTHERAP	Y (CONJOINT PSYCHOTE	HERAPY) (WITH PATIE	ENT PRESE	NT)			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$125.35	0.00%
Procedure Code :908	49 AS OF 12/06/2025						
		Procedure	Descrip	cion			
Provider Type	Begin Date	End Date	Mod1 Mc	od2 Mod3	Mod4	Amount	Percentage
MULTIPLE FAMILY GRO	UP PSYTX						
MULTIPLE-FAMILY GRO	UP PSYCHOTHERAPY						
T01-REHABMHRS	2025-01-01	9999-12-31				\$37.60	0.00%
MULTIPLE FAMILY GRO	UP PSYTX						
MULTIPLE-FAMILY GRO	UP PSYCHOTHERAPY						
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$37.60	0.00%

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

MULTIPLE FAMILY GRO	UP PSYTX							
MULTIPLE-FAMILY GRO	UP PSYCHOTHERAPY		1					
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$37.60	0.00%
MULTIPLE FAMILY GRO	UP PSYTX							
MULTIPLE-FAMILY GRO	UP PSYCHOTHERAPY							
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$37.60	0.00%
Procedure Code :908	53 AS OF 12/06/2025							
		Procedure	e Descri	iption	ı			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	ULTIPLE-FAMILY GRO	UP)					
T01-REHABMHRS	2025-01-01	9999-12-31					\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY	OTHER THAN OF A MU	ULTIPLE-FAMILY GRO	UP)					
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY	OTHER THAN OF A MU	ULTIPLE-FAMILY GRO	UP)					
X04-CLNADALCSA	2025-01-01	9999-12-31					\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY	OTHER THAN OF A MU	ULTIPLE-FAMILY GRO	UP)					
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$37.60	0.00%
GROUP PSYCHOTHERAPY								
GROUP PSYCHOTHERAPY	OTHER THAN OF A MU	ULTIPLE-FAMILY GRO	UP)					

				<u> </u>		
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-FAMILY GROUP	)			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-FAMILY GROUP	)			
X04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-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 MU	JLTIPLE-FAMILY GROUP	)			
T01-REHABMHRS	2025-01-01	9999-12-31	93		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-FAMILY GROUP	)			

X02-CLNMNTLHLT	2025-01-01	9999-12-31	93		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-FAMILY GRO	UP)			
X04-CLNADALCSA	2025-01-01	9999-12-31	93		\$37.60	0.00%
GROUP PSYCHOTHERAPY						
GROUP PSYCHOTHERAPY	(OTHER THAN OF A MU	JLTIPLE-FAMILY GRO	UP)			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93		\$37.60	0.00%
						7
Procedure Code :9086	63 AS OF 12/06/2025					
		Procedure	e Descript	ion		
Provider Type	Begin Date	End Date	Mod1 Mo	d2 Mod3 Mod	4 Amount	Percentage
Pharmacologic mgmt v						
PHARMACOLOGIC MANAGE		ESCRIPTION AND REV	IEW OF MED	DICATION; W	HENPERFORMED WITH PS	YCHOTHERAPY SERVICES
(LIST SEPARATELY IN						
X02-CLNMNTLHLT	2013-01-01	9999-12-31			\$0.00	100.00%
Procedure Code :9250	07 AS OF 12/06/2025					
		Procedure	e Descript	ion		
Provider Type	Begin Date	End Date	Mod1 Mo	d2 Mod3 Mod	4 Amount	Percentage
TX SP LANG VOICE COM						
TREATMENT OF SPEECH;	; LANGUAGE; VOICE; (	COMMUNICATION; AND	OR HEARIN	NG PROCESSI	NG DISORDER	
LOO-HHA	1978-12-31	9999-12-31			\$0.00	57.04%
TX SP LANG VOICE COM						
	AIM TINDTA					
TREATMENT OF SPEECH;		'OMMINICATION; AND	/OR HEARTN	IG PROCESSI	NG DISORDER	

P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$118.63	0.00%
TX SP LANG VOICE CO	MM INDIV							
TREATMENT OF SPEECH	; LANGUAGE; VOICE; (	COMMUNICATION; AND	O/OR_HEA	RING	PROCE	SSING	G DISORDER_	
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$118.63	0.00%
TX SP LANG VOICE CO	MM INDIV							
TREATMENT OF SPEECH	; LANGUAGE; VOICE; C	COMMUNICATION; AND	O/OR_HEA	RING	PROCE	SSINC	G DISORDER	
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$118.63	0.00%
TX SP LANG VOICE CO	MM INDIV							
TREATMENT OF SPEECH	; LANGUAGE; VOICE; (	COMMUNICATION; AND	O/OR_HEA	RING	PROCE	SSINC	G DISORDER	
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$118.63	0.00%
TX SP LANG VOICE CO	MM INDIV							
TREATMENT OF SPEECH	; LANGUAGE; VOICE; C	COMMUNICATION; AND	O/OR HEA	RING	PROCE	SSING	G DISORDER	
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$118.63	0.00%
TX SP LANG VOICE CO	MM INDIV							
TREATMENT OF SPEECH	; LANGUAGE; VOICE; (	COMMUNICATION; AND	O/OR HEA	RING	PROCE	SSING	G DISORDER	
D02-HOSPPSYPUB	2003-09-01	9999-12-31	52				\$0.00	2.30%
Procedure Code :925	08 AS OF 12/06/2025							
		Procedure	e Descri	iptio:	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
TX SP LANG VOICE CO								-
TREATMENT OF SPEECH		COMMINICATION; AND	O/OR HEA	RING	PROCE	SSTNO	G DISORDER IN A GROU	ID SETTING
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM	DDIII	\$39.84	0.00%
TX SP LANG VOICE CO							,	
TA DI LANG VOICE COL	MI GROOT							

TREATMENT OF SPEECH;	LANGUAGE; VOI	CE; CO	)MMUNICATION;	AND/OR	HEARIN	PROC	ESSING	DISORDER	IN A GROU	P SETTING	
P00-SCHDCPUB	2015-10-01		9999-12-31		GN TM			\$39.	84	0.00%	
TX SP LANG VOICE COM	IM GROUP										
TREATMENT OF SPEECH;	LANGUAGE; VOI	ICE; CO	OMMUNICATION;	AND/OR	HEARIN	PROC	ESSING	DISORDER	IN A GROU	P SETTING	
P00-SCHDCPUB	2020-03-18		9999-12-31		GT TM			\$39.	84	0.00%	
TX SP LANG VOICE COM	IM GROUP										
TREATMENT OF SPEECH;	LANGUAGE; VOI	ICE; CO	OMMUNICATION;	AND/OR	HEARIN	F PROC	ESSING	DISORDER	IN A GROU	P SETTING	
P00-SCHDCPUB	2015-10-01		9999-12-31		TM			\$39.		0.00%	
TX SP LANG VOICE COM	IM GROUP										
TREATMENT OF SPEECH;		CE; CO	OMMUNICATION;	AND/OR	HEARIN	F PROC	ESSING	DISORDER	IN A GROU	P SETTING	
P00-SCHDCPUB	2023-03-01		9999-12-31		TM 93			\$39.		0.00%	
		•			-						
·											
Procedure Code :9252	1 AS OF 12/06/	 ′2025									
Procedure Code :9252	1 AS OF 12/06/	′2025	Proce	dure De	scripti	on					
				dure De			Mod4	Amoı	ınt	Percentage	2
Provider Type	Begin Date		Proced End Date		scripti od1 Mod		Mod4	Amou	ınt	Percentage	2
Provider Type EVALUATION OF SPEECH	Begin Date	2	End Date	М			Mod4	Amou	ınt	Percentage	2
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH	Begin Date I FLUENCY I FLUENCY (EG S	2	End Date	M ING)	od1 Mod	2 Mod3	Mod4				2
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB	Begin Date I FLUENCY I FLUENCY (EG S 2020-03-18	2	End Date	M ING)			Mod4	<b>A</b> mou \$478		Percentage	
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  POO-SCHDCPUB  EVALUATION OF SPEECH	Begin Date I FLUENCY I FLUENCY (EG S 2020-03-18 I FLUENCY	STUTTER	End Date RING; CLUTTERI 9999-12-31	ING)	od1 Mod	2 Mod3	Mod4				
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB  EVALUATION OF SPEECH  EVALUATION OF SPEECH	Begin Date  I FLUENCY  I FLUENCY (EG S  2020-03-18  I FLUENCY  I FLUENCY (EG S	STUTTER STUTTER	End Date RING; CLUTTERI 9999-12-31 RING; CLUTTERI	ING)	od1 Mod	2 Mod3	Mod4	\$478	. 09	0.00%	
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB	Begin Date  I FLUENCY  I FLUENCY (EG S  2020-03-18  I FLUENCY  I FLUENCY (EG S  2015-10-01	STUTTER STUTTER	End Date RING; CLUTTERI 9999-12-31	ING)	od1 Mod	2 Mod3	Mod4		. 09		
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB  EVALUATION OF SPEECH	Begin Date  I FLUENCY  I FLUENCY (EG S  2020-03-18  I FLUENCY  I FLUENCY (EG S  2015-10-01  I FLUENCY	STUTTER STUTTER	End Date RING; CLUTTERI 9999-12-31 RING; CLUTTERI 9999-12-31	ING)	od1 Mod	2 Mod3	Mod4	\$478	. 09	0.00%	
Provider Type  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB  EVALUATION OF SPEECH  EVALUATION OF SPEECH  P00-SCHDCPUB	Begin Date  I FLUENCY  I FLUENCY (EG S  2020-03-18  I FLUENCY  I FLUENCY (EG S  2015-10-01  I FLUENCY	STUTTER STUTTER	End Date RING; CLUTTERI 9999-12-31 RING; CLUTTERI 9999-12-31	ING)	od1 Mod	2 Mod3	Mod4	\$478	.09	0.00%	

EVALUATION OF SPEECH	H FLUENCY						
EVALUATION OF SPEECH	H FLUENCY (EG; STUT	TERING; CLUTTERING)					
P00-SCHDCPUB	2015-10-01	9999-12-31	TM			\$478.09	0.00%
EVALUATION OF SPEECH	H FLUENCY						
EVALUATION OF SPEECE	H FLUENCY (EG; STUT	TERING; CLUTTERING)					
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93		\$478.09	0.00%
Procedure Code :9252	22 AS OF 12/06/2025						
		Procedure	Descr:	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mo	od3 Mod	4 Amount	Percentage
EVALUATE SPEECH PROI	DUCTION						
EVALUATION OF SPEECH	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOL	OGICAL	PROCES	S; APRAXIA; DYSARTHRI	IA)
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT :	TM	\$478.09	0.00%
EVALUATE SPEECH PROI	DUCTION						
EVALUATION OF SPEECH	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOL	OGICAL	PROCES	S; APRAXIA; DYSARTHRI	IA)
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM		\$478.09	0.00%
EVALUATE SPEECH PROI	DUCTION						
EVALUATION OF SPEECH	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOL	OGICAL	PROCES	S; APRAXIA; DYSARTHRI	IA)
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM		\$478.09	0.00%
EVALUATE SPEECH PROI	DUCTION						
EVALUATION OF SPEECH	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOL	OGICAL	PROCES	S; APRAXIA; DYSARTHRI	IA)
P00-SCHDCPUB	2015-10-01	9999-12-31	TM			\$478.09	0.00%
EVALUATE SPEECH PROI	DUCTION						
EVALUATION OF SPEECH	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOL	OGICAL	PROCES	S; APRAXIA; DYSARTHRI	IA)

P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$478.09	0.00%
Procedure Code :925	23 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
SPEECH SOUND LANG C	OMPREHEN							
EVALUATION OF SPEEC	H SOUND PRODUCTION	(EG ARTICULATION;	PHONOLO	OGICAI	L PROC	CESS;	APRAXIA; DYSARTHRIA	); WITH EVALUATION
OF LANGUANGE COMPRE	HENSION AND EXPRESS	ION (EG; RECEPTIVE	AND EX	(PRESS	SIVE I	LANGUA	ANGE )	
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM		\$478.09	0.00%
SPEECH SOUND LANG C	OMPREHEN							
EVALUATION OF SPEEC	H SOUND PRODUCTION	(EG ARTICULATION;	PHONOLO	OGICAI	L PROC	CESS;	APRAXIA; DYSARTHRIA	); WITH EVALUATION
OF LANGUANGE COMPRE	HENSION AND EXPRESS	ION (EG; RECEPTIVE	AND EX	(PRESS	SIVE I	LANGUA	ANGE )	
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM			\$478.09	0.00%
SPEECH SOUND LANG C	OMPREHEN							
EVALUATION OF SPEEC	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOI	LOGICA	AL PRO	CESS	APRAXIA; DYSARTHRI	(A); WITH EVALUATION
OF LANGUANGE COMPRE	HENSION AND EXPRESS	ION (EG; RECEPTIVE	ADN EX	KPRESS	SIVE I	LANGUA	ANGE )	
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$478.09	0.00%
SPEECH SOUND LANG C	OMPREHEN							
EVALUATION OF SPEEC	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOI	LOGICA	AL PRO	CESS	APRAXIA; DYSARTHRI	(A); WITH EVALUATION
OF LANGUANGE COMPRE	HENSION AND EXPRESS	ION (EG; RECEPTIVE	ADN EX	KPRESS	SIVE I	LANGUA	ANGE )	
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
SPEECH SOUND LANG C	OMPREHEN							
EVALUATION OF SPEEC	H SOUND PRODUCTION	(EG; ARTICULATION;	PHONOI	LOGICA	AL PRO	CESS	APRAXIA; DYSARTHRI	(A); WITH EVALUATION
OF LANGUANGE COMPRE	HENSION AND EXPRESS	ION (EG; RECEPTIVE	ADN EX	KPRESS	SIVE I	LANGUA	ANGE )	

P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93	'		\$478.09	0.00%
Procedure Code :925	24 AS OF 12/06/2025							
		Procedure	Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
BEHAVRAL QUALIT ANA	LYS VOICE							
BEHAVIORAL AND QUAL	ITATIVE ANALYSIS OF	VOICE AND RESONANCE	CE					
P00-SCHDCPUB	2020-03-18	9999-12-31	GN	GT	TM	'	\$478.09	0.00%
BEHAVRAL QUALIT ANA	LYS VOICE							
BEHAVIORAL AND QUAL	LITATIVE ANALYSIS OF	VOICE AND RESONANCE	CE					
P00-SCHDCPUB	2015-10-01	9999-12-31	GN	TM	'	'	\$478.09	0.00%
BEHAVRAL QUALIT ANA	LYS VOICE							
BEHAVIORAL AND QUAL	LITATIVE ANALYSIS OF	VOICE AND RESONANCE	CE					
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM	'	'	\$478.09	0.00%
BEHAVRAL QUALIT ANA	LYS VOICE							
BEHAVIORAL AND QUAL	LITATIVE ANALYSIS OF	VOICE AND RESONANCE	CE					
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$478.09	0.00%
BEHAVRAL QUALIT ANA	LYS VOICE							
BEHAVIORAL AND QUAL	LITATIVE ANALYSIS OF	VOICE AND RESONANCE	CE					
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$478.09	0.00%
_								
Procedure Code :961	100 AS OF 12/06/2025							
		Procedure	e Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

PSYCHOLOGICAL TESTI	NG										
PSYCHOLOGICAL TESTI	NG (INCLUDES PSYCHOL	DIAGNOSTIC ASSESSME	NT OF			PEI	RSONALITY; PSYCHOPAT	'HOI.OGY;			
EMOTIONALITY; INTEL	·			MMPI	-) WT'		TERPRETATION AND REP				
			CHACH	PHPE I	. ) VV <u> </u>						
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											
		TIPTNG ACCECOMENT O		7 11	OD OI	2000 1	MOTOR I ANGLIAGE GOO	NTT T T DIVIDI .			
DEVELOPMENTAL TEST A	·										
								D); BY PHYSICIAN OR			
OTHER QUALIFIED HEAD	LTH CARE PROFESSION	AL; WITH INTERPRETA	TION A	ND RE	PORT	; FIRS	ST HOUR				
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$226.20	0.00%			
Procedure Code :961	13 AS OF 12/06/2025										
Troccare code File	13 115 01 12,00,2010	D									
		Procedure	Descr	iption	<u>ດ</u>						
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage			
DEVEL TST PHYS/QHP I	EA ADDL										
DEVELOPMENTAL TEST A	ADMINICTDATION (INC	TIDING ASSESSMENT O	E EINE	י ארדי	OP CI		MOTOD: INNCIINCE: COC	יאודיידווף ו.הווידי:			
							UMENTS WHEN PERFORME	D); BY PHYSICIAN OR			
OTHER QUALIFIED HEAD			TION A	ND KE	PORT	; EACI					
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	3 Mod4	Amount	Percentage							
BRIEF EMOTIONAL/BEHAV ASSMT													
BRIEF EMOTIONAL OR B		T											
T01-REHABMHRS	2025-01-01	9999-12-31			\$12.38	0.00%							
BRIEF EMOTIONAL/BEHA	V ASSMT												
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
X02-CLNMNTLHLT	2025-01-01	9999-12-31			\$12.38	0.00%							
BRIEF EMOTIONAL/BEHA	V ASSMT												
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
X04-CLNADALCSA	2025-01-01	9999-12-31			\$12.38	0.00%							
BRIEF EMOTIONAL/BEHA	V ASSMT												
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
X06-CLNYTALCSA	2025-01-01	9999-12-31			\$12.38	0.00%							
BRIEF EMOTIONAL/BEHA	V ASSMT												
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
T01-REHABMHRS	2025-01-01	9999-12-31	GT		\$12.38	0.00%							
BRIEF EMOTIONAL/BEHAV ASSMT													
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT		\$12.38	0.00%							
BRIEF EMOTIONAL/BEHAV ASSMT													
BRIEF EMOTIONAL OR B	EHAVIORAL ASSESSMEN	T											
x04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$12.38	0.00%							
BRIEF EMOTIONAL/BEHAV ASSMT													

BRIEF EMOTIONAL OR	BEHAVIORAL ASSESSMEN	JT					
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT			\$12.38	0.00%
BRIEF EMOTIONAL/BEH	IAV ASSMT						
BRIEF EMOTIONAL OR	BEHAVIORAL ASSESSMEN	JT					
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$12.38	0.00%
BRIEF EMOTIONAL/BEH	IAV ASSMT						
BRIEF EMOTIONAL OR	BEHAVIORAL ASSESSMEN	)T					
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$12.38	0.00%
BRIEF EMOTIONAL/BEH	IAV ASSMT						
BRIEF EMOTIONAL OR	BEHAVIORAL ASSESSMEN	NT .					
x04-CLNADALCSA	2025-01-01	9999-12-31	93			\$12.38	0.00%
BRIEF EMOTIONAL/BEH	ASSMT						
BRIEF EMOTIONAL OR	BEHAVIORAL ASSESSMEN	JT					
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$12.38	0.00%
Procedure Code :961	.30 AS OF 12/06/2025						
		Procedure	e Descri	ption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
PSYCL TST EVAL PHYS	S/QHP 1ST						
PSYCHOLOGICAL TESTI	NG EVALUATION BY QUA	ALIFIED HEALTH CAR	E PROFE	SSIONAL; F	FIRST	60 MINUTES	
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM		\$427.75	0.00%
PSYCL TST EVAL PHYS	J/QHP 1ST						
	NG EVALUATION BY QUA	ALIFIED HEALTH CAR	E PROFE	SSIONAL; F	FIRST	60 MINUTES	
P00-SCHDCPUB	2019-01-01	9999-12-31	TM			\$427.75	0.00%

PSYCL TST EVAL PHYS	/QHP 1ST						
PSYCHOLOGICAL TESTI	NG EVALUATION BY QUA	ALIFIED HEALTH CARE	PROFESSI	ONAL; I	FIRST	60 MINUTES	
P00-SCHDCPUB	2023-03-01	9999-12-31	TM 93			\$427.75	0.00%
Procedure Code :961	31 AS OF 12/06/2025						
		Procedure I	Descript:	ion			
Provider Type	Begin Date	End Date	Mod1 Mod		Mod4	Amount	Percentage
PSYCL TST EVAL PHYS							_
	NG EVALUATION BY QUA	ALIFIED HEALTH CARE	PROFESSI	ONAL; A	ADDIT:	IONAL 60 MINUTES	
P00-SCHDCPUB	2020-03-18	9999-12-31	GT TN	4		\$427.75	0.00%
PSYCL TST EVAL PHYS	/QHP EA						
PSYCHOLOGICAL TESTI	NG EVALUATION BY QUA	ALIFIED HEALTH CARE	PROFESSI	ONAL; A	ADDIT	IONAL 60 MINUTES	
P00-SCHDCPUB	2019-01-01	9999-12-31	TM			\$427.75	0.00%
PSYCL TST EVAL PHYS	/QHP EA						
PSYCHOLOGICAL TESTI	NG EVALUATION BY QUA	ALIFIED HEALTH CARE	PROFESSI	ONAL; A	ADDIT	IONAL 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 :	Descri	iption	n .			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
NRPSYC TST EVAL PHY	S/OHP 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 :9613	33 AS OF 12/06/2025							
		Procedure	e Descr	iption				
Provider Type	Begin Date	End Date	Mod1	Mod2 Mo	od3 M	Mod4	Amount	Percentage
NRPSYC TST EVAL PHYS	S/QHP EA							
NEUROPHYCOLOGICAL TI	ESTING; EVALUATION BY	Y QUALIFIED HEALT	HCARE F	PROFESSI	ION;	ADDITIO	NAL 60 MINS	
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$169.65	0.00%
Procedure Code :9700	01 AS OF 12/06/2025							
		Procedure	e Descr	iption				
Provider Type	Begin Date	End Date	Mod1	Mod2 Mo	od3 M	Mod4	Amount	Percentage
PHYSICAL THERAPY EVA	AL							
PHYSICAL THERAPY EV	ALUATION -DCBS ONLY							
P00-SCHDCPUB	2015-10-01	9999-12-31	GP	TM			\$432.73	0.00%
Procedure Code :9700	02 AS OF 12/06/2025							
		Procedure	e Descr	iption				
Provider Type	Begin Date	End Date	Mod1	Mod2 Mo	od3 M	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 :9700	03 AS OF 12/06/2025							

		Procedure	e Descr	iptior	ı				
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage	
OT EVALUATION									
OCUUPATIONAL THERAP	Y EVALUATION I HOUR	/UNIT -DCBS ONLY							
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$475.77	0.00%	
OCCUPATIONAL THERAPY	Y EVALUATION								
OCCUPATIONAL THERAPY EVALUATION									
D02-HOSPPSYPUB	2003-08-01	9999-12-31	52				\$0.00	166.67%	
Procedure Code :971!	50 AS OF 12/06/2025								
		Procedure	e Descr	iption	1				
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage	
THERAPEUTIC PROCEDU	RES								
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS)	15 MINU	JTES /	UNIT	-DCE	S ONLY		
P00-SCHDCPUB	2020-03-18	9999-12-31	GO	GT	TM		\$39.68	0.00%	
THERAPEUTIC PROCEDU	RES								
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS)	15 MINU	JTES /	UNIT	-DCE	S ONLY		
P00-SCHDCPUB	2015-10-01	9999-12-31	GO	TM			\$39.68	0.00%	
THERAPEUTIC PROCEDU	RES								
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS)	15 MINU	JTES /	UNIT	DCBS	S ONLY		
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	HM	TM	\$39.68	0.00%	
THERAPEUTIC PROCEDUR	RES								
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS)							
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$39.68	0.00%	

i						
THERAPEUTIC PROCEDU	RES					
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS) 15	MINUTES / U	JNIT DCBS	ONLY	
P00-SCHDCPUB	2015-10-01	9999-12-31	GP HM 7	ΓM	\$39.68	0.00%
THERAPEUTIC PROCEDU	RES					
THERAPEUTIC PROCEDU	RE(S); GROUP (2 OR M	MORE INDIVIDUALS)				
P00-SCHDCPUB	2015-10-01	9999-12-31	GP TM		\$39.68	0.00%
Procedure Code :971	61 AS OF 12/06/2025					
		Procedure 1	Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mo	od3 Mod4	Amount	Percentage
PT EVAL LOW COMPLEX	20 MIN					
PHYSICAL THERAPY EV	ALUATION: LOW COMPLE	EXITY; REOUIRING THE	SE COMPONENT	S: A HIS	STORY WITH NO PERSON	AL FACTORS AND/OR
	IMPACT THE PLAN OF C	~				
ADDRESSING 1-2 ELEM	ENTS FROM ANY OF THE	FOLLOWING: BODY ST	RUCTURES AND	FUNCTIC	NS; ACTIVITY	
P00-SCHDCPUB	2020-03-18	9999-12-31	GP GT 7	rm	\$432.73	0.00%
PT EVAL LOW COMPLEX	20 MIN					
PHYSICAL THERAPY EV	ALUATION: LOW COMPLE	EXITY; REQUIRING THE	SE COMPONENT	S: A HIS	TORY WITH NO PERSON	AL FACTORS AND/OR
COMORBIDITIES THAT	IMPACT THE PLAN OF C	CARE; AN EXAMINATION	OF BODY SYS	STEM(S) U	JSING STANDARDIZED T	ESTS AND MEASURES
ADDRESSING 1-2 ELEM	ENTS FROM ANY OF THE	E FOLLOWING: BODY ST	RUCTURES AND	FUNCTIO	NS; ACTIVITY	
P00-SCHDCPUB	2017-01-01	9999-12-31	GP TM		\$432.73	0.00%
Procedure Code :971	62 AS OF 12/06/2025					

Procedure Description

Mod1 Mod2 Mod3 Mod4

Amount

Percentage

End Date

Provider Type

Begin Date

PT EVAL MOD COMPLEX	30 MIN				
PHYSICAL THERAPY EV	ALUATION: MODERATE (	COMPLEXITY; REQUIRING	G THESE COMPONE	NTS: A HISTORY OF PRESEN	T PROBLEM WITH 1-2
PERSONAL FACTORS AND	D/OR COMORBIDITIES T	HAT IMPACT THE PLAN	OF CARE; AN EX	AMINATION OF BODY SYSTEM	S USING
STANDARDIZED TESTS A	AND MEASURES IN ADDR	RESSING A TOTAL OF 3	OR MORE ELEMEN	TS FROM ANY OF THE FOLLO	WI
P00-SCHDCPUB	2020-03-18	9999-12-31	GP GT TM	\$432.73	0.00%
PT EVAL MOD COMPLEX	30 MIN				
PHYSICAL THERAPY EV	ALUATION: MODERATE (	COMPLEXITY; REQUIRING	G THESE COMPONE	NTS: A HISTORY OF PRESEN	T PROBLEM WITH 1-2
PERSONAL FACTORS AND	D/OR COMORBIDITIES T	HAT IMPACT THE PLAN	OF CARE; AN EX	AMINATION OF BODY SYSTEM	S USING
STANDARDIZED TESTS A	AND MEASURES IN ADDE	RESSING A TOTAL OF 3	OR MORE ELEMEN	TS FROM ANY OF THE FOLLO	WI
P00-SCHDCPUB	2017-01-01	9999-12-31	GP TM	\$432.73	0.00%

Procedure Code :971	63 AS OF 12/06/2025							
		Procedure I	Descri	iption				
Provider Type	Begin Date	End Date	Mod1	Mod2 M	Iod3	Mod4	Amount	Percentage
PT EVAL HIGH COMPLE								
		LEXITY; REQUIRING TH	ESE C	OMPONE	NTS:	A H	ISTORY OF PRESENT PR	OBLEM WITH 3 OR
		FIES THAT IMPACT THE						YSTEMS USING
STANDARDIZED TESTS .	AND MEASURES ADDRESS	SING A TOTAL OF 4 OR	MORE	ELEME	NTS I	FROM	ANY OF THE FOLLOWIN	
P00-SCHDCPUB	2020-03-18	9999-12-31	GP	GT	TM		\$432.73	0.00%
PT EVAL HIGH COMPLE	X 45 MIN							
PHYSICAL THERAPY EV	ALUATION: HIGH COMPI	LEXITY; REQUIRING TH	ESE C	OMPONE	NTS:	АН	ISTORY OF PRESENT PR	OBLEM WITH 3 OR
MORE PERSONAL FACTO	RS AND/OR COMORBIDIT	FIES THAT IMPACT THE	PLAN	OF CA	RE; A	AN EX	KAMINATION OF BODY S	YSTEMS USING
STANDARDIZED TESTS	AND MEASURES ADDRESS	SING A TOTAL OF 4 OR	MORE	ELEME	NTS I	FROM	ANY OF THE FOLLOWIN	
P00-SCHDCPUB	2017-01-01	9999-12-31	GP	TM			\$432.73	0.00%

		Procedur	e Descriptio	on	I	
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
RE-EVAL EST PLAN	I CARE					
E-EVALUATION OF PH	HYSICAL THERAPY ESTAE	BLISHED PLAN OF CA	ARE; REQUIRI	NG THESE C	OMPONENTS: AN EXAM	INATION INCLUDING
EVIEW OF HISTORY A	AND USE OF STANDARDIZ	ZED TESTS AND MEAS	SURES IS REQ	UIRED; AND	REVISED PLAN OF CA	ARE USING A
TANDARDIZED PATIEN	NT ASSESSMENT INSTRUM	MENT AND/OR MEASUR	RABLE ASSESS	MENT OF FU	NCTIONAL OUTCOME	TY
P00-SCHDCPUB	2020-03-18	9999-12-31	GP GT	TM	\$432.74	0.00%
T RE-EVAL EST PLAN	I CARE					
		SLISHED PLAN OF CA	ARE; REOUTRT	NG THESE C	OMPONENTS: AN EXAM	TNATION INCLUDING
E-EVALUATION OF PH	HYSICAL THERAPY ESTAE					
E-EVALUATION OF PH EVIEW OF HISTORY A		ZED TESTS AND MEAS	SURES IS REQ	UIRED; AND	REVISED PLAN OF C	
E-EVALUATION OF PH EVIEW OF HISTORY A	HYSICAL THERAPY ESTAE AND USE OF STANDARDIZ	ZED TESTS AND MEAS	SURES IS REQ	UIRED; AND	REVISED PLAN OF C	ARE USING A
E-EVALUATION OF PH EVIEW OF HISTORY A TANDARDIZED PATIEN	HYSICAL THERAPY ESTAE AND USE OF STANDARDIZ NT ASSESSMENT INSTRUM	ZED TESTS AND MEAS MENT AND/OR MEASUR	SURES IS REQ	UIRED; AND	REVISED PLAN OF CANCTIONAL OUTCOME	ARE USING A TY
E-EVALUATION OF PHEVIEW OF HISTORY AS TANDARDIZED PATIENT POO-SCHDCPUB	HYSICAL THERAPY ESTAE AND USE OF STANDARDIZ NT ASSESSMENT INSTRUM 2017-01-01	ZED TESTS AND MEAS MENT AND/OR MEASUR	SURES IS REQ	UIRED; AND	REVISED PLAN OF CANCTIONAL OUTCOME	ARE USING A TY
E-EVALUATION OF PHEVIEW OF HISTORY ATTANDARDIZED PATIENT POOSCHOOPUB	HYSICAL THERAPY ESTAE AND USE OF STANDARDIZ NT ASSESSMENT INSTRUM	ZED TESTS AND MEAS  MENT AND/OR MEASUR  9999-12-31	SURES IS REQ	UIRED; AND	REVISED PLAN OF CANCTIONAL OUTCOME	ARE USING A TY
E-EVALUATION OF PHEVIEW OF HISTORY A TANDARDIZED PATIEN P00-SCHDCPUB rocedure Code :971	HYSICAL THERAPY ESTAF AND USE OF STANDARDIZ NT ASSESSMENT INSTRUM 2017-01-01  165 AS OF 12/06/2025	ZED TESTS AND MEASUF MENT AND/OR MEASUF 9999-12-31 Procedur	SURES IS REQ	UIRED; AND MENT OF FU	REVISED PLAN OF CANCTIONAL OUTCOME \$432.74	ARE USING A TY 0.00%
EVIEW OF HISTORY A TANDARDIZED PATIEN P00-SCHDCPUB	HYSICAL THERAPY ESTAE AND USE OF STANDARDIZ NT ASSESSMENT INSTRUM 2017-01-01	ZED TESTS AND MEAS  MENT AND/OR MEASUR  9999-12-31	SURES IS REQ	UIRED; AND	REVISED PLAN OF CANCTIONAL OUTCOME \$432.74	ARE USING A TY

GT

TM

\$475.77

0.00%

PRESENTING PROBLEM; AN ASSESSMENT(S) THAT IDENTIFIES 1-3 PERFORMANCE DEFICITS (IE; RELAT

9999-12-31

2020-03-18

P00-SCHDCPUB

OT EVAL LOW COMPLEX 30 MIN

OCCUPATIONAL THERAPY	Y EVALUATION; LOW CO	OMPLEXITY; REQUIRING	THES	E COMPONE	NTS: AN	OCCUPATIONAL PROF	ILE AND MEDICAL AND
THERAPY HISTORY; WHI	ICH INCLUDES A BRIEF	F HISTORY INCLUDING	REVIE	W OF MEDIC	CAL AND	O/OR THERAPY RECORD	S RELATING TO THE
PRESENTING PROBLEM;	AN ASSESSMENT(S) TH	HAT IDENTIFIES 1-3 P	ERFOR	MANCE DEF	CITS (	IE; RELAT	
P00-SCHDCPUB	2017-01-01	9999-12-31	TM			\$475.77	0.00%
OT EVAL LOW COMPLEX	30 MIN						
OCCUPATIONAL THERAPY	Y EVALUATION; LOW CO	OMPLEXITY; REQUIRING	THES	E COMPONE	NTS: AN	OCCUPATIONAL PROF	ILE AND MEDICAL AND
THERAPY HISTORY; WHI	ICH INCLUDES A BRIEF	F HISTORY INCLUDING	REVIE	W OF MEDIC	CAL AND	O/OR THERAPY RECORD	S RELATING TO THE
PRESENTING PROBLEM;	AN ASSESSMENT(S) TH	HAT IDENTIFIES 1-3 P	ERFOR	MANCE DEF	CITS (	IE; RELAT	
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93		\$475.77	0.00%

Procedure Code :9716	66 AS OF 12/06/2025						
		Procedure	Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
OT EVAL MOD COMPLEX	45 MIN						
OCCUPATIONAL THERAPY	Y EVALUATION; MODERA	ATE COMPLEXITY; REOU	JIRING	THESE CON	(PONE)	NTS: AN OCCUPATIONAL	PROFILE AND
MEDICAL AND THERAPY						OR THERAPY RECORDS	
REVIEW OF PHYSICAL;	COGNITIVE; OR PSYCH	HOSOCIAL HISTORY REI	LATED	TO CURRENT	FUN	CTIONAL PERFORMANCE;	
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM		\$475.77	0.00%
OT EVAL MOD COMPLEX	45 MIN						
OCCUPATIONAL THERAPY	Y EVALUATION; MODERA	ATE COMPLEXITY; REQU	JIRING	THESE CON	(PONE	NTS: AN OCCUPATIONAL	PROFILE AND
MEDICAL AND THERAPY	HISTORY; WHICH INCI					OR THERAPY RECORDS	
REVIEW OF PHYSICAL;	COGNITIVE; OR PSYCH	HOSOCIAL HISTORY REI	ATED	TO CURRENT	FUN	CTIONAL PERFORMANCE;	
P00-SCHDCPUB	2017-01-01	9999-12-31	TM			\$475.77	0.00%
OT EVAL MOD COMPLEX	45 MIN						

OCCUPATIONAL THERAPY	Z EVALUATION; MODERA	TE COMPLEXITY; REQU	IRING THESE CO	OMPONENTS:	AN OCCUPATIONAL	PROFILE AND				
MEDICAL AND THERAPY	HISTORY; WHICH INCL	UDES AN EXPANDED RE	VIEW OF MEDICA	AL AND/OR	THERAPY RECORDS	AND ADDITIONAL				
REVIEW OF PHYSICAL;	COGNITIVE; OR PSYCH	OSOCIAL HISTORY REL	ATED TO CURRE	NT FUNCTIO	NAL PERFORMANCE;					
P00-SCHDCPUB	2023-03-01	9999-12-31	TM 93		\$475.77	0.00%				
Procedure Code :9716	57 AS_OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod	3 Mod4	Amount	Percentage				
OT EVAL HIGH COMPLEX	k 60 MIN									
OCCUPATIONAL THERAPY	Y EVALUATION; HIGH C	OMPLEXITY; REQUIRIN	G THESE COMPO	NENTS: AN	OCCUPATIONAL PRO	FILE AND MEDICAL				
AND THERAPY HISTORY;										
PHYSICAL; COGNITIVE;	OR PSYCHOSOCIAL HI	STORY RELATED TO CU	RRENT FUNCTION	NAL PERFOR	MANCE; AN ASS					
P00-SCHDCPUB	2020-03-18	9999-12-31	GT TM		\$475.77	0.00%				
OT EVAL HIGH COMPLEX	K 60 MIN									
OCCUPATIONAL THERAPY		'OMDI FYTTV: PFOIIPIN	C THESE COMPO	NENTS: AN	OCCUDATIONAL DRO	ETTE AND MEDICAL				
AND THERAPY HISTORY		VIEW OF MEDICAL AND/								
PHYSICAL; COGNITIVE;						ONAL KEVIEW OF				
P00-SCHDCPUB	2017-01-01	9999-12-31	TM	NALL FERT OR	\$475.77	0.00%				
		7777-14-31	IM		Ş <del>4</del> /3.//	0.00%				
OT EVAL HIGH COMPLEY	( 60 MIN									
OCCUPATIONAL THERAPY	C EVALUATION; HIGH C	OMPLEXITY; REQUIRIN	G THESE COMPO	NENTS: AN	OCCUPATIONAL PRO	FILE AND MEDICAL				
AND THERAPY HISTORY;	WHICH INCLUDES REV	VIEW OF MEDICAL AND/	OR THERAPY REC	CORDS AND	EXTENSIVE ADDITI	ONAL REVIEW OF				
PHYSICAL; COGNITIVE;	OR PSYCHOSOCIAL HI	STORY RELATED TO CU	RRENT FUNCTION	NAL PERFOR	MANCE; AN ASS					

TM

93

9999-12-31

0.00%

\$475.77

Procedure Code :97168 AS OF 12/06/2025

P00-SCHDCPUB

2023-03-01

		Procedure	Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
OT RE-EVAL EST PLAN	CARE						
RE-EVALUATION OF OCC	CUPATIONAL THERAPY F	ESTABLISHED PLAN O!	F CARE;	REQUIRING	G THESE	COMPONENTS: AN A	SSESSMENT OF CHANGES
IN PATIENT FUNCTION	AL OR MEDICAL STATUS	WITH REVISED PLAN	N OF CA	ARE; AN UPI	DATE TO	THE INITIAL OCCU	PATIONAL PROFILE TO
REFLECT CHANGES IN	CONDITION OR ENVIRON	MENT THAT AFFECT I	FUTURE	INTERVENT	IONS ANI	D/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 OCC	CUPATIONAL THERAPY F	ESTABLISHED PLAN O!	F CARE;	REQUIRING	G THESE	COMPONENTS: AN A	SSESSMENT OF CHANGES
IN PATIENT FUNCTION	AL OR MEDICAL STATUS	WITH REVISED PLAN	N OF CA	ARE; AN UPI	DATE TO	THE INITIAL OCCU	PATIONAL PROFILE TO
REFLECT CHANGES IN	CONDITION OR ENVIRON	MENT THAT AFFECT I	FUTURE	INTERVENT	IONS ANI	O/OR GOA	
P00-SCHDCPUB	2017-01-01	9999-12-31	TM			\$477.18	0.00%
OT RE-EVAL EST PLAN	CARE						
RE-EVALUATION OF OCC	CUPATIONAL THERAPY F	ESTABLISHED PLAN O!	F CARE;	REQUIRING	G THESE	COMPONENTS: AN A	SSESSMENT OF CHANGES
IN PATIENT FUNCTION	AL OR MEDICAL STATUS	WITH REVISED PLAN	N OF CA	ARE; AN UPI	DATE TO	THE INITIAL OCCU	PATIONAL PROFILE TO
REFLECT CHANGES IN	CONDITION OR ENVIRON	MENT THAT AFFECT I	FUTURE	INTERVENT	IONS ANI	D/OR GOA	
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93		\$477.18	0.00%
Procedure Code :975	30 AS OF 12/06/2025						
		Procedure	Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
THERAPEUTIC ACTIVIT	IES						
THERAPEUTIC ACTIVIT	IES; DIRECT (ONE-ON-	-ONE) PATIENT CONT	ACT BY	THE	PROVI	IDER (USE OF DYNA	MIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE); EAC	CH 15 MINUTES-DCBS	ONLY				
P00-SCHDCPUB	2020-03-18	9999-12-31	GO	GT HM	TM	\$117.09	0.00%

THERAPEUTIC ACTIVIT	CIES							
THERAPEUTIC ACTIVIT	IES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	Y THE		PROVIDER	(USE OF DYNAM	MIC 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 ACTIVIT	CIES							
THERAPEUTIC ACTIVIT	CIES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	I THE		PROVIDER	(USE OF DYNAM	MIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE);	EACH 15	MINUTES-DCBS ONLY					
P00-SCHDCPUB	2015-10-01		9999-12-31 GO	НМ	TM		\$117.09	0.00%
THERAPEUTIC ACTIVIT	ries							
THERAPEUTIC ACTIVIT	CIES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	I THE		PROVIDER	(USE OF DYNAM	MIC 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 ACTIVIT	TIES							
THERAPEUTIC ACTIVIT	CIES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	I THE		PROVIDER	(USE OF DYNAM	MIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE);	EACH 15	MINUTES					
P00-SCHDCPUB	2020-03-18		9999-12-31 GP	GT	НМ	TM	\$117.09	0.00%
THERAPEUTIC ACTIVIT	CIES							
THERAPEUTIC ACTIVIT	TIES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	Y THE		PROVIDER	(USE OF DYNAM	MIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE);	EACH 15	MINUTES					
P00-SCHDCPUB	2020-03-18		9999-12-31 GP	GT	TM		\$117.09	0.00%
THERAPEUTIC ACTIVIT	CIES							
THERAPEUTIC ACTIVIT	CIES; DIRECT (ONE	-ON-ONE)	PATIENT CONTACT BY	Y THE		PROVIDER	(USE OF DYNAM	MIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE);	EACH 15	MINUTES					
P00-SCHDCPUB	2015-10-01		9999-12-31 GP	НМ	TM		\$117.09	0.00%
THERAPEUTIC ACTIVIT	CIES							
4								•

THERAPEUTIC ACTIVIT	CIES; DIRECT (ONE-ON-	-ONE) PATIENT CONTAG	CT BY THI	Ε	PRC	OVIDER (USE OF DY	NAMIC ACTIVITIES TO
IMPROVE FUNCTIONAL	PERFORMANCE); EAC	CH 15 MINUTES		,			
P00-SCHDCPUB	2015-10-01	9999-12-31	GP T	M		\$117.09	0.00%
		·				·	1
Procedure Code :992	02 AS OF 12/06/2025						
		Procedure	Descript	ion			
Provider Type	Begin Date	End Date	Mod1 Mo	d2 Mod3	Mod4	Amount	Percentage
OFFICE O/P NEW SF 1	5 MIN						
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGH	TFORWARD	MEDICAI	L DECI	SION MAKING; IF	USING TIME; 15 MINUTES
OR MORE							
T01-REHABMHRS	2025-01-01	9999-12-31				\$108.77	0.00%
OFFICE O/P NEW SF 1	5 MIN						
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGH	TFORWARD	MEDICAI	L DECI	SION 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 1	5 MIN						
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGH	TFORWARD	MEDICAI	L DECI	SION 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 1	5 MIN						
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGH	TFORWARD	MEDICAI	L DECI	SION 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 1	5 MIN						

1											
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	i; 15	MINUTES
OR MORE			Т		T	T					
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	; 15	MINUTES
OR MORE											
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	: 15	MINUTES
OR MORE											
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	: 15	MINUTES
OR MORE											
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	: 15	MINUTES
OR MORE											
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH STRAIGHT	FORWA	RD MEDICA	L DEC	ISION M	IAKING;	IF US	ING TIME	; 15	MINUTES
OR MORE											
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$108.77			0.00%	
OFFICE O/P NEW SF 1	5 MIN										

NEW PATIENT OFFICE OR MORE	OR OTHER OUTPATIENT	VISIT WITH STRAIG	HTFORWAR	D MEDICAI	_ DECI	ISION MAKING; IF USI	ING TIME; 15 MINUTES
x04-CLNADALCSA	2025-01-01	9999-12-31	93			\$108.77	0.00%
OFFICE O/P NEW SF 1	5 MIN						
NEW PATIENT OFFICE OR MORE	OR OTHER OUTPATIENT	VISIT WITH STRAIG	HTFORWAR	D MEDICAI	_ DECI	ISION MAKING; IF USI	ING TIME; 15 MINUTES
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$108.77	0.00%
Procedure Code :992	.03 AS OF 12/06/2025						
		Procedure	e Descrip	otion			
Provider Type	Begin Date	End Date	Mod1 M	Mod2 Mod3	Mod4	Amount	Percentage
OFFICE O/P NEW LOW	30 MIN						
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH LOW LE	VEL OF M	EDICAL DE	ECISIC	ON MAKING; IF USING	TIME; 30 MINUTES OR
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 LE	VEL OF M	EDICAL DE	ECISI(	ON MAKING; IF USING	TIME; 30 MINUTES OR
	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 LE	VEL OF M	EDICAL DE	ECISIC	ON MAKING; IF USING	TIME; 30 MINUTES OR
	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	N MAKING; IF	'USING	TIME;	30 MINUTES	OR
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$182.93	3		0.00%	
OFFICE O/P NEW LOW 3	30 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICAL	DECISION	N MAKING; IF	' USING	TIME;	30 MINUTES	OR
T01-REHABMHRS	2025-01-01	9999-12-31	GT			\$182.93	3		0.00%	
OFFICE O/P NEW LOW 3	30 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICAL	DECISION	N MAKING; IF	' USING	TIME;	30 MINUTES	OR
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT			\$182.93	3		0.00%	
OFFICE O/P NEW LOW 3	30 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICAL	DECISION	N MAKING; IF	' USING	TIME;	30 MINUTES	OR
X04-CLNADALCSA	2025-01-01	9999-12-31	GT			\$182.93	3		0.00%	
OFFICE O/P NEW LOW 3										
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICAL	DECISION	N MAKING; IF	USING	TIME;	30 MINUTES	OR
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT			\$182.93	3		0.00%	
OFFICE O/P NEW LOW :	30 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICAL	DECISION	N MAKING; IF	' USING	TIME;	30 MINUTES	OR
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$182.93	3		0.00%	
OFFICE O/P NEW LOW	30 MIN									

NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICA	L DECISIC	ON MAKING; IF	USING	TIME;	30 MINUTES	OR
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$182.93	3		0.00%	
OFFICE O/P NEW LOW	30 MIN									
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICA	L DECISIO	N MAKING; IF	USING	TIME;	30 MINUTES	OR
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$182.93	3		0.00%	
OFFICE O/P NEW LOW										
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH LOW	LEVEL OF	MEDICA	L DECISIO	ON MAKING; IF	USING	TIME;	30 MINUTES	OR
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$182.93	<del></del>		0.00%	
Procedure Code :992	204 AS OF 12/06/2025	Proced	dure Descr	ription						
Provider Type	Begin Date				Mod3 Mod4	Amount		F	Percentage	
OFFICE O/P NEW MOD										
	OR OTHER OUTPATIENT	VISIT WITH MOD!	ERATE LEVI	EL OF M	EDICAL DE	CISION MAKIN	G; IF (	JSING 7	CIME; 45	
T01-REHABMHRS	2025-01-01	9999-12-31				\$257.08	3		0.00%	
OFFICE O/P NEW MOD	45 MIN									
NEW PATIENT OFFICE MINUTES OR MORE	OR OTHER OUTPATIENT	VISIT WITH MOD!	ERATE LEVI	EL OF M	EDICAL DE	CISION MAKIN	G; IF (	JSING 7	CIME; 45	
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$257.08	3		0.00%	
1102 0211111121121	2020 01 01		$\overline{}$			7207700				

OFFICE O/P NEW MOD 45 MIN

NEW PATIENT OFFICE O	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							
NEW PATIENT OFFICE C	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL	OF N	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 4	45 MIN							

	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL OF	MEDICAL	DECISION MAKING; IF	USING TIME; 45
MINUTES OR MORE						
T01-REHABMHRS	2025-01-01	9999-12-31	93		\$257.08	0.00%
OFFICE O/P NEW MOD	45 MIN					
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL OF	MEDICAL	DECISION MAKING; IF	USING TIME; 45
MINUTES OR MORE						
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93		\$257.08	0.00%
OFFICE O/P NEW MOD	45 MIN					
		VISIT WITH MODERATE	TEVEL OF	MEDICAL	DECISION MAKING; IF	USING TIME: 45
MINUTES OR MORE	OK OTHER GOTTETEN	VIOLI WITH HODBIULE	TEART OF	FIED I CLIE	DECIDION PRINTING, 21	OBTING TIPE, 15
X04-CLNADALCSA	2025-01-01	9999-12-31	93		\$257.08	0.00%
OFFICE O/P NEW MOD					4	
		THE MODEL AND			TECTON MARKENO. TE	
	OR OTHER OUTPATIENT	VISIT WITH MODERATE	LEVEL OF	MEDICAL	DECISION MAKING; IF	USING TIME; 45
MINUTES OR MORE						T
X06-CLNYTALCSA	2025-01-01	9999-12-31	93		\$257.08	0.00%
Procedure Code :992	205 AS OF 12/06/2025					
		Procedure D	Descriptio	n		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod	d4 Amount	Percentage
OFFICE O/P NEW HI 6	0 MIN					
		VISIT WITH A HIGH L	EVEL OF MI	IDICAL D	FCISION MAKING; IF U	SING TIME; 60 MINUTES
OR MORE	OR OTHER GOTTES	VIOIT HIII II IIII		ID T CI IL	actoron innerno.	STING TITLE, CO TILLICE
T01-REHABMHRS	2025-01-01	9999-12-31			\$331.24	0.00%
OFFICE O/P NEW HI 6						
011232 072	0 1121					

NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME; (	60 MINUTES
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME;	60 MINUTES
X04-CLNADALCSA	2025-01-01	9999-12-31					\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME; (	60 MINUTES
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME; (	60 MINUTES
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME; (	60 MINUTES
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									
NEW PATIENT OFFICE (	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF M	EDICAL	DECIS	SION MAKING;	IF USI	NG TIME;	60 MINUTES
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$331.24		0.	00%
OFFICE O/P NEW HI 6	0 MIN									

NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL (	OF MEDICAL	DECISION	MAKING;	IF USING	G TIME; 60	MINUTES
OR MORE									
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT			\$331.24		0.00%	Ś
OFFICE O/P NEW HI 6	0 MIN								
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL (	OF MEDICAL	DECISION	MAKING;	IF USIN	G TIME; 60	MINUTES
OR MORE			Į.						
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$331.24		0.00%	5
OFFICE O/P NEW HI 6	0 MIN								
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL (	OF MEDICAL	DECISION	MAKING;	IF USIN	G TIME; 60	MINUTES
OR MORE									
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$331.24		0.00%	5
OFFICE O/P NEW HI 6	0 MIN								
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL (	OF MEDICAL	DECISION	MAKING;	IF USIN	G TIME; 60	MINUTES
OR MORE									
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$331.24		0.00%	5
OFFICE O/P NEW HI 6	0 MIN								
NEW PATIENT OFFICE	OR OTHER OUTPATIENT	VISIT WITH A HIGH	LEVEL	OF MEDICAL	DECISION	MAKING;	IF USIN	G TIME; 60	MINUTES
OR MORE									
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$331.24		0.00%	5
Procedure Code :992	211 AS OF 12/06/2025								
		Procedure	e Descri	ption					
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount		Percent	age

ESTABLISHED	PATIENT	OUTPATIENT	VISIT;	MINIMAL	PRESENTING	PROBLEM

OFFICE O/P EST MINIMAL PROB

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

T01-REHABMHRS	2025-01-01	9999-12-31	93			\$24.72	0.00%		
OFFICE O/P EST MINI	MAL PROB								
ESTABLISHED PATIENT	OUTPATIENT VISIT; M	MINIMAL PRESENTING P	ROBLEM						
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93			\$24.72	0.00%		
OFFICE O/P EST MINIMAL PROB									
ESTABLISHED PATIENT	OUTPATIENT VISIT; M	MINIMAL PRESENTING P	ROBLEM						
X04-CLNADALCSA	2025-01-01	9999-12-31	93			\$24.72	0.00%		
OFFICE O/P EST MINI	MAL PROB								
ESTABLISHED PATIENT		MINIMAL PRESENTING P	PROBLEM						
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$24.72	0.00%		

Begin Date	End Date				
	EIIG Date	Mod1 Mod2 Mod	3 Mod4	Amount	Percentage
IIN					
FICE OR OTHER OUT	PATIENT VISIT WITH	STRAIGHTFORWA	RD MEDICA	L DECISION MAKING	; IF USING TIME; 10
2025-01-01	9999-12-31			\$71.68	0.00%
IIN					
FICE OR OTHER OUT	PATIENT VISIT WITH	STRAIGHTFORWA	RD MEDICA:	L DECISION MAKING	; IF USING TIME; 10
2025-01-01	9999-12-31			\$71.68	0.00%
1	FICE OR OTHER OUT  2025-01-01  IN  FICE OR OTHER OUT	FICE OR OTHER OUTPATIENT VISIT WITH  2025-01-01  9999-12-31  IN  FICE OR OTHER OUTPATIENT VISIT WITH	FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWAY  2025-01-01 9999-12-31  IN  FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWAY	FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICA:  2025-01-01 9999-12-31  IN  FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICA:	FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING  2025-01-01 9999-12-31 \$71.68  IN  FICE OR OTHER OUTPATIENT VISIT WITH STRAIGHTFORWARD MEDICAL DECISION MAKING

MINUTES OR MORE

		I								
X04-CLNADALCSA	2025-01-01	9999-12-31					\$71.68		0.00%	i
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRAI	GHTFC	RWARD	MEDI	CAL DECISION	MAKING;	IF USING T	CIME; 10
MINUTES OR MORE										
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$71.68		0.00%	í
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRAI	GHTFC	RWARD	MEDI	CAL DECISION	MAKING;	IF USING T	CIME; 1
MINUTES OR MORE										
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$71.68		0.00%	i
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRAI	GHTFO	RWARD	) MEDI	CAL DECISION	MAKING;	IF USING T	CIME; 1
MINUTES OR MORE										
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$71.68		0.00%	ī
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT		PATIENT VISIT WITH	STRAI	GHTFO	ORWARD	MEDI	CAL DECISION	MAKING;	IF USING T	rime; 10
MINUTES OR MORE										
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$71.68		0.00%	ī
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRAI	GHTFC	RWARD	) MEDI	CAL DECISION	MAKING;	IF USING T	rime; 10
MINUTES OR MORE										
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$71.68		0.00%	i
OFFICE O/P EST SF 1	0 MIN									
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRAI	GHTFC	ORWARD	MEDI	CAL DECISION	MAKING;	IF USING T	CIME; 1
MINUTES OR MORE										
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$71.68		0.00%	i

OFFICE O/P EST SF 10	0 MIN											
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT WITH	STRA	IGHTFO	ORWAR	D MEDICA	AL DECISIO	N MAKINO	; IF (	USING TI	ME; 1	10
X04-CLNADALCSA	2025-01-01	9999-12-31	93	<u> </u>	<u> </u>	<u> </u>	\$71.6	8		0.00%		
OFFICE O/P EST SF 10	0 MIN											
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	CPATIENT VISIT WITH	STRA	IGHTFO	ORWAR	D MEDICA	AL DECISIO	N MAKINO	; IF (	JSING TI	ME;	10
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$71.6	8		0.00%		
Procedure Code :992	13 AS OF 12/06/2025											
		Procedure	Descr	riptio	n							
Provider Type	Begin Date	End Date		Mod2		Mod4	Amour	nt	P	ercenta	 qе	
OFFICE O/P EST LOW 2												
ESTABLISHED PATIENT		TPATIENT VISIT WITH	LOW I	ĹEVEL	OF D	ECISION	MAKING; I	F USING	TIME;	20 MINU	TES (	)R
T01-REHABMHRS	2025-01-01	9999-12-31					\$121.	13		0.00%		
OFFICE O/P EST LOW 2	20 MIN											
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	LOW I	LEVEL	OF D	ECISION	MAKING; I	F USING	TIME;	20 MINU	TES (	OR
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$121.1	13		0.00%		
OFFICE O/P EST LOW 2	20 MIN											
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	CPATIENT VISIT WITH	LOW I	LEVEL	OF D	ECISION	MAKING; I	F USING	TIME;	20 MINU	TES (	OR
X04-CLNADALCSA	2025-01-01	9999-12-31					\$121.1	13		0.00%		

OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT MORE	OFFICE OR OTHER C	OUTPATIENT VISIT	WITH	LOW	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
X06-CLNYTALCSA	2025-01-01	9999-12-31						\$121	1.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT MORE	OFFICE OR OTHER O	OUTPATIENT VISIT	WITH	LOW :	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
T01-REHABMHRS	2025-01-01	9999-12-31		GT				\$121	1.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT	OFFICE OR OTHER C	OUTPATIENT VISIT	WITH	LOW :	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
X02-CLNMNTLHLT	2025-01-01	9999-12-31	-	GT				\$121	L.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT	OFFICE OR OTHER C	OUTPATIENT VISIT	WITH	LOW :	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
X04-CLNADALCSA	2025-01-01	9999-12-31	-	GT				\$121	L.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT MORE	OFFICE OR OTHER C	OUTPATIENT VISIT	WITH	LOW :	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
X06-CLNYTALCSA	2025-01-01	9999-12-31		GT				\$121	L.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													
ESTABLISHED PATIENT MORE	OFFICE OR OTHER C	OUTPATIENT VISIT	WITH	LOW :	LEVEL	OF	DECISION	N MAKING;	IF	USING	TIME;	20	MINUTES	OR
T01-REHABMHRS	2025-01-01	9999-12-31	-	93				\$121	1.13			0	.00%	
OFFICE O/P EST LOW 2	20 MIN													

ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	LOW LEVEL	OF DI	ECISION	MAKING; IF U	SING	TIME;	20 MINUTES	S OR
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 OUT	PATIENT VISIT WITH	LOW LEVEL	OF DI	ECISION	MAKING; IF U	SING	TIME;	20 MINUTES	S OR
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 OUT	PATIENT VISIT WITH	LOW LEVEL	OF DI	ECISION	MAKING; IF U	SING	TIME;	20 MINUTES	S OR
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$121.13			0.00%	
Procedure Code :992	14 AS OF 12/06/2025									
		Procedure :	Descriptio	n						
Provider Type	Begin Date				Mod4	Amount		P	ercentage	
OFFICE O/P EST MOD	30 MIN									
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT WITH	MODERATE I	EVEL	OF DEC	ISION MAKING;	IF U	SING T	ГІМЕ; 30	
T01-REHABMHRS	2025-01-01	9999-12-31				\$170.57			0.00%	
OFFICE O/P EST MOD	30 MIN									
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT WITH	MODERATE I	EVEL	OF DEC	ISION MAKING;	IF U	SING T	ГІМЕ; 30	
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$170.57			0.00%	
OFFICE O/P EST MOD	30 MIN									

ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	MODERATE	E LEVEL	OF D	ECISION MAKING; IF U	SING TIME; 30
MINUTES OR MORE					ı		
X04-CLNADALCSA	2025-01-01	9999-12-31				\$170.57	0.00%
OFFICE O/P EST MOD	30 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	MODERATE	LEVEL	OF D	ECISION MAKING; IF U	SING 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 OUT	PATIENT VISIT WITH	MODERATE	E LEVEL	OF D	ECISION MAKING; IF U	SING TIME; 30
MINUTES OR MORE							
T01-REHABMHRS	2025-01-01	9999-12-31	GT			\$170.57	0.00%
OFFICE O/P EST MOD	30 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	PATIENT VISIT WITH	MODERATE	E LEVEL	OF D	ECISION MAKING; IF U	SING 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 OUT	PATIENT VISIT WITH	MODERATE	LEVEL	OF D	ECISION MAKING; IF U	SING 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 OUT	PATIENT VISIT WITH	MODERATE	E LEVEL	OF D	ECISION MAKING; IF U	SING 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 O	UTPATIENT VISIT WI	TH MODERAT	E LEVEL	OF DE	ECISION MAKING; IF U	JSING TIME; 30
MINUTES OR MORE				·			
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$170.57	0.00%
OFFICE O/P EST MOD	30 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER O	UTPATIENT VISIT WI	TH MODERAT	E LEVEL	OF DE	ECISION MAKING; IF U	JSING 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 O	UTPATIENT VISIT WI	TH MODERAT	E LEVEL	OF DE	CISION MAKING; IF U	JSING 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 O	UTPATIENT VISIT WI	TH MODERAT	E LEVEL	OF DE	ECISION MAKING; IF U	JSING TIME; 30
MINUTES OR MORE				·			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$170.57	0.00%
Procedure Code :992	15 AS OF 12/06/202	5					
		Procedur	re Descrip	ion			
Provider Type	Begin Date	End Date	Mod1 Mo	d2 Mod3	Mod4	Amount	Percentage
OFFICE O/P EST HI 4	0 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER O	UTPATIENT VISIT WI	TH HIGH LE	VEL OF M	EDICA	AL DECISION MAKING;	IF USING TIME; 40
MINUTES OR MORE							
T01-REHABMHRS	2025-01-01	9999-12-31				\$232.37	0.00%
OFFICE O/P EST HI 4	0 MIN						
4							

ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT	WITH HIG	H LEVE	OF	MEDICAL	DECISION MAKING;	IF USING TIME;	40
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$232.37	0.00%	
OFFICE O/P EST HI 40	) MIN								
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT	WITH HIG	H LEVE	_ 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	O MIN								
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT	WITH HIG	H LEVE	G OF	MEDICAL	DECISION MAKING;	IF USING TIME;	40
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$232.37	0.00%	
OFFICE O/P EST HI 40	O MIN								
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT	WITH HIG	H LEVE	OF	MEDICAL	DECISION MAKING;	IF USING TIME;	40
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$232.37	0.00%	
OFFICE O/P EST HI 40	O MIN								
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT	WITH HIG	H LEVE	G OF	MEDICAL	DECISION MAKING;	IF USING TIME;	40
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$232.37	0.00%	
OFFICE O/P EST HI 40	O MIN								
ESTABLISHED PATIENT MINUTES OR MORE	OFFICE OR OTHER OUT	PATIENT VISIT	WITH HIG	H LEVE	OF	MEDICAL	DECISION MAKING;	IF USING TIME;	40
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$232.37	0.00%	
OFFICE O/P EST HI 40	NIM C								

ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT WITH	HIGH L	EVEL O	F MEDICA	AL 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 4	0 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT WITH	HIGH L	EVEL O	F MEDICA	AL DECISION MAKING;	IF USING TIME; 40
MINUTES OR MORE							
T01-REHABMHRS	2025-01-01	9999-12-31	93			\$232.37	0.00%
OFFICE O/P EST HI 4	0 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT WITH	HIGH L	EVEL O	F MEDICA	AL 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 4	0 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT WITH	HIGH L	EVEL O	F MEDICA	AL 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 4	0 MIN						
ESTABLISHED PATIENT	OFFICE OR OTHER OUT	TPATIENT VISIT WITH	HIGH L	EVEL O	F MEDICA	AL DECISION MAKING;	IF USING TIME; 40
MINUTES OR MORE							
X06-CLNYTALCSA	2025-01-01	9999-12-31	93			\$232.37	0.00%

Procedure Code :993	344 AS OF 12/06/2025				
		Procedure	Description		
		1100000			
Provider Type	Begin Date	End Date	Mod1   Mod2   Mod3   M	od4 Amount	Percentage
Home visit new pati	.ent				

RESIDENCE VISIT FOR	NEW PATIENT WITH MC	DERATE LEVEL OF M	EDICAL D	ECISION N	MAKING;	PER DAY; IF USING	TIME; AT LEAST 60
MINUTES							
X02-CLNMNTLHLT	1998-04-01	9999-12-31				\$0.00	100.00%
Procedure Code :9940	01 AS OF 12/06/2025						
		Procedure	e Descri	otion			
Provider Type	Begin Date	End Date		Iod2 Mod3	Mod4	Amount	Percentage
PREV MED CNSL INDIV							
		TT 1E MINITURE					
PREVENTIVE MEDICINE						227 60	0.00%
T01-REHABMHRS	2025-01-01	9999-12-31				\$37.60	0.00%
PREV MED CNSL INDIV	APPRX 15						
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 15 MINUTES			1		
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$37.60	0.00%
PREV MED CNSL INDIV	APPRX 15						
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 15 MINUTES					
X04-CLNADALCSA	2025-01-01	9999-12-31				\$37.60	0.00%
PREV MED CNSL INDIV							
PREVENTIVE MEDICINE		TV 15 MINITES					
						437.60	0.00%
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$37.60	0.00%
PREV MED CNSL INDIV	APPRX 15						
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 15 MINUTES					
T01-REHABMHRS	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; TYPICAI	LLY 15 MINUTES							
X04-CLNADALCSA	2025-01-01	9999-12-31	GT		\$37.60	0.00%			
PREV MED CNSL INDIV	APPRX 15								
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 15 MINUTES							
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT		\$37.60	0.00%			
PREV MED CNSL INDIV	APPRX 15								
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 15 MINUTES							
T01-REHABMHRS	2025-01-01	9999-12-31	93		\$37.60	0.00%			
PREV MED CNSL INDIV	APPRX 15								
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 15 MINUTES							
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93		\$37.60	0.00%			
PREV MED CNSL INDIV	APPRX 15								
PREVENTIVE MEDICINE	PREVENTIVE MEDICINE COUNSELING; TYPICALLY 15 MINUTES								
X04-CLNADALCSA	2025-01-01	9999-12-31	93		\$37.60	0.00%			
PREV MED CNSL INDIV	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								

					1
COUNSELING; TYPICAL	LLY 30 MINUTES	, , ,	, ,		
2025-01-01	9999-12-31		\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31		\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31		\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31		\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31	GT	\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31	GT	\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31	GT	\$75.	. 21	0.00%
APPRX 30					
COUNSELING; TYPICAL	LLY 30 MINUTES				
2025-01-01	9999-12-31	GT	\$75.	. 21	0.00%
APPRX 30					
	APPRX 30  COUNSELING; TYPICAL  2025-01-01  APPRX 30  COUNSELING; TYPICAL  2025-01-01	APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31	APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT	2025-01-01 9999-12-31 \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT \$75.	2025-01-01 9999-12-31 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21  APPRX 30  COUNSELING; TYPICALLY 30 MINUTES  2025-01-01 9999-12-31 GT 875.21

PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 30 MINUTES						
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV	APPRX 30							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 30 MINUTES						
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV	APPRX 30							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 30 MINUTES						
X04-CLNADALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
PREV MED CNSL INDIV	APPRX 30							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 30 MINUTES						
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$75.21	0.00%
[								
Procedure Code :994	03 AS OF 12/06/2025							
		Procedure	e Descr	iptior	1			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREV MED CNSL INDIV	APPRX 45							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 45 MINUTES						
T01-REHABMHRS	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV	APPRX 45							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 45 MINUTES						
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$112.83	0.00%
PREV MED CNSL INDIV	APPRX 45							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 45 MINUTES						
X04-CLNADALCSA	2025-01-01	9999-12-31					\$112.83	0.00%

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

PREV MED CNSL INDIV	APPRX 45							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 45 MINUTES						
X06-CLNYTALCSA	2025-01-01	9999-12-31	93				\$112.83	0.00%
Procedure Code :994	04 AS OF 12/06/2025							
		Procedure	e Descr	iptior	ı			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						
T01-REHABMHRS	2025-01-01	9999-12-31					\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						
X02-CLNMNTLHLT	2025-01-01	9999-12-31					\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						
X04-CLNADALCSA	2025-01-01	9999-12-31					\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						
X06-CLNYTALCSA	2025-01-01	9999-12-31					\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						
T01-REHABMHRS	2025-01-01	9999-12-31	GT				\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60							
PREVENTIVE MEDICINE	COUNSELING; TYPICAL	LLY 1 HOUR						

X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60				
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 1 HOUR			
X04-CLNADALCSA	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60				
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 1 HOUR			
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT	\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60				
PREVENTIVE MEDICINE	COUNSELING; TYPICAI	LLY 1 HOUR			
T01-REHABMHRS	2025-01-01	9999-12-31	93	\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60				
PREVENTIVE MEDICINE		LLY 1 HOUR			
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93	\$150.43	0.00%
PREV MED CNSL INDIV	APPRX 60				
PREVENTIVE MEDICINE		ILY 1 HOUR			
X04-CLNADALCSA	2025-01-01	9999-12-31	93	\$150.43	0.00%
PREV MED CNSL INDIV				, 222	
PREVENTIVE MEDICINE		LLY 1 HOUR			
X06-CLNYTALCSA	2025-01-01	9999-12-31	93	\$150.43	0.00%
	2023 01 01			1 7130.13	1 0.000

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 MI	N								

ANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
TO 30 MINUTES			1					
2025-01-01	9999-12-31	'				\$56.94		0.00%
1								
ANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
ro 30 minutes								
2025-01-01	9999-12-31	<u> </u>				\$56.94		0.00%
1								
ANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
TO 30 MINUTES			•					
2025-01-01	9999-12-31	<u> </u>				\$56.94		0.00%
1								
ANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
TO 30 MINUTES								
2025-01-01	9999-12-31	<u> </u>				\$56.94		0.00%
1								
ANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
TO 30 MINUTES								
2025-01-01	9999-12-31	GT				\$56.94		0.00%
1								
ANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	URED	SCREE	NING	(EG; AUDIT	; DAST);	AND BR	IEF INTERVENTION
TO 30 MINUTES								
2025-01-01	9999-12-31	GT				\$56.94		0.00%
1								
	O 30 MINUTES  2025-01-01  ANCE (OTHER THAN TO O 30 MINUTES  2025-01-01	0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCT  0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCT  0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCT  0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCT  0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCT  0 30 MINUTES  2025-01-01 9999-12-31	O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED O 30 MINUTES  2025-01-01 9999-12-31 GT	O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREE O 30 MINUTES  2025-01-01 9999-12-31 GT	0 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING O 30 MINUTES  2025-01-01 9999-12-31 GT	O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT O 30 MINUTES  2025-01-01 9999-12-31  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT O 30 MINUTES  2025-01-01 9999-12-31 GT  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT O 30 MINUTES  2025-01-01 9999-12-31 GT	0 30 MINUTES  2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST);  0 30 MINUTES  2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST);  0 30 MINUTES  2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST);  0 30 MINUTES  2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST);  0 30 MINUTES  2025-01-01 9999-12-31 GT \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST);  0 30 MINUTES  2025-01-01 9999-12-31 GT \$56.94	2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BR. 0 30 MINUTES 2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BR. 0 30 MINUTES 2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BR. 0 30 MINUTES 2025-01-01 9999-12-31 \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BR. 0 30 MINUTES 2025-01-01 9999-12-31 GT \$56.94  ANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BR. 0 30 MINUTES 2025-01-01 9999-12-31 GT \$56.94

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
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
AUDIT/DAST 15-30 MIN ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG;AUDIT; DAST); AND BRIEF INTERVENTION
ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG; AUDIT; DAST); AND BRIEF INTERVENTION
/ ADIT \ ARDITARO 1 F MO 20 MINIMPA
(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 Description										
Provider Type	Begin Date	End Date	Mod1 M	od2 Mod3	Mod4	Amount		Percentage			
AUDIT/DAST OVER 30 N	MIN										
ALCOHOL AND/OR SUBST			URED SO	CREENING	(EG;AUI	DIT; DAST);	AND BR	IEF INTERVENTION			
T01-REHABMHRS	2025-01-01	9999-12-31				\$99.02		0.00%			
AUDIT/DAST OVER 30 M	MIN										
ALCOHOL AND/OR SUBST			URED SO	CREENING	(EG;AUI	DIT; DAST);	AND BR	IEF INTERVENTION			
X02-CLNMNTLHLT	2025-01-01	9999-12-31				\$99.02		0.00%			
AUDIT/DAST OVER 30 M	MIN										
ALCOHOL AND/OR SUBST			URED SO	CREENING	(EG; AUI	DIT; DAST);	AND BR	IEF INTERVENTION			
X04-CLNADALCSA	2025-01-01	9999-12-31				\$99.02		0.00%			
AUDIT/DAST OVER 30 N	MIN										
ALCOHOL AND/OR SUBST			URED SO	CREENING	(EG;AUI	DIT; DAST);	AND BR	IEF INTERVENTION			
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$99.02		0.00%			
AUDIT/DAST OVER 30 I	MIN										
ALCOHOL AND/OR SUBST			URED SO	CREENING	(EG;AUI	DIT; DAST);	AND BR	IEF INTERVENTION			
X08-RSS	2025-01-01	9999-12-31				\$99.02		0.00%			
AUDIT/DAST OVER 30 N	MIN										
ALCOHOL AND/OR SUBST	TANCE (OTHER THAN TO		URED SO	CREENING	(EG;AUI	DIT; DAST);	AND BR	IEF INTERVENTION			

		1									
T01-REHABMHRS	2025-01-01	9999-12-31	GT		$\perp$		\$99.02			0.00%	
AUDIT/DAST OVER 30 1	MIN										
ALCOHOL AND/OR SUBS	TANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	TURED	SCREEN:	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
(SBI) SERVICES; GRE	ATER THAN 30 MINUTES	5									
X02-CLNMNTLHLT	2025-01-01	9999-12-31	GT				\$99.02			0.00%	
AUDIT/DAST OVER 30 I	MIN										
ALCOHOL AND/OR SUBS'	TANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	TURED	SCREEN	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
(SBI) SERVICES; GRE	ATER THAN 30 MINUTES	5									
X04-CLNADALCSA	2025-01-01	9999-12-31	GT				\$99.02			0.00%	
AUDIT/DAST OVER 30 I	MIN										
ALCOHOL AND/OR SUBS'	TANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	TURED	SCREEN	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
(SBI) SERVICES; GRE	ATER THAN 30 MINUTES	5									
X06-CLNYTALCSA	2025-01-01	9999-12-31	GT				\$99.02			0.00%	
AUDIT/DAST OVER 30 I	MIN										
ALCOHOL AND/OR SUBS'	TANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	TURED	SCREEN	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
(SBI) SERVICES; GRE	ATER THAN 30 MINUTES	5									
X08-RSS	2025-01-01	9999-12-31	GT				\$99.02			0.00%	
AUDIT/DAST OVER 30 1	MIN										
ALCOHOL AND/OR SUBS'	TANCE (OTHER THAN TO	OBACCO) ABUSE STRUCT	TURED	SCREEN	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
	ATER THAN 30 MINUTES										
T01-REHABMHRS	2025-01-01	9999-12-31	93				\$99.02			0.00%	
AUDIT/DAST OVER 30 I	MIN										
ALCOHOL AND/OR SUBS	TANCE (OTHER THAN TO	DBACCO) ABUSE STRUCT	TURED	SCREEN	ING	(EG; AUDIT;	DAST);	AND BR	IEF	INTERVENTION	
(SBI) SERVICES; GRE	ATER THAN 30 MINUTES	5									
X02-CLNMNTLHLT	2025-01-01	9999-12-31	93				\$99.02			0.00%	

AUDIT/DAST OVER 30 I	MIN								
ALCOHOL AND/OR SUBST	TANCE (OTHER THAN TO		URED	SCREENING	(EG;AUD	IT; DAST); AND	BRIEF I	INTERVENTION	
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 I	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 :994	46 AS OF 12/06/2025								
		Procedure	Descri	iption					
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount		Percentage	
INTERPROF PHONE/ONL:	INE 5-10								
TELEPHONE; INTERNET; OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY  CONSULTING PHYSICIAN; 5-10 MINUTES									
T01-REHABMHRS	2025-01-01	9999-12-31				\$20.65		0.00%	
Procedure Code :99447 AS OF 12/06/2025									
Procedure Code .99447 AS OF 12/00/2025  Procedure Description									

Mod1 Mod2 Mod3 Mod4

Amount

Percentage

End Date

Provider Type

Begin Date

INTERPROF PHONE/ONL	INE 11-20					
INTERPROFESSIONAL T	TELEPHONE/INTERNET AS	SESSMENT AND MANA	GEMENT SER	VICE PROVIDE	D BY A CONSULTATIV	E PHYSICIAN
INCLUDING A VERBAL	AND WRITTEN REPORT T	O THE PATIENT'S T	REATING/RE	QUESTING PHY	SICIAN OR OTHER QU.	ALIFIED HEALTH CARE
PROFESSIONAL; 11-20	MINUTES OF MEDICAL	CONSULTATIVE DISCU	JSSION AND	REVIEW		
T01-REHABMHRS	2025-01-01	9999-12-31			\$40.86	0.00%
Procedure Code :994	448 AS OF 12/06/2025					
		Procedure	e Descripti	ion		
Provider Type	Begin Date	End Date	Mod1 Mod	12 Mod3 Mod4	Amount	Percentage
INTERPROF PHONE/ONL	INE 21-30					
INTERPROFESSIONAL T	TELEPHONE/INTERNET AS	SESSMENT AND MANA(	GEMENT SER	VICE PROVIDI	ED BY A CONSULTATIV	E PHYSICIAN
	AND WRITTEN REPORT T					
	) MINUTES OF MEDICAL			~		
T01-REHABMHRS	2025-01-01	9999-12-31			\$62.37	0.00%
					·	
Drogoduro Code :004	149 AS OF 12/06/2025					
Procedure code 1994	49 A5 OF 12/00/2025					
		Procedure	Descripti	Lon		
Provider Type	Begin Date	End Date	Mod1 Mod	12 Mod3 Mod4	Amount	Percentage
INTERPROF PHONE/ONL	INE 31/>					
INTERPROFESSIONAL T	TELEPHONE/INTERNET AS	SESSMENT AND MANA	GEMENT SER	VICE PROVIDE	ED BY A CONSULTATIV	E PHYSICIAN
INCLUDING A VERBAL	AND WRITTEN REPORT T	O THE PATIENT'S T	REATING/RE	QUESTING PHY	SICIAN OR OTHER QU.	ALIFIED HEALTH CARE
PROFESSIONAL; 31 MI	NUTES OR MORE OF MED	CAL CONSULTATIVE	DISCUSSIO	N AND REVIEW	V	
T01-REHABMHRS	2025-01-01	9999-12-31			\$82.57	0.00%

	451 AS OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage				
NTRPROF PH1/NTRNET/										
	Γ; OR ELECTRONIC HEAL	TH RECORD ASSESSI	MENT AND MANAGEME	NT WITH	WRITTEN REPORT E	Y CONSULTING				
PHYSICIAN; AT LEAST										
T01-REHABMHRS	2025-01-01	9999-12-31			\$40.85	0.00%				
Procedure Code :994	492 AS OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage				
1ST PSYC COLLAB CAR	RE MGMT									
INITIAL PSYCHIATRIC	C COLLABORATIVE CARE	MANAGEMENT; FIRS?	T 70 MINUTES IN T	HE FIRST	CALENDAR MONTH	OF BEHAVIORAL HEALTH				
	ITIES; IN CONSULTATIO									
OTHER QUALIFIED HEA	ALTH CARE PROFESSIONA	AL; WITH THE FOLLO	OWING REQUIRED EL	EMENTS: (	OUTREACH					
T01-REHABMHRS	2025-01-01	9999-12-31			\$179.13	0.00%				
Procedure Code :994	493 AS OF 12/06/2025									
		Procedur	e Description							
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage				
SBSQ PSYC COLLAB CA										
		ARE MANAGEMENT; FI	TRST 60 MINUTES I	N A SUBSI	FOIIENT MONTH OF	BEHAVIORAL HEALTH				
SUBSECUENT PSYCHIAL	TO TO THE CALL OF CALL OF CALL		1101 00 11		120111	DU1111 V 1 V 1				
	ITIES; IN CONSULTATION		RIC CONSULTANT;	AND DIREC	CTED BY THE TREA	TING PHYSICIAN OR				

T01-REHABMHRS	2025-01-01	9999-12-31					\$167.97	0.00%			
Procedure Code :994	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 H	EALTH CARE PROFESSI	ONAL	(LIST	SEPA	RATEI	LY IN ADDITION TO				
T01-REHABMHRS	2025-01-01	9999-12-31					\$68.30	0.00%			
Procedure Code :995	09 AS OF 12/06/2025										
Procedure Description											
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage			
IN HOME SUPPORT I/D											
	STANCE WITH ACTIVITI	FS OF DATEV LIVING		FRSON	 ДТ. СД	PF					
W02-EPD	2016-11-04	9999-12-31	U4	BIODIV	AL CA	TCE	\$60.00	0.00%			
WOZ BID	2010 11 01	<u> </u>	1 01		ļ		Ç00.00	0.000			
Procedure Code :D01	20 NG OF 12/06/2025										
Procedure code :Dor	ZU AS OF 12/00/2025										
		Procedure 1									
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage			
PERIODIC DENTAL SCR	EENING										
PERIODIC ORAL EVALU.	ATION - ESTABLISHED	PATIENT									
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%			

Procedure Code :D014	40 NG OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 M	Mod4 Amount	Percentage					
LIMIT ORAL EVAL PROP										
	ATION - PROBLEM FOCUS	ED								
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%					
Procedure Code :D01	.50 AS OF 12/06/2025									
		Procedur	re Description							
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 M	Mod4 Amount	Percentage					
COMPREHENSVE ORAL EV	VALUATION									
COMPREHENSIVE ORAL	EVALUATION - NEW OR	ESTABLISHED PATI	ENT							
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%					
Procedure Code :D016	60 AS OF 12/06/2025									
		Procedur	re Description							
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 M	Mod4 Amount	Percentage					
EXTENSV ORAL EVAL PI	ROB FOCUS									
DETAILED AND EXTENS	SIVE ORAL EVALUATION	- PROBLEM FOCUSE	D; BY REPORT							
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%					
1										
Procedure Code :D01	70 AS OF 12/06/2025									
		Procedur	re Description							

	1										
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage				
RE-EVAL;EST PT;PROB	LEM FOCUS										
RE-EVALUATION-LIMIT	ED; PROBLEM FOCUSED	(ESTABLISHED PATIE	ENT; NO	T POST-OP	ERATIVE	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 EV	ALUATION										
COMPREHENSIVE PERIOR	DONTAL EVALUATION -	NEW OR ESTABLISHED	D PATIE	NT							
K02-DENTWAIV	2003-08-01	9999-12-31				\$0.00	120.00%				
,											
Procedure Code :D02	10 AS OF 12/06/2025										
		Procedure	Descri	iption							
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage				
Intraor complete fi											
	ENSIVE SERIES OF RAD	DIOGRAPHIC IMAGES									
K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%				
					1	1	-				
Procedure Code :D02	20 AS OF 12/06/2025										
	10 110 01 11, 00, 11	Procedure	Descri	intion							
Provider Type	Bogin Data	End Date		Mod2 Mod3	35001	7mount	Domantage				
	Begin Date	EIIU Date	MOGI	MOGZ	MOGT	Amount	Percentage				
Intraoral periapica											
INTRAORAL - PERIAPIO	CAL FIRST RADIOGRAPH	HIC IMAGE									

K02-DENTWAIV	1978-12-31	9999-12-31			<u> </u>		\$0.00	120.00%
Procedure Code :D02	230 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Intraoral periapica	ıl ea add							
INTRAORAL - PERIAPI	CAL EACH ADDITIONAL	RADIOGRAPHIC IMAG	3E					
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D02	240 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
Intraoral occlusal								
	AL RADIOGRAPHIC IMAGE							
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D02	270 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Dental bitewing sin	igle image							
BITEWING - SINGLE R								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D02	272 AS OF 12/06/2025							

Procedure Description											
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage						
Dental bitewings two	o images										
BITEWINGS - TWO RAD											
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%						
Procedure Code :D02	74 AS OF 12/06/2025										
		Procedure	e Description								
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage						
Bitewings four image											
BITEWINGS - FOUR RAI											
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%						
Procedure Code :D029	90 AS OF 12/06/2025										
		Procedur	e Description								
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage						
Skull/facial bone in											
		FACTAL BONE SURV	/EY RADIOGRAPHIC IMAGE								
K02-DENTWAIV	1978-12-31	9999-12-31	ET IMPLOSION NO.	\$0.00	120.00%						
				1.7.7							
Procedure Code :D033	30 AS OF 12/06/2025										
		Procedur	e Description								
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage						
FIGURACI 13PC	Degin Date	EIIQ DACC	Mod   Mod   Mod   Mod 1	- Allio all c	rereciieage						

Panoramic image										
PANORAMIC RADIOGRAPI	HIC IMAGE									
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%		
Г								,		
Procedure Code :D03	40 AS OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date				Mod3	Mod4	Amount	Percentage		
2d cephalometric ima										
	diographic image - a	acquisition; measure	ement.	and a	analvs	sis				
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%		
			.1							
Procedure Code :D03	50 AS OF 12/06/2025									
		Procedure I	Descr	iptio	n					
Provider Type	Begin Date				Mod3	Mod4	Amount	Percentage		
Oral/facial photo in			HOGE	11002	11000		11110 0220	10100110030		
		nod intro orally or	ovt v	an ord	11,,					
K02-DENTWAIV	ographic image obtai	9999-12-31	exti	a-ora	ITTY		\$0.00	120.00%		
K07-DFNIMATA	2013-01-01	9999-12-31		<u> </u>			ŞU.UU [	120.00%		
Procedure Code :D04										
Procedure code . Do Fi	50 AS OF 12/00/2025	200 00 1000	<b>-</b>							
		Procedure I								
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	'	<u> </u>	'		\$0.00	120.00%
Procedure Code :D04	170 AS OF 12/06/2025							
		Procedure	e Descr	iptio	ņ			
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 :D11	.10 AS OF 12/06/2025							
		Procedure	e Descr	iptio	ņ			
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 :D11	.20 AS OF 12/06/2025							
		Procedure	e Descr	iptio	ņ			
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 :D12	03 AS OF 12/06/2025							

Procedure Description											
Provider Type	Begin Date	End Date	Mod1 Mod2 M	Mod3 Mod4	Amount	Percentage					
TOPICAL APP FLUORIDE	E CHILD										
TOPICAL APPLICATION	OF FLUORIDE - CHILD										
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%					
l <del>-</del>											
Procedure Code :D120	.04 AS OF 12/06/2025										
		Procedure	e Description	a							
Provider Type	Begin Date	End Date	Mod1 Mod2 M		Amount	Percentage					
TOPICAL APP FLUORIDE											
	OF FLUORIDE - ADULT										
K02-DENTWAIV	2003-08-01	9999-12-31			\$0.00	120.00%					
Procedure Code :D13	51 AS OF 12/06/2025										
		Procedure	e Description	n e							
Provider Type	Begin Date	End Date	Mod1 Mod2 M		Amount	Percentage					
	GES 3-15)										
DENTAL SEALANTS (AG											
K02-DENTWAIV	1987-01-01	9999-12-31			\$0.00	120.00%					
Procedure Code :D151	10 AS OF 12/06/2025										
		Procedure	e Description								
Provider Type	Begin Date	End Date	Mod1 Mod2 M		Amount	Percentage					
PIOVICE TYPE	Degin Dace		MOGI MOGI	MOGS   MOGE	Amount	FCICCIICAGC					

SPACE MAINTAINER FX	D 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 :D15	16 AS OF 12/06/2025							
		Procedure :	Descr.	iption	ı			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
	AINT; MAX (AGES 0-12	?)						_
	FIXED - BILATERAL; M		) )					
K02-DENTWAIV	2019-01-01	9999-12-31					\$0.00	120.00%
		7777		I I	·	l l	40000	
Procedure Code :D15	17 AS OF 12/06/2025							
		Procedure :	Descr	intio	า			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
			Modi	MOGZ	MOGS	MOGT	Amount	rercentage
	AINT; MAN (AGES 0-12		0.					
	FIXED - BILATERAL; M		.2)				40.00	100.000
K02-DENTWAIV	2019-01-01	9999-12-31					\$0.00	120.00%
D	40.30.00.10.00.00.00.00.00.00.00.00.00.00.00							
Procedure Code :D21	40 AS OF 12/06/2025							
		Procedure :						
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
AMALGAM ONE SURFACE	; PRIMARY OR PERMANE	N						
AMALGAM-ONE SURFACE	; PRIMARY OR PERMANE	INT						

K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%
Procedure Code :D21	50 AS OF 12/06/2025						
		Procedure	e Descr	iption			
Provider Type	Begin Date	End Date		Mod2 Mod	13 Mod4	Amount	Percentage
			HOGI	MOGZ   FIGO	13   11004	Amount	rercentage
	S; PRIMARY OR PERMAN'						
	S; PRIMARY OR PERMAN		1				
K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%
Procedure Code :D21	60 AS OF 12/06/2025						
		Procedure	e Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod	Mod4	Amount	Percentage
AMALGAM THREE SURFA	CES; PRIMARY OR PERM	A					
AMALGAM-THREE SURFA	CES; PRIMARY OR PERM	ANENT					
K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%
						·	
Procedure Code :D21	61 AS OF 12/06/2025						
Procedure code 1221	01 AD 01 12/00/2025	Drogodur	Dogge	intion			
		Procedure					
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod	13   Mod4	Amount	Percentage
AMALGAM FOUR SURFAC	ES; PERMANENT						
AMALGAM-FOUR OR MOR	E SURFACES; PRIMARY	OR PERMANENT					
K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%
Procedure Code :D23	30 AS OF 12/06/2025						

	Procedure Description											
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage							
RESIN-ONE SURFACE; A	ANTERIOR											
RESIN-BASED COMPOSIT	TE ONE SURFACE ANTER:	.IOR										
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%							
1												
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-A												
RESIN-BASED COMPOSIT		'ERIOR										
K02-DENTWAIV	2003-08-01	9999-12-31		\$0.00	120.00%							
Procedure Code :D233	32 AS OF 12/06/2025											
		Procedure	e Description									
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage							
RESIN-THREE SURFACES			Product produc	A MILL COME C	202001000							
RESIN-BASED COMPOSIT		NTERIOR										
K02-DENTWAIV	2003-08-01	9999-12-31		\$0.00	120.00%							
IVOZ DEMINISTY	2003 00 01			γο.οο								
Procedure Code :D233												
Procedure code 1225	75 AD OF 12,00,2025	Progedure	e Description									
December 2 and Marine	Benin Dete			7 mary and b	Danishana							
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage							

RESIN 4/> SURF OR W	INCIS AN									
RESIN-BASED COMPOSIT	E - FOUR OR MORE SUI	RFACES (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			Mod3	Mod4	Amount	Percentage		
RESIN-BASED COMPOSIT										
RESIN-BASED COMPOSIT										
K02-DENTWAIV	2003-01-01	9999-12-31					\$0.00	120.00%		
1100 00011111111	2000 01 01	,,,,, <u> </u>					70,00	220000		
Procedure Code :D239	2 AS OF 12/06/2025									
Troccure code Pris	2 115 01 117 007 1015	Procedure	Degar	intio	n					
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Domaontogo		
			MOGI	MOGZ	MOGS	MOQ4	Alliount	Percentage		
RESIN-BASED COMPOSIT										
RESIN-BASED COMPOSIT	<u>'E - TWO SURFACES; PO</u>	OSTERIOR	T							
K02-DENTWAIV	2003-01-01	9999-12-31					\$0.00	120.00%		
Procedure Code :D239	3 AS OF 12/06/2025									
		Procedure	Descr:	iption	n					
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
RESIN-BASED COMPOSIT	E - THREE SURFACES;									
RESIN-BASED COMPOSIT	'E - THREE SURFACES;	POSTERIOR								

K02-DENTWAIV	2003-01-01	9999-12-31		<u> </u>	'		\$0.00	120.00%
Procedure Code :D23	94 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
RESIN-BASED COMPOSI	TTE - FOUR OR MORE SU	JR .						
RESIN-BASED COMPOSI	TE - FOUR OR MORE SU	JRFACES; POSTERIOR						
K02-DENTWAIV	2003-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D27	10 AS OF 12/06/2025							
		Procedure	Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ACRYLIC JACKET								
CROWN - RESIN-BASED	COMPOSITE (INDIRECT	2)						
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D27	22 AS OF 12/06/2025							
		Procedure	Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
CROWN RESIN W/ NOBL	E METAL							
CROWN-RESIN WITH NO	BLE METAL							
K02-DENTWAIV	2013-01-01	9999-12-31		'	'		\$0.00	120.00%
Procedure Code :D27	50 AS OF 12/06/2025							

Procedure Description										
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
PORCELAIN WITH META	AL									
CROWN PORCELAIN FUS	SED TO HIGH NOBLE MET	TAL								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%		
ı <del>r</del>										
Procedure Code :D27	751 AS OF 12/06/2025									
		Procedure	e Descr	iptic	'n					
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
CROWN PORCELAIN FUS:	SED BASE M									
CROWN-PROCELAIN FUS	SED TO PREDOMINANTLY	BASE METAL								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%		
<b>I</b>										
Procedure Code :D27	790 AS OF 12/06/2025									
		Procedure	e Descr	iptic	ņ					
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
CROWN - FULL CAST H	HIGH NOBLE METAL									
CROWN - FULL CAST H	AIGH NOBLE METAL									
K02-DENTWAIV	1978-12-31	9999-12-31			<u> </u>		\$0.00	120.00%		
<b>I</b>										
Procedure Code :D27	799 AS OF 12/06/2025									
		Procedure	e Descr	iptic	n					
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
4										

Provisional crown						
PROVISIONAL CROWN -	FURTHER TREATMENT O	R COMPLETION OF DI	AGNOSIS NE	CESSARY PRIO	R TO FINAL IMPRES	SION
K02-DENTWAIV	2013-01-01	9999-12-31			\$0.00	120.00%
Procedure Code :D292	20 AS OF 12/06/2025					
		Procedure	Description	on		
Provider Type	Begin Date	End Date		Mod3 Mod4	Amount	Percentage
		EIIQ Date	MOGI MOGZ	- MOGS   MOGS	Allouit	rercentage
Re-cement or re-bond						
Re-cement or re-bond		2000 10 01			40.00	100.000
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D293	30 AS OF 12/06/2025					
		Procedure	Description	on		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
PREFAB STNLSS STEEL	CRWN PRI					
PREFABRICATED STAIN	LESS STEEL CROWN-PRII	MARY TOOTH		NEW	CODE(S) D2930 OR :	D2931
K02-DENTWAIV	2002-01-01	9999-12-31			\$0.00	120.00%
				-	1	
Procedure Code :D293	21 AS OF 12/06/2025					
Procedure code 1221	51 AD OF 12,00,2020	Procedure	Docaminti			
			Description			
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
PREFAB STNLSS STEEL	CROWN PE					
PREFABRICATED STAIN	LESS STEEL CROWN-PERI	MANENT TOOTH		NEW	CODE(S) D2930 OR	D2931

		-						
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D29	34 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREFAB STEEL CROWN	PRIMARY							
PREFABRICATED ESTHE	TIC COATED STAINLESS	S STEEL CROWN - PRI	IMARY J					
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D29	52 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
POST AND CORE CAST	+ CROWN							
POST AND CORE IN AD	DITION TO CROWN; IND	DIRECTLY FABRICATEI	)					
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Г								
Procedure Code :D29	54 AS OF 12/06/2025							
		Procedure	Descr	iptio	ņ			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PREFAB POST/CORE +	CROWN							
PREFABRICATED POST	AND CORE IN ADDITION	N TO CROWN						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D29	70 AS OF 12/06/2025							

Procedure Description										
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
TEMP CROWN (FRACTURE	ED TOOTH)									
TEMPORARY (FRACTURE	D TOOTH)									
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%		
Procedure Code :D3110 AS OF 12/06/2025										
		Procedure	e Descr	iptio	'n					
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage		
PULP CAP DIRECT EXC										
	LUDING FINAL RESTORA	ATION								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%		
Procedure Code :D32	20 AS OF 12/06/2025									
		Procedure	e Descr	iptio	n					
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Percentage		
PULPOTOMY										
PULPOTOMY										
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%		
Procedure Code :D33	10 AS OF 12/06/2025									
		Procedure	e Descr	iptio	n					
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Percentage		
11011461 1756				11.002	,11000	,11041	11110 0110	10100110030		

END THXPY; ANTERIOR	ТООТН							
ENDODONTIC THERAPY;	ANTERIOR TOOTH (EXC	LUDING FINAL RESTO	RATION	1)				
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D332	20 AS OF 12/06/2025							
		Procedure	Descr	iption	n .			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
End th py; premolar		23.55		110				
Endodontic therapy;		luding final regto	ration	\				
K02-DENTWAIV	1978-12-31	9999-12-31	Lacion	.)			\$0.00	120.00%
KOZ DEMINATA	1770 12 31			ļ	ļ		γο.σο Ι	120.000
Procedure Code :D333	20 AS OF 12/06/2025							
FIOCCULE COUC 12333	10 Ab or 12,00,2025	Procedure	Dogar:	intion				
D	Davida Daka					32-34	Tour a south	2
Provider Type	Begin Date	End Date	Moar	Mod2	Moa3	Moa4	Amount	Percentage
End th py; molar too								
Endodontic therapy;	molar tooth (exclud	ing final restorat	ion)					
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D334	6 AS OF 12/06/2025							
		Procedure	Descr	iption	ı			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RETREAT ROOT CANAL A	ANTERIOR							
RETREATMENT OF PREVI	OUS ROOT CANAL THER	APY-ANTERIOR						

K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D33	347 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Retreat root canal	premolar							
Retreatment of prev	vious root canal ther	apy - premolar						
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D33	348 AS OF 12/06/2025							
		Procedure	Descr.	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
RETREAT ROOT CANAL	MOLAR							
RETREATMENT OF PREV	IOUS ROOT CANAL THER	APY-MOLAR						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D33	351 AS OF 12/06/2025							
		Procedure	Descr.	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
Apexification/recal	c initial							
	.cification - initial	. visit (apical clos	sure/c	alcif	ic re	epair	of perforations; ro	ot resorption;
etc.)		, , , , , , , , , , , , , , , , , , , ,						
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%

ı									
Procedure Code :D34	10 AS OF 12/06/2025								
Procedure Description									
Provider Type	Begin Date	End Date		Mod3 Mod4	Amount	Percentage			
Apicoectomy - anter									
Apicoectomy - anter									
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%			
[ KUZ-DENIWAIV	1970-12-31	9999-12-31			Ş0.00	120.00%			
Drogodyno Godo :D24	21 AC OF 12/06/2025								
Procedure Code :D34	21 AS OF 12/06/2025								
		Procedur	<u>e Descriptio</u>	<u>n</u>					
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage			
Root surgery premol	ar								
Apicoectomy - premo	lar (first root)								
K02-DENTWAIV	2013-01-01	9999-12-31			\$0.00	120.00%			
Procedure Code :D34	25 AS OF 12/06/2025								
		Procedur	e Descriptio	n					
Provider Type	Begin Date	End Date		Mod3 Mod4	Amount	Percentage			
	Degin Date	EIIG Date	PIOGI   PIOGZ	POGS	Amount	rercentage			
Root surgery molar									
Apicoectomy - molar	(first root)								
K02-DENTWAIV	2013-01-01	9999-12-31			\$0.00	120.00%			
Procedure Code :D34	26 AS OF 12/06/2025								
		Procedur	e Descriptio	on					
		11000001							

Provider Type	Begin Date	End Date	Mod1 N	Mod2 Mod3	3 Mod4	Amount	Percentage
Root surgery ea add	root						
Apicoectomy (each ac	dditional root)						
K02-DENTWAIV	2002-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D34:	30 AS OF 12/06/2025						
		Procedure	e Descri	ption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	3 Mod4	Amount	Percentage
RETROGRADE FILLING -	- PER ROOT						
RETROGRADE FILLING -							
K02-DENTWAIV	1983-10-01	9999-12-31				\$0.00	120.00%
Procedure Code :D34!	50 AS OF 12/06/2025						
		Procedure	e Descri	ption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	3 Mod4	Amount	Percentage
ROOT AMPUTATION - PH	ER ROOT						
ROOT AMPUTATION - PI	ER ROOT						
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D42	10 AS OF 12/06/2025						
		Procedure	e Descri	ption			
Provider Type	Begin Date	End Date		Mod2 Mod3	3 Mod4	Amount	Percentage
Gingivectomy/plasty	4 or mor						
GINGIVECTOMY OR GING	GIVOPLASTY - FOUR OR	R MORE CONTIGUOUS	TEETH OF	TOOTH F	3OUNDED S	SPACES PER QUADRA	NT

K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D42	11 AS OF 12/06/2025							
	· · ·	Procedure	Descr	intio	n			
Dranel dan Mara	Don's Data					N - 3 4	3	Danasahasa
Provider Type	Begin Date	End Date	IMOGI	MOQ Z	Mod3	MOQ4	Amount	Percentage
Gingivectomy/plasty	1 to 3							
GINGIVECTOMY OR GIN	GIVOPLASTY - ONE TO	THREE CONTIGUOUS TE	EETH C	R TOO	TH BO	OUNDEI	O SPACES PER QUADRAN	Т
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D42	40 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Percentage
		HIG Date	IMOGI	MOUZ	Mods	MOGT	Amount	refeemage
GINGIVAL FLAP PROC	W/ PLANIN							
	DURE; INCLUDING ROOT	r planing - four or	MORE	CONTI	GUOUS	5 TEI	ETH OR TOOTH BOUNDED	SPACES PER
QUADRANT				1	1			
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D42	41 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
GNGVL FLAP W ROOTPL								
		DI ANITNO OND TO T		CONTE	COLLOS	,		
	DURE; INCLUDING ROOT	L PLANING - ONE 10 1	THREE	CONTI	LGUOUS	5 T.F.1	ETH OR TOOTH BOUNDED	SPACES PER
QUADRANT	2012 01 01	0000 10 21					<u> </u>	120.000
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%

Procedure Code :D42	49 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 LENG	THENING-HARD TISSUE				
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%
Procedure Code :D42	63 AS OF 12/06/2025				
		Procedure	Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
Bone replce graft f	irst site				
Bone replacement gr	aft - retained natur	ral tooth - f <u>irst</u> s	site in quadrant		
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%
Procedure Code :D42	64 AS OF 12/06/2025				
		Procedure	Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
Bone replce graft ea	ach add				
Bone replacement gr	aft - retained natur	ral tooth - each ac	dditional site in quadran	nt	
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%

Procedure Description

Procedure Code :D4341 AS OF 12/06/2025

Provider	Туре	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	QUADR <i>I</i>	ANT			
K02-DENTW	VIAV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Co	ode :D434	42 AS OF 12/06/2025							
			Procedure	Descr	riptio	ņ	,		
Provider	Туре	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
PERIODONTAL	SCALING	1-3TEETH							
PERIODONTAL	SCALING	AND ROOT PLANING -	ONE TO THREE TEETH	; PER	QUADE	RANT			
K02-DENTW	VAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Co	ode :D43!	55 AS OF 12/06/2025							
			Procedure	Descr	riptio	n			
Provider	Туре	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Full mouth d	debrideme	ent							
		ENT TO ENABLE A COME	PREHENSIVE PERIODON	TAL E	VALUA:	rion i	AND DI	AGNOSIS ON A SUBSEÇ	DUENT VISIT
K02-DENTW		2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Co	ode :D491	10 AS OF 12/06/2025							
			Procedure	Descr	riptio	n			
Provider	Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
		EDURES (PERIOD. PRO							
PERIODONTAL									
PERIODONIAL	MATIVITINE	HICE							

K02-DENTWAIV	2013-01-01	9999-12-31			\$0.00	120.00%
				<del> </del>		
Procedure Code :D51	10 AS OF 12/06/2025					
		Procedure 1	Description	n		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
COMPLETE UPPER DENT	URE					
COMPLETE UPPER DENT	URE					
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D51	20 AS OF 12/06/2025					
		Procedure 1	Description	n		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
COMPLETE LOWER DENT	URE					
COMPLETE LOWER DENT	URE					
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D52	11 AS OF 12/06/2025					
		Procedure 1	Description	n		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
MAXILLARY PARTIAL D	ENTURE-RESIN BASE					
MAXILLARY PARTIAL D	ENTURE-RESIN BASE (I	INCLUDING ANY CONVEN	TIONAL CLA	ASPS RESTS	S AND TEETH)	
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D52	12 AS OF 12/06/2025					

Procedure Description									
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage				
MANDIBULAR PARTIAL I	DENTURE-RESIN BASE								
MANDIBULAR PARTIAL I	DENTURE-RESIN BASE	(INCLUDING ANY CONVE	ENTIONAL CLASPS RESTS	S AND TEETH)					
K02-DENTWAIV	2013-01-01	9999-12-31		\$0.00	120.00%				
Procedure Code :D52	13 AS OF 12/06/2025								
		Procedure	Description						
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage				
DENTURES MAXILL PART									
	ENTURE - CAST METAL	FRAMEWORK WITH RESI	IN DENTURE BASES (INC	LUDING RETENTIVE/C	LASPING MATERIALS;				
RESTS AND TEETH)			`						
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%				
Procedure Code :D52	14 AS OF 12/06/2025								
		Procedure	Description						
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage				
DENTURES MANDIBL PAR									
		FRAMEWORK WITH RES	SIN DENTURE BASES (INC	TIJDING RETENTIVE/C	LASPING				
MATERIALS; RESTS AND									
K02-DENTWAIV	2002-01-01	9999-12-31		\$0.00	120.00%				

Procedure Code : D5520 AS OF 12/06/2025

Procedure Description

	т							
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REPLACE DENTURE TEE	TH COMPLT							
REPLACE MISSING OR :	BROKEN TEETH - COMPI	LETE DENTURE - PER	TOOTH					
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
			•					
Procedure Code :D56	30 AS OF 12/06/2025							
		Procedure	e Descr	iption	a			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Rep partial denture	clasp							
Repair or replace b	roken clasp - per to	ooth						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D56	40 AS OF 12/06/2025							
		Procedure	e Descr	iption	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REPLACE PART DENTUR								
	BROKEN TEETH - PARTI	TAL DENTURE - PER	тоотн					
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D56	50 AS OF 12/06/2025							
		Procedure	e Descr	iption	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
ADD TOOTH TO PARTIA		2444	11.002	11001	11000	11041	AAIIIV Vana V	2020010030
		DED HOOMI						
ADD TOOTH TO EXIST!	NG PARTIAL DENTURE -	- PER TOOTH						

K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D56	60 AS OF 12/06/2025							
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Add clasp to partia	l denture							
Add clasp to existi	ng partial denture -	- per tooth						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
lr-								
Procedure Code :D57	10 AS OF 12/06/2025							
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REBASE COMPLETE MAX	ILLARY DENTURE							
REBASE COMPLETE MAX	ILLARY DENTURE			_	_			
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Г								
Procedure Code :D57	11 AS OF 12/06/2025							
Procedure Description								
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
DENTURES REBASE CMP	LT MAND							
REBASE COMPLETE MAN	DIBULAR DENTURE							
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Г								
Procedure Code :D57	20 AS OF 12/06/2025							
ı								

		Procedure	e Descrip	tion			
Provider Type	Begin Date	End Date	Mod1 Mc	od2 Mod3	Mod4	Amount	Percentage
REBASE MAXILLARY PAR	RTIAL DENTURE						
REBASE MAXILLARY PA	RTIAL DENTURE			ļ.			
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D572	21 AS OF 12/06/2025						
		Procedure	e Descrip	tion			
Provider Type	Begin Date	End Date	Mod1 Mc	od2 Mod3	Mod4	Amount	Percentage
DENTURES REBASE PART	T MANDBL						
REBASE MANDIBULAR PA	ARTIAL DENTURE						
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D573	30 AS OF 12/06/2025						
		Procedure	e Descrip	tion			
Provider Type	Begin Date	End Date	Mod1 Mc	od2 Mod3	Mod4	Amount	Percentage
DENTURE RELN CMPLT N	MAX DIR						
RELINE COMPLETE MAX	ILLARY DENTURE (DIRE	CT)					
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D573	31 AS OF 12/06/2025						
		Procedure	e Descrip	tion			
Provider Type	Begin Date	End Date	Mod1 M	od2 Mod3	Mod4	Amount	Percentage

DENTURE RELN CMPLT	MAND DIR						
RELINE LOWER COMPLE	TE MANDIBULAR DENTUR	RE (DIRECT)					
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D57	40 AS OF 12/06/2025						
		Procedure	Descri	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
DENTURE RELN PART M.							
	ARTIAL DENTURE (DIREC'	ਾਾ )					
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
						·	
Procedure Code :D57	41 AS OF 12/06/2025						
		Procedure	Descri	iption			
Provider Type	Begin Date	End Date		Mod2 Mod3	Mod4	Amount	Percentage
DENTURE RELN PART M							
	PARTIAL DENTURE (DIRE	<b>?</b> СТ )					
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
						70.00	
Procedure Code :D59	982 AS OF 12/06/2025						
	02 110 01 11, 11, 11	Procedure	Descr	intion			
Provider Type	Begin Date	End Date		Mod2 Mod3	Mod4	Amount	Percentage
SURGICAL STENT	Degin Date	III Date	1.100-	MOG2   1.525	1104 -	21110 0420	10100110030
SURGICAL STENT							
1							!

				1				
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D60	10 AS OF 12/06/2025							
		Procedur	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ODONTICS ENDOSTEAL	IMPLANT							
SURGICAL PLACEMENT	OF IMPLANT BODY: EN	IDOSTEAL IMPLANT						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D60	56 AS OF 12/06/2025							
		Procedur	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
Prefabricated abutm	ient							
PREFABRICATED ABUTM	MENT - INCLUDES MODIF	FICATION AND PLACE	EMENT					
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D60	58 AS OF 12/06/2025							
		Procedur	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ABUTMENT SUPPORTED	CROWN							
ABUTMENT SUPPORTED	PORCELAIN/CERAMIC CF	ROWN						
K00-DENT	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D71	.40 AS OF 12/06/2025							

Procedure Description										
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage			
TOOTH/EXR										
TOOTH OR EXPOSED RO	OOT (ELEVATION AND/	OR FOR	CEPS !	REMOV	7AL)					
2003-01-01	9999-12-31					\$0.00	120.00%			
Procedure Code :D7210 AS OF 12/06/2025										
	Procedure	Descri	ption	1						
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage			
oper flp										
tooth requiring rem	moval of bone and/o	r sect	ionin	g of	tooth	n; and including ele	vation of			
if indicated										
1978-12-31	9999-12-31					\$0.00	120.00%			
20 AS OF 12/06/2025										
	Procedure	Descri	ption	1						
Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage			
TOOTH-SOFT TISSUE										
TOOTH-SOFT TISSUE										
1978-12-31	9999-12-31					\$0.00	120.00%			
30 AS OF 12/06/2025										
	Procedure	Descri	ption	ı						
Begin Date	End Date				Mod4	Amount	Percentage			
1 2 2	TOOTH OR EXPOSED RO 2003-01-01  10 AS OF 12/06/2025  Begin Date  Oper flp  tooth requiring rem if indicated 1978-12-31  20 AS OF 12/06/2025  Begin Date  TOOTH-SOFT TISSUE 1978-12-31	Begin Date  FOOTH/EXR  TOOTH OR EXPOSED ROOT (ELEVATION AND/O 2003-01-01 9999-12-31  LO AS OF 12/06/2025  Procedure  Begin Date End Date  Oper flp  tooth requiring removal of bone and/or if indicated  1978-12-31 9999-12-31  LO AS OF 12/06/2025  Procedure  Begin Date End Date  TOOTH-SOFT TISSUE  1978-12-31 9999-12-31	Begin Date End Date Mod1  FOOTH/EXR  TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCE 2003-01-01 9999-12-31  TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCE 2003-01-01 9999-12-31  TOOTH Description Date End Date Mod1  Depart flp  tooth requiring removal of bone and/or sectif indicated  1978-12-31 9999-12-31  TOOTH-SOFT TISSUE  TOOTH-SOFT TISSUE  1978-12-31 9999-12-31  TOOTH-SOFT TISSUE  1978-12-31 9999-12-31	Begin Date End Date Mod1 Mod2 FOOTH/EXR  TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS 2003-01-01 9999-12-31  LO AS OF 12/06/2025  Procedure Description Begin Date End Date Mod1 Mod2 Oper flp tooth requiring removal of bone and/or sectionin if indicated 1978-12-31 9999-12-31  LO AS OF 12/06/2025  Procedure Description Begin Date End Date Mod1 Mod2  TOOTH-SOFT TISSUE  TOOTH-SOFT TISSUE  1978-12-31 9999-12-31  BO AS OF 12/06/2025  Procedure Description Begin Date End Date Mod1 Mod2	Begin Date End Date Mod1 Mod2 Mod3 FOOTH/EXR  TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOV 2003-01-01 9999-12-31  10 AS OF 12/06/2025  Procedure Description  Begin Date End Date Mod1 Mod2 Mod3 Oper flp tooth requiring removal of bone and/or sectioning of if indicated 1978-12-31 9999-12-31  20 AS OF 12/06/2025  Procedure Description  Begin Date End Date Mod1 Mod2 Mod3 TOOTH-SOFT TISSUE  TOOTH-SOFT TISSUE 1978-12-31 9999-12-31  30 AS OF 12/06/2025  Procedure Description  Book Sof 12/06/2025  Procedure Description  Book Sof 12/06/2025  Procedure Description  Book Sof 12/06/2025	Begin Date End Date Mod1 Mod2 Mod3 Mod4  FOOTH/EXR  TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)  2003-01-01 9999-12-31  LO AS OF 12/06/2025  Procedure Description  Begin Date End Date Mod1 Mod2 Mod3 Mod4  Oper flp  tooth requiring removal of bone and/or sectioning of tooth  if indicated  1978-12-31 9999-12-31  20 AS OF 12/06/2025  Procedure Description  Begin Date End Date Mod1 Mod2 Mod3 Mod4  TOOTH-SOFT TISSUE  TOOTH-SOFT TISSUE  1978-12-31 9999-12-31  30 AS OF 12/06/2025  Procedure Description	Begin Date			

REMOVAL OF IMPACTED	TOOTH-PARTIALLY BONY	Y						
REMOVAL OF IMPACTED	TOOTH-PARTIALLY BON	Y						
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D724	40 AS OF 12/06/2025							
		Procedure	Descr	iptio	n_			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
	TOOTH-COMPLETELY BOY		122					
REMOVAL OF IMPACTED								
K02-DENTWAIV	1978-12-31	9999-12-31	$\top$				\$0.00	120.00%
,								
Procedure Code :D725	50 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
Tooth root removal	Degin Date	End Date	Picar	HOUZ	Piods	riod 1	Autoure	rerectionse
	trath wasta (auttin							
	tooth roots (cutting						<u> </u>	120.00%
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Descriptions Godo : D725	70 30 OF 12/06/2025							
Procedure Code :D727	0 AS OF 12/00/2025							
		Procedure	Descr	iption	<u>a</u>			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REPLANTATION OF TOOT	TH WITH SPLINT							
TOOTH REIMPLANTATION	N AND/OR STABILIZATI	ON OF ACCIDENTALLY	Z EVULS	SED OF	l DISI	PLACEI	D TOOTH	

K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D72	80 AS OF 12/06/2025					
		Procedure 1	Description	n		
Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod4	Amount	Percentage
Exposure of unerupt	ed tooth					
Exposure of an uner	upted tooth					
K02-DENTWAIV	1978-12-31	9999-12-31			\$0.00	120.00%
Procedure Code :D72	82 AS OF 12/06/2025					
		Procedure 1	Description	n		
Provider Type	Begin Date	End Date		Mod3 Mod4	Amount	Percentage
MOBILIZE ERUPTED/MA						
	PTED OR MALPOSITIONE	ED TOOTH TO AID ERUF	PTTON			
K02-DENTWAIV	2003-01-01	9999-12-31			\$0.00	120.00%
Procedure Code :D72	85 AS OF 12/06/2025					
		Procedure 1	Descriptio	n		
Provider Type	Begin Date	End Date	Mod1 Mod2		Amount	Percentage
Biopsy of oral tiss			110000   1100000	11000   110 11		101001111
	f oral tissue - hard	(hono: tooth)				
K02-DENTWAIV	2013-01-01	9999-12-31			\$0.00	120.00%
102 DEMINATA	2013 01 01	JJJJ 12 J1	1	<u>                                     </u>	φυ.υυ	120.000
Procedure Code :D72	96 NG OF 12/06/2025					
Procedure Code :D/Z	80 AS OF 12/00/2025					

		Procedur	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 M	iod4 An	mount	Percentage
Biopsy of oral tissu	ue soft					
Incisional biopsy of	f oral tissue - soft					
K02-DENTWAIV	1981-04-01	9999-12-31		\$	\$0.00	120.00%
Procedure Code :D731	10 AS OF 12/06/2025					
		Procedur	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mo	fod4 An	mount	Percentage
	NJUNCTION WITH EXTRAC					
	NJUNCTION WITH EXTRAC		MORE TEETH OR TOOT	TH SPACES PE	ER QUADRANT	
K02-DENTWAIV	1978-12-31	9999-12-31	Horri Tillian St. 1901		\$0.00	120.00%
Procedure Code :D732	20 AS OF 12/06/2025					
		Procedur	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mo	rod4 An	mount	Percentage
			PIOGE PIOGE PIOGE	1044	llouire	Fercencage
	N CONJUNCTION WITH EX		OD MODE DEEDLI OD	TOOMIL ODACEC	T. DED OUADE	
	N CONJUNCTION WITH EX		OR MORE TEETH OK			
K02-DENTWAIV	1978-12-31	9999-12-31		<u> </u>	\$0.00	120.00%
	10.75.07.10/06/0005					
Procedure Code :D734	10 AS OF 12/06/2025					
			e Description			
Provider Type	Begin Date	End Date	Mod1   Mod2   Mod3   Mo	lod4 Am	mount	Percentage

VESTIBULOPLASTY - R	IDGE EXTENSION (SECO	NO								
VESTIBULOPLASTY - R	IDGE EXTENSION (SECO	ONDARY EPITHELIALI	(ZATION							
K02-DENTWAIV	1978-12-31	9999-12-31				\$0.00	120.00%			
Procedure Code :D73	50 AS OF 12/06/2025									
Procedure Description										
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage			
VESTIBULOPLASTY - R	IDGE EXTENSION									
VESTIBULOPLASTY - R	IDGE EXTENSION (INCI	LUDING SOFT TISSUE	GRAFTS	; MUSCLE F	REATTAC	HMENT; REVISION OF	F SOFT TISSUE			
	GEMENT OF HYPERTROPH									
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%			
Procedure Code :D74	51 AS OF 12/06/2025									
		Procedure	e Descr	iption						
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage			
REMOVAL ODONTOGENIC	CYST; OVER 1/2 IN									
REMOVAL OF BENIGN O		TUMOR-LESION DIAME	ETER GRE	ATER THAN	1.25 C	M				
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%			
K02-DENTWAIV						\$0.00	120.00%			
K02-DENTWAIV  Procedure Code :D74	2013-01-01					\$0.00	120.00%			
	2013-01-01	9999-12-31				\$0.00	120.00%			
Procedure Code :D74	2013-01-01  60 AS OF 12/06/2025	9999-12-31  Procedure	e Descri	iption	Mod4					
Procedure Code :D74  Provider Type	2013-01-01	9999-12-31	e Descri		Mod4	\$0.00	120.00%  Percentage			
Procedure Code :D74  Provider Type  EXCISION OF RANULA	2013-01-01  60 AS OF 12/06/2025	9999-12-31  Procedure  End Date	e Descri	iption Mod2 Mod3						

	1							
K02-DENTWAIV	1978-12-31	9999-12-31			'		\$0.00	120.00%
Procedure Code :D74	71 AS OF 12/06/2025							
		Procedure	Descr	iptic	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REM EXOSTOSIS ANY S	ITE							
REMOVAL OF LATERAL	EXOSTOSIS (MAXILLA O	OR MANDIBLE)						
K02-DENTWAIV	2013-01-01	9999-12-31		!			\$0.00	120.00%
Procedure Code :D74	72 AS OF 12/06/2025							
		Procedure	Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REMOVAL OF TORUS PA	LATINUS							
REMOVAL OF TORUS PA	LATINUS							
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D74	73 AS OF 12/06/2025							
		Procedure	. Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
REMOVE TORUS MANDIBU	ULARIS							
REMOVAL OF TORUS MAI	NDIBULARIS							
K02-DENTWAIV	2013-01-01	9999-12-31		'	'		\$0.00	120.00%
Procedure Code :D75	10 AS OF 12/06/2025							
1								

		Procedure	e Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
INCISION DRAINAGE A	BSCESS INTRA-ORAL SC	5			
INCISION DRAINAGE A	BSCESS INTRA-ORAL SC	OFT TISSUE			
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%
Г					
Procedure Code :D752	20 AS OF 12/06/2025				
		Procedure	e Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
INCISION DRAINAGE A	BSCESS EXTRA-ORAL SC	0			
INCISION DRAINAGE A	BSCESS EXTRA-ORAL SC	OFT TISSUE			
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%
Procedure Code :D753	30 AS OF 12/06/2025				
		Procedure	Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
CURETTAGE OF FISTULO					
	BODY FROM MUCOSA; SKI	TN; OR SUBCUTANEO	IS ALVEOLAR TISSUE		
K02-DENTWAIV	1978-12-31	9999-12-31		\$0.00	120.00%
				•	
Procedure Code :D766	60 AS OF 12/06/2025				
		Procedure	e Description		
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3 Mod4	Amount	Percentage
PIOVIGET TYPE	begin bace		MOGI   MOGIZ   MOGIZ   MOGIZ	Alliouite	rercentage

MALAR AND/OR ZYGOMAT	'IC ARCH - OPEN REDU	С						
MALAR AND/OR ZYGOMAT	IC ARCH - OPEN REDU	CTION						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D767	'0 AS OF 12/06/2025							
		Procedure 1	Descr:	iption	ı			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALVEOLUS								
ALVEOLUS - CLOSED RE	DUCTION; MAY INCLUD	E STABILIZATION OF	TEETH	Į.				
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D782	0 AS OF 12/06/2025							
		Procedure 1	Descr:	iption	ı			
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 :D784	0 AS OF 12/06/2025							
		Procedure	Descr:	iption	ı			
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 :D78	50 AS OF 12/06/2025							
		Procedure 1	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
SURGICAL DISECTOMY;	WITH/WITHOUT IMPLAN	TT .						
SURGICAL DISECTOMY;	WITH/WITHOUT IMPLAN	ĮT						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D78	60 AS OF 12/06/2025							
		Procedure 1	Descr	iptio	n			
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 :D78	70 AS OF 12/06/2025							
		Procedure 1	Descr	iptio	n			
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 :D79	10 AS OF 12/06/2025							
I								

		Procedure	e Descri	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
SUTURE OF RECENT SM	MALL WOUNDS UP TO 5 C	<sup>2</sup> M						
SUTURE OF RECENT SM	IALL WOUNDS UP TO 5 C	ŻM						
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D79	11 AS OF 12/06/2025							
		Procedure	e Descri	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMPLICATED SUTURE	- UP TO 5 CM							
COMPLICATED SUTURE								
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D79	40 AS <u>OF 12/06/2025</u>							
		Procedure	e Descr	iptio	'n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OSTEOPLASTY ( PROGNATI	'HISM; MICROGNATHIS							
OSTEOPLASTY ( PROGNATI								
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D79	50 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Percentage
· · · · · · · · · · · · · · · · · · ·	·	-			<del></del>			

OSTEOPERIOSTEAL; CAR	TILAGE GRAFT						
OSSEOUS; OSTEOPERIO	STEAL; OR CARTILAGE (	GRAFT OF THE MAND	IBLE OR MA	XILLA -	AUTOGE	NOUS OR NONAUTOGE	NOUS; BY REPORT
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D79	53 AS OF 12/06/2025						
		Procedure	e Descript	ion			
Provider Type	Begin Date	End Date	Mod1 Mod	d2 Mod3	Mod4	Amount	Percentage
BONE REPLACEMENT GRA	AFT						
BONE REPLACEMENT GR	AFT FOR RIDGE PRESER	VATION - PER SITE					
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D79	70 AS OF 12/06/2025						
		Procedure	e Descript:	ion			
Provider Type	Begin Date	End Date	Mod1 Mod	d2 Mod3	Mod4	Amount	Percentage
EXCISION HYPERPLAST	IC TISSUE PER ARCH						
EXCISION HYPERPLAST							
K02-DENTWAIV	2013-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D79	72 AS OF 12/06/2025						
		Procedure	e Descript:	ion			
Provider Type	Begin Date	End Date	Mod1 Mod		Mod4	Amount	Percentage
SURG REDCT FIBROUS							
	OF FIBROUS TUBEROSIT	·V					
BONGICIAL NABOCITON	<u>JI IIDKOOD IODDKODII</u>						

K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D79	082 AS OF 12/06/2025							
		Procedure	e Descr	iptio	n			
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 :D80	90 AS OF 12/06/2025							
	1	Procedure	e Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
COMPRE DENTAL TX AD	/ULT							
COMPREHENSIVE ORTHO	DONTIC TREATMENT OF	THE ADULT DENTITI	ION					
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D82	210 AS OF 12/06/2025							
		Procedure	e Descr	<u>iptio</u>	n			
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 :D82	220 AS OF 12/06/2025							

		Procedure	Descr	iption	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
FIXED APPLIANCE THEF	RAPY							
FIXED APPLIANCE THEF	RAPY							
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D868	80 AS OF 12/06/2025							
		Procedure	e Descr	iption	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ORTHODONTIC RETENTION	ON							
ORTHODONTIC RETENTION	ON (REMOVAL OF APPLI	ANCES; CONSTRUCTI	ON AND	PLACE	MENT	OF	RETAINER(S))	
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D899	99 AS OF 12/06/2025							
		Procedure	e Descr	iption	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ORTHODONTIC PROCEDUR	RE							
	NTIC PROCEDURE; BY R	REPORT						
K02-DENTWAIV	2013-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D911	10 AS OF 12/06/2025							
		Procedure	e Descr	ipt <u>io</u>	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage

PALLIATIVE (ER) TREA	AT OF DENT PAIN							
PALLIATIVE TREATMENT	T OF DENTAL PAIN - P	ER VISIT						
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D922	20 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
GENERAL ANESTHESIA	Degin Date	Hild Date	11001	Picaz	Mode	11.001	11110 4210	1 01 00110030
	AT ANDODIECTA ETDOD	20 MINITURE						
	AL ANESTHESIA-FIRST  1978-12-31						\$0.00	120.00%
K02-DENTWAIV	19/8-12-31	9999-12-31					ŞU.UU	120.006
Durandana Godo (DOO)								
Procedure Code :D922	21 AS OF 12/U0/2U25							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
GENERAL ANESTHESIA E	EA AD 15M							
DEEP SEDATION/GENERA	AL ANESTHESIA-EACH A	ADDITIONAL 15 MINUT	ES_					
K02-DENTWAIV	2002-01-01	9999-12-31					\$0.00	120.00%
Procedure Code :D923	30 AS OF 12/06/2025			_	_	_		
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date		Mod2		Mod4	Amount	Percentage
	Degrii Dace	HIG BGCC	Picar	HOGZ	Mods	14041	Amoure	rerectionse
ANALGESIA								
INHALATION OF NITROU	US OXIDE/ANXIOLYSIS;	ANALGESIA						

K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D93	10 AS OF 12/06/2025							
		Procedure	Descr:	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
CONSULTATION - DIAG	NOSTIC SERVICE PROVI	ID						
CONSULTATION - DIAG	NOSTIC SERVICE PROVI	IDED BY DENTIST OR	PHYSIC	IAN C	THER	THAN	REQUESTING DENTIST	OR PHYSICIAN
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D94	20 AS OF 12/06/2025							
		Procedure	Descr.	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
HOSPITAL/ASC CALL								
HOSPITAL OR AMBULAT	ORY SURGICAL CENTER	CALL						
K02-DENTWAIV	1978-12-31	9999-12-31					\$0.00	120.00%
Procedure Code :D94	30 AS OF 12/06/2025							
		Procedure	Descr:	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
OFFICE VISIT FOR OB	SERVATION (DURING RE	EG						
OFFICE VISIT FOR OB	SERVATION (DURING RE	EGULARLY SCHEDULED	HOURS)	- NC	OTHE	R SER	RVICES PERFORMED	
K02-DENTWAIV	2003-08-01	9999-12-31	Í				\$0.00	120.00%
Procedure Code :D99	44 AS OF 12/06/2025							

		Procedure	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage
OCC GUARD; HARD; FUI	LL ARCH					
OCCLUSAL GUARD - HAI	RD APPLIANCE; FULL A	ARCH				
K02-DENTWAIV	2019-01-01	9999-12-31			\$0.00	120.00%
						1
Procedure Code :D994	45 AS OF 12/06/2025					
		Procedure	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage
OCC GUARD; SOFT; FUI	LL ARCH					
OCCLUSAL GUARD - SO	FT APPLIANCE; FULL A	ARCH				
K02-DENTWAIV	2019-01-01	9999-12-31			\$0.00	120.00%
Procedure Code :D994	46 AS OF 12/06/2025					
		Procedure	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage
OCC GUARD; HARD; PAI	RT ARCH					
OCCLUSAL GUARD - HAI	RD APPLIANCE; PARTIA	AL ARCH				
K02-DENTWAIV	2019-01-01	9999-12-31			\$0.00	120.00%
Procedure Code :D99	51 AS OF 12/06/2025					
		Procedure	e Description			
Provider Type	Begin Date	End Date	Mod1 Mod2 Mod3	Mod4	Amount	Percentage

LIMITED OCCLUSAL AD	JUSTMENT						
OCCLUSAL ADJUSTMENT	-LIMITED						
K02-DENTWAIV	2002-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :D99	52 AS OF 12/06/2025						
		Procedure	Descrip	ion			
Provider Type	Begin Date	End Date	Mod1 Mc	od2 Mod3	Mod4	Amount	Percentage
COMPLETE OCCLUSAL A	DJUSTMENT						
OCCLUSAL ADJUSTMENT	-COMPLETE						
K02-DENTWAIV	2002-01-01	9999-12-31				\$0.00	120.00%
Procedure Code :G05	12 AS OF 12/06/2025						
110000001	14 440 04 ==, 00, ===	Procedure	Descrip'	cion			
December 11 mg	Danin Daka				1	7 comb	Descentage .
Provider Type	Begin Date	End Date	MOQT   MC	od2 Mod3	, MOQ4	Amount	Percentage
COCM BY RHC/FQHC 60	MIN MO						
RURAL HEALTH CLINIC	OR FEDERALLY QUALIF	FIED HEALTH CENTER	(RHC/FQH	C) ONLY	; PSYC	HIATRIC COLLABORATI	IVE CARE MODEL
(PSYCHIATRIC COCM);	60 MINUTES OR MORE	OF CLINICAL STAFF	TIME FOR	PSYCHI	ATRIC	COCM SERVICES DIREC	CTED BY AN RHC OR
FQHC PRACTITIONER (	PHYSICIAN; NP; PA; C	OR CNM) AND INCLUDIT	NG SERVI	CES FUR	NISHED	BY A BEHAVIORAL	
	,		!	1	•		1
X05-CLNFQHC	2025-01-01	9999-12-31				\$174.58	0.00%
X05-CLNFQHC	2025-01-01	9999-12-31				\$174.58 	0.00%
X05-CLNFQHC  Procedure Code :G90		9999-12-31				\$174.58 	0.00%
		9999-12-31  Procedure	Descript	ion		\$174.58	0.00%
				tion od2 Mod3	Mod4	\$174.58  Amount	0.00%  Percentage
Procedure Code :G90	02 AS OF 12/06/2025 Begin Date	Procedure			Mod4		

COORDINATED CARE FE	E; MAINTENANCE RATE							
D02-HOSPPSYPUB	2002-06-26	9999-12-31					\$0.00	23.22%
Procedure Code :H00	03 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALCOHOL AND/OR DRUG		-		_	-			
	SCREENING; LABORATO	NOV ANALVSIS OF SDE	CIMENS	' F∩R	DREST	INCE C	OF ALCOHOL AND/OR DR	TICC
X06-CLNYTALCSA	2021-10-01	9999-12-31	CIMEINE	) I OIC	PREDE		\$15.00	0.00%
1100 011121110011	2021 20 02	7777 == 0=				<u> </u>	γ10.00	
Procedure Code :H00	በ4 <u>ል</u> ዓ በፑ 12/06/2025							
Procedure code -1100	01 AD OF 12,00,2025	Procedure	Dogge	intio	<b>.</b>			
_ ,, _								
Provider Type	Begin Date	End Date	Modi	Mod2	Mod3	Mod4	Amount	Percentage
BEHAVIORAL HEALTH C	OUNSELING AND THERAP	PΥ						
BEHAVIORAL COUNSELL	ING THERAPY 15 MINUT	TES/ UNIT -DCBS ONL	Y		ī	1 1		
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	HQ	TM		\$40.91	0.00%
ALCOHOL AND/OR DRUG	SERVICES							
BEHAVIORAL COUNSELL	ING THERAPY 15 MINUT	res /unit -dcbs onl	Y					
P00-SCHDCPUB	2020-03-18	9999-12-31	GT	TM			\$40.91	0.00%
ASARS; COUNSEL; FAM	W/CLIENT							
ASARS; COUNSELING;	FAMILY WITH CLIENT							
							104 55	
X06-CLNYTALCSA	2021-10-01	9999-12-31	HF	HR			\$34.57	0.00%
			HF	HR			\$34.57	0.00%
BEHAVIORAL HEALTH C	2021-10-01  OUNSELING AND THERAF  ING THERAPY 15 MINUT	ργ		HR			\$34.57	0.00%

	T						,	
P00-SCHDCPUB	2015-10-01	9999-12-31	HQ	TM			\$40.91	0.00%
BEHAVIORAL HEALTH C	OUNSELING AND THERAP	PY						
BEHAVIORAL COUNSELL	ING THERAPY 15 MINUT	TES/ UNIT -DCBS ONLY	Y					
P00-SCHDCPUB	2023-03-01	9999-12-31	HQ	TM	93		\$40.91	0.00%
BEHAVIORAL HEALTH C	OUNSELING AND THERAP	PY						
BEHAVIORAL HEALTH C	OUNSELING AND THERAP	PY; PER 15 MINUTES;	ONSIT	E FAI	MILY	WIT	THOUT CLIENT.	
X06-CLNYTALCSA	2021-10-01	9999-12-31	HS				\$34.57	0.00%
ALCOHOL AND/OR DRUG	SERVICES							
BEHAVIORAL COUNSELL	ING THERAPY 15 MINUT	res /unit -dcbs onl	Y					
P00-SCHDCPUB	2015-10-01	9999-12-31	TM				\$40.91	0.00%
ALCOHOL AND/OR DRUG	SERVICES							
BEHAVIORAL COUNSELL	ING THERAPY 15 MINUT	res /unit -dcbs onl	Y					
P00-SCHDCPUB	2023-03-01	9999-12-31	TM	93			\$40.91	0.00%
Procedure Code :H00	05 AS OF 12/06/2025							
		Procedure	Descr	iptic	ņ			
Provider Type	Begin Date	End Date	Mod1	Mod2	Mod3	Mod4	Amount	Percentage
ALCOHOL AND/OR DRUG	SERVICES							
	SERVICES; GROUP COU	UNSELING BY A CLINI	CIAN_					
X06-CLNYTALCSA	2008-11-14	9999-12-31					\$10.45	0.00%
Procedure Code :H00	15 AS OF 12/06/2025							
		Procedure	Descr	iptio	n			
Provider Type	Begin Date	End Date			Mod3	Mod4	Amount	Percentage

ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOUR.  LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN); INCLUDING ASSESSMENT; COUNSEL.  X06-CLNYTALCSA 2014-01-01 9999-12-31 HA \$164.61  ALCOHOL AND/OR DRUG SERVICES  ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY  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  Procedure Code :H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per  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	LCOHOL AND/OR DRUG LEAST 3 DAYS/WEEK AND X06-CLNYTALCSA LCOHOL AND/OR DRUG	SERVICES; INTENSIVE D IS BASED ON AN 2014-01-01 SERVICES	INDIVIDUALIZE	ED TREATMENT		NCLUDING ASSESSMENT;	·
LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN); INCLUDING ASSESSMENT; COUNSEL X06-CLNYTALCSA 2014-01-01 9999-12-31 HA \$164.61  ALCOHOL AND/OR DRUG SERVICES  ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY 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  Procedure Code :H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	X06-CLNYTALCSA	D IS BASED ON AN 2014-01-01 SERVICES	INDIVIDUALIZE	ED TREATMENT		NCLUDING ASSESSMENT;	COUNSELING;
X06-CLNYTALCSA 2014-01-01 9999-12-31 HA \$164.61  ALCOHOL AND/OR DRUG SERVICES  ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY 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  Procedure Code :H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	X06-CLNYTALCSA	2014-01-01 SERVICES			'PLAN); II		
ALCOHOL AND/OR DRUG SERVICES  ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY 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  Procedure Code :H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	LCOHOL AND/OR DRUG	SERVICES	9999-12-31	НА		\$164.61	0.00%
ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY 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  Procedure Code :H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES							
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  Procedure Code: H0036 AS OF 12/06/2025  Procedure Description  Provider Type  Begin Date  End Date  Mod1 Mod2 Mod3 Mod4  Amount  Per  COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	LCOHOL AND/OR DRUG						
Procedure Code: H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES		SERVICES; INTENSIVE	OUTPATIENT (TREA	ATMENT PROGR	AM THAT OI	PERATES AT LEAST 3 HO	OURS/DAY AND AT
Procedure Code: H0036 AS OF 12/06/2025  Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per  COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	EAST 3 DAYS/WEEK AN	D IS BASED ON AN IN	DIVIDUALIZED TREA	TMENT PLAN)	; INCLUDIN	NG ASSESSMENT; COUNSI	ELING;
Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	X06-CLNYTALCSA	2008-11-14	9999-12-31	U9		\$164.61	0.00%
Procedure Description  Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per  COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES							
Provider Type Begin Date End Date Mod1 Mod2 Mod3 Mod4 Amount Per COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	rocedure Code :H003	6 AS OF 12/06/2025					
COMM PSY FACE-FACE PER 15MIN  COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES			Procedure	e Description	on		
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES	Provider Type	Begin Date	End Date	Mod1 Mod2	Mod3 Mod	4 Amount	Percentage
	OMM PSY FACE-FACE P	ER 15MIN					
X06-CLNYTALCSA 2021-10-01 9999-12-31 U1 \$25.77	OMMUNITY PSYCHIATRI	C SUPPORTIVE TREATM	MENT; FACE-TO-FACE	; PER 15 MI	NUTES		,
	X06-CLNYTALCSA	2021-10-01	9999-12-31	U1		\$25.77	0.00%
COMM PSY FACE-FACE PER 15MIN-EXT	OMM PSY FACE-FACE P	ER 15MIN-EXT					
COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT; FACE-TO-FACE; PER 15 MINUTES-EXTENSION	OMMUNITY PSYCHIATRI	C SUPPORTIVE TREATM	MENT; FACE-TO-FACE	E; PER 15 MI	NUTES-EXT	ENSION	
X06-CLNYTALCSA 2021-10-01 9999-12-31 U1 22 \$25.77	X06-CLNYTALCSA	2021-10-01	9999-12-31	U1 22		\$25.77	0.00%
Procedure Code :H0039 AS OF 12/06/2025							
	rocedure Code :H003	9 AS OF 12/06/2025					
Procedure Description	rocedure Code :H003	9 AS OF 12/06/2025	Procedure	e Descriptio	on.		
						1 Amount	Percentage
	Provider Type	Begin Date				4 Amount	Percentage

Т					
A00-PHYSMED	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	ENT		
A03-PSYCHOLOG	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	ENT		
S00-NRSPRACT	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	ENT		
S06-REGISTERRN	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	INT		
T01-REHABMHRS	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	ENT		
Y00-INDPSOCW	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	INT		
Y02-MARFAMTH	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - I	PARTIAL MONTH PAYME	ENT		
Y04-PROFCNSL	2023-08-01	9999-12-31	x1	\$1187.72	0.00%
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT				
ASSERTIVE COMMUNITY	TREATMENT (ACT) - F	PARTIAL MONTH PAYME	ENT		

Y06-PSYCHASOC	2023-08-01	9999-12-31	X1 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 X1	\$1187.72	0.00%			
ASSERT COMM TX (ACT	) - PARTIAL PAYMENT							
ASSERTIVE COMMUNITY	ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT							
Y08-RCVYCOACHS	2023-09-01	9999-12-31	X1 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	ASSERT COMM TX (ACT) - PARTIAL PAYMENT							
ASSERTIVE COMMUNITY TREATMENT (ACT) - PARTIAL MONTH PAYMENT								
Y12-LGSW	2023-08-01	9999-12-31	X1 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) - P	PARTIAL MONTH PAYME	ENT				
Y17-APRN	2023-08-01	9999-12-31	x1			\$1187.72	0.00%
Procedure Code :H004	48 AS OF 12/06/2025						
		Procedure	Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
SPEC COLL NON-BLOOD:	:A/D TEST						
ALCOHOL AND/OR OTHER	R DRUG TESTING: COLL	LECTION AND HANDLIN	IG ONLY	; SPECIME	NS OTHE	R THAN BLOOD	
X06-CLNYTALCSA	2025-01-01	9999-12-31				\$9.67	0.00%
Procedure Code :H201	12 AS OF 12/06/2025						
		Procedure	Descr	iption			
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
BEHAVIORAL HEALTH DA	AY TREATMENT; PER HR	R					
BEHAVIORAL HEALTH DA	AY TREATMENT; PER HO	OUR			DO N	OT OVERWRITE CODE.	
APRA WILL BILL PER I	DAY.						
T01-REHABMHRS	2025-01-01	9999-12-31				\$174.80	0.00%
Procedure Code :S039	95 AS OF 12/06/2025						
Procedure Description							
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4	Amount	Percentage
IMPRESSION CASTING E							

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 :S94	170 AS OF 12/06/2025					
Procedure Description						
Provider Type	Begin Date	End Date	Mod1	Mod2 Mod3	Mod4 Amount	Percentage
NUTRITIONAL COUNSEL	ING; DIETITIAN VISI	Γ				

52

\$0.00

36.70%

9999-12-31

NUTRITIONAL COUNSELING; DIETITIAN VISIT.

2003-09-01

W01-IDD